TAKE CHARGE

Health Insurance Survey

Washington State Department of Social and Health Services
Services and Enterprise Support Administration
Research and Data Analysis Division

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EXECUTIVE SUMMARY

Washington State's TAKE CHARGE program, which began July 2001, expanded Medicaid coverage for family planning services to men and women with family income at or below 200% of the federal poverty level (FPL). Over the fourteen years of the program, enrollment has fluctuated dramatically in response to numerous state and federal policy changes. No change, however, has had a greater impact than implementation of the Affordable Care Act. With expanded Medicaid eligibility and a robust state-sponsored health benefit exchange, Washington State has achieved a significant increase in insurance coverage among its citizens. Despite opportunities to buy health insurance through the health benefit exchange, some Washington women continue to be enrolled in the TAKE CHARGE program and receive Medicaid-funded family planning services.

This report describes the reasons that women remained on TAKE CHARGE instead of obtaining insurance through another source, such as the Health Benefit Exchange. The main data source was a brief survey mailed to women enrolled in TAKE CHARGE between February and July 2014. We received responses from 338 women, resulting in a response rate of 18%.

Key Findings

- The majority (66%) of women who remained on the TAKE CHARGE program were working but did not have employer-sponsored health insurance, for a variety of reasons.

- Washington's Health Benefit Exchange website, known as HealthPlanFinder, was the most frequent source of information about health insurance; however, two-thirds of women who tried to get information from the website found it "somewhat difficult" or "very difficult" (58%), or "impossible" (9%) to get the help they needed there.

- The most frequent reason respondents did not buy or enroll in an insurance plan through the Health Benefit Exchange was cost: 45% responded that the main reason was that the costs are too high.

- Nearly half (49%) of the respondents indicated they were unable to pay for health insurance because of bills they had to pay. One-third (35%) were unable to pay for basic necessities like food, heat, or rent, and one-third (35%) had credit card debt. Nearly half had used up all their savings (48%) or had problems paying for medical bills (44%).

- More than half the respondents indicated that it would be very difficult (46%) or impossible (14%) for them to pay the personal costs for health insurance in the future.

CONCLUSION. A small number of women in Washington continue to have clear needs for family planning coverage that are not being met, except through the TAKE CHARGE family planning program. Limited assets and high debts are common problems in the United States that influence affordability of health insurance. Many women least able to afford health insurance are the same women with the greatest need to prevent unintended pregnancy.

INTRODUCTION

Washington's TAKE CHARGE family planning waiver program was implemented in July 2001. This §1115 Centers for Medicare and Medicaid Services (CMS) waiver project expanded Medicaid coverage for family planning services to women and men with family income at or below 200% of the Federal Poverty Level (FPL). In October 2012, eligibility was further expanded to 250% of the FPL (equivalent to 260% of the FPL as of October 1, 2013).

Initial client enrollment exceeded all expectations and continued to increase steadily until the fourth year of the program. In its first five years, the TAKE CHARGE program increased access to family planning services and, during the time of highest enrollment, reduced unintended pregnancies among women eligible through the waiver.[1] In addition, the cornerstone of Washington Medicaid's family planning services has been client-centered education and counseling for risk reduction (ECRR). ECRR is designed to strengthen decision-making skills and support the client's safe and effective use of the chosen contraceptive method. ECRR has been a component of the TAKE CHARGE program since its inception, and is now part of the comprehensive prevention visit for family planning for women. The concepts of ECRR have diffused throughout the state and established a new standard of care for family planning practice.[2]

While TAKE CHARGE had long-lasting impacts on Washington State's delivery system for family planning services, the landscape of health insurance coverage has rapidly evolved in recent years. Over the fourteen years of the demonstration, enrollment fluctuated dramatically in response to numerous state and federal policy changes. No change has had a greater impact than implementation of the Affordable Care Act (ACA). Just as many policy makers questioned whether a need for the Title X program—the federal family planning program—would persist after the ACA, the extent of ongoing need for family planning waivers has also been uncertain. This report will describe findings from a survey of clients who enrolled in TAKE CHARGE ***after*** implementation of the ACA to understand the reasons they remained on the program instead of enrolling in Medicaid or obtaining insurance through the Health Benefit Exchange.

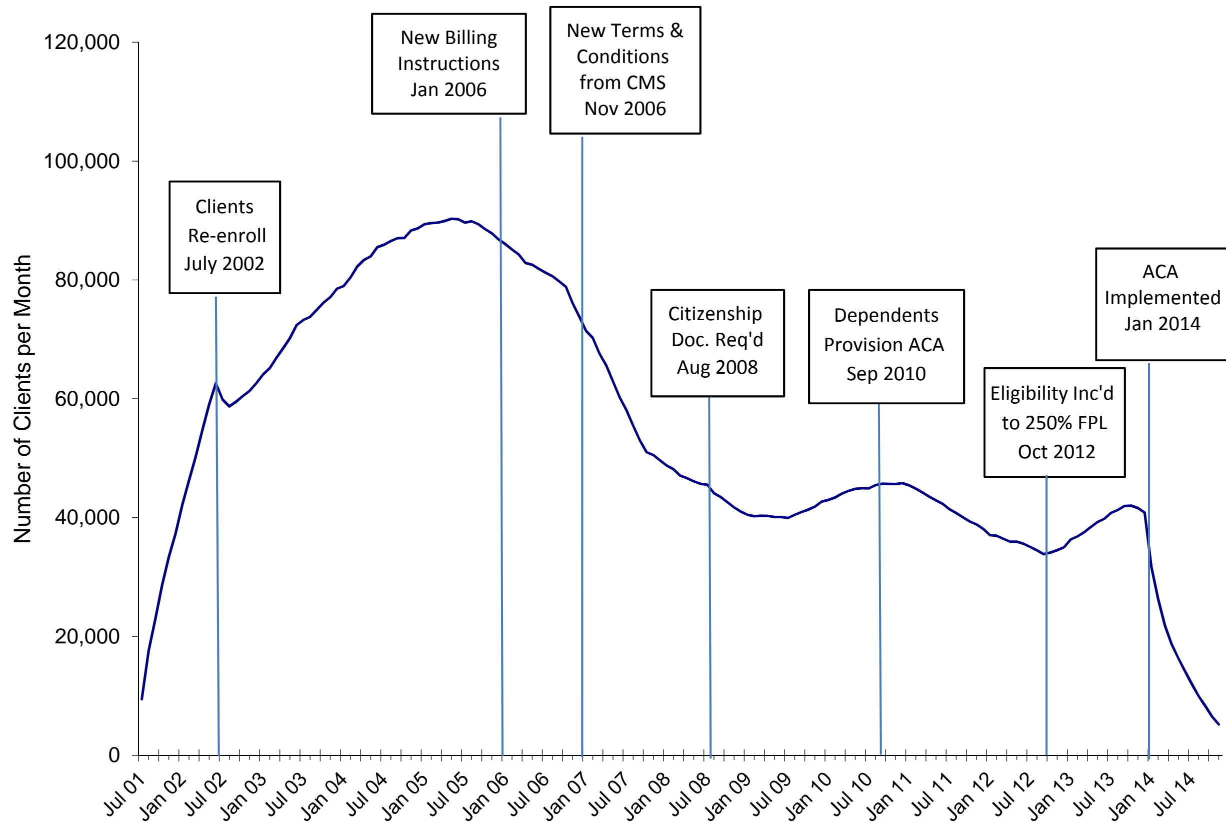
Washington State implemented expansion of its Medicaid program known as Apple Health to 138% of the FPL October 1, 2013. Washington's HealthPlanFinder became operational on the same day and was reported to be among the most successful of the state health benefit exchanges.[3] From October 1, 2013, to March 31, 2014, Apple Health (Medicaid) enrolled 423,205 new clients, including 137,930 who would have qualified under previous Medicaid eligibility guidelines prior to the ACA and 285,275 who were newly eligible because of the ACA.[4] On January 1, 2014, a new requirement for TAKE CHARGE eligibility took effect: to be determined eligible for the waiver program, each client at or below 150% of the FPL must provide documentation that she (or he) had applied for Medicaid and been denied coverage.

With a robust state-sponsored exchange and substantial enrollment in its Medicaid expansion, Washington State may serve as an example of the best-case scenario for implementation of the ACA. Our survey of clients with incomes between 138% and 260% of the FPL who enrolled in the TAKE CHARGE family planning program after January 2014 offers a unique opportunity to describe gaps in health insurance coverage for family planning services.

Background

The graph below shows monthly caseload client counts for the TAKE CHARGE family planning program since its inception in July 2001 through November 2014. After the caseload peaked in July 2005, the number of enrollees declined and stabilized at a lower level until implementation of the ACA. After January 2014, the number of enrolled clients plummeted: since the most recent peak in monthly enrollment of 42,021 clients in October 2013, monthly enrollment has decreased by nearly 90% (87.6%) to 5,210 in November 2014

Figure 1. TAKE CHARGE Clients: Monthly Caseload July 2001 – November 2014



The program changes referenced in the graph above will be described briefly:

- **July 2002**: At the end of the program's first year, the automatic twelve months of eligibility ended for the first enrollees, and clients were required to re-enroll. For some clients, re-enrollment lagged by a few months.
- **January 2006**: New billing instructions that specified a more limited scope of services, especially for men, took effect.
- **November 2006**: New billing instructions, based in part on new Special Terms and Conditions (STCs) for the waiver, took effect. Clients with health insurance became ineligible except for good cause. Social Security Number (SSN), documentation of citizenship (with an affidavit permitted for those without other

documentation), and proof of identify were required. Routine STD/STI services were limited to Chlamydia and Gonorrhea testing and treatment for women ages 13 – 25. Services for men were further limited.

- **August 2008**: Citizenship documentation was required. The previous affidavit (personal attestation) was no longer permitted.

- **September 2010**: The dependents provision of ACA took effect. Parents were allowed to cover their dependents up to age 26 on their health insurance.

- **October 2012**: Special Terms and Conditions (STCs) of the waiver renewal approved by CMS were implemented in July 2012. Eligibility was expanded to include men and women with incomes up to 250% of the FPL (previously 200% of the FPL). The new STCs also permitted TAKE CHARGE eligibility for men and women with creditable health insurance.

- **October 2013**: Medicaid expansion includes eligibility for adults up to 138% of the FPL. TAKE CHARGE eligibility increased to 260% of the FPL.

- **January 2014**: Health insurance available through the health benefit exchange takes effect. Clients with health insurance are no longer eligible for TAKE CHARGE. With few exceptions, clients with incomes at or below 150% of the FPL must first apply for Medicaid and be denied before they can enroll in TAKE CHARGE.

Analyses conducted for the Annual Report to CMS provide additional perspectives on enrollment and disenrollment over the past three years of the program. During the most recent complete twelve-month period, July 1, 2013 – June 30, 2014, retention of enrolled clients decreased to one quarter (24%) from one half (48% and 52% in the prior two years, respectively): of the 89,204 clients enrolled in TAKE CHARGE July 2013 – June 2014, less than one quarter (24%) were enrolled at the end of that year.

More than forty percent (42.6%) of clients who did not re-enroll became Medicaid eligible with full benefits. The proportion of dis-enrolled clients who did not renew their eligibility without an identified reason, such as pregnancy, decreased to one half (50.4%) in the same year from three fourths in the previous two years.

The majority of clients who gained full Medicaid coverage after not re-enrolling in TAKE CHARGE did so through expanded Medicaid eligibility (up to 138% of the FPL) or through eligibility of parents/ caretakers based on their child's Medicaid eligibility.

Prior studies, such as the Commonwealth Fund's study of Why Young Adults Lack Health Insurance,[5] described barriers to obtaining health insurance faced by young adults age 19 to 29. The barriers they identified helped guide development of our survey. They reported the following reasons that young adults lacked health insurance in 2011:

- Lack of employer-based coverage (due to lack of permanent employment; higher unemployment rates among young adults compared to older adults; entry-level and part-time jobs that may not include health benefits; and coverage offered by employer was too expensive);

- Unable to be covered by parents' health plan (because parents do not have health insurance plans that young adults (up to age 26) can join or young adult passed 26th birthday);

- Financial consequences of medical bills and debt (such as all savings used to pay bills, credit card debt, unable to meet other obligations like school loans or tuition payments, delayed education or career plans, unable to pay for basic necessities like food or rent).

STUDY GOALS

Our objective was to understand the reasons that account for the lack of health insurance (other than family planning coverage) among women who continued to enroll in the TAKE CHARGE program, instead of enrolling in Medicaid or obtaining insurance through the Health Benefit Exchange. Understanding these reasons may help reduce barriers to getting health insurance and contribute to efforts to achieve nearly universal coverage in the future.

METHODS

Responses from a mail-only survey of women enrolled in the TAKE CHARGE family planning waiver program were used to describe the reasons that these women continued to enroll in TAKE CHARGE after health insurance became available through the Health Benefit Exchange.

SURVEY SAMPLE SELECTION

The survey sample included female TAKE CHARGE clients, age 18-49, who enrolled in the program from February through July 2014. The sample included only women because of the very low numbers of men enrolled during this time period. Inclusion criteria included primary language identified as English (or missing) and a complete mailing address. Clients enrolled in TAKE CHARGE during the four months prior to February 2014 were excluded. After exclusions, 1,894 women remained in the survey sample.

The questionnaire, *TAKE CHARGE 2014 Health Insurance Survey*, was developed from existing surveys with the addition of a small number of new or revised questions. The survey included questions about health insurance enrollment, experiences with HealthPlanFinder, the client's financial situation, and plans for health insurance in the future. The final questionnaire is provided in the Appendix.

SURVEY ADMINISTRATION

DSHS Research and Data Analysis Division began administration of the client survey on September 16, 2014, with the mailing of the notification letter introducing the survey and informing respondents they would receive a questionnaire in the mail the following week. A survey packet containing a questionnaire, cover letter, and stamped return envelope, was mailed one week after the notification letter. A reminder letter was sent one week following the questionnaire, thanking respondents for completing the survey and inviting those who had not to complete and return the survey. All non-respondents were sent a final replacement questionnaire four weeks after the initial letter was sent.

A total of 348 surveys were returned, resulting in a response rate of 18.4%. One client did not have a valid mailing address and was excluded from the mailings. Six clients refused participation in the survey. Ten returned surveys were excluded from final analyses because the respondents thought they were not enrolled in TAKE CHARGE during the specified time period. Of the total 1,894 clients in the survey sample, 133 (7%) could not be located.

ANALYSIS

The analysis of the TAKE CHARGE Health Insurance Survey was designed to (1) compare basic demographics of survey respondents and non-respondents, (2) compare survey responses for younger women (up to age 26) and older women (age 26 and older), and (3) describe response frequencies for survey questions.

Respondents Compared to Non-Respondents
Survey respondents and non-respondents were compared across age and race/ethnicity. The two groups did not differ significantly in the proportion of white, non-Hispanic women. Age distribution, however, did differ significantly ($p<.05$). Non-respondents included a higher proportion of women who were younger. Since children may be able to obtain health insurance from a parent's policy until age 26, we chose to look more closely at differences in survey responses between women who were younger than 26 and those who were 26 or older.

Younger Respondents Compared to Older Respondents
Response frequencies with significant differences between younger and older respondents are presented in the Appendix. The narrative findings describe these differences for relevant survey questions when the differences were statistically significant.

Response Frequencies

Simple univariate analyses without adjustment for non-response are presented. The goals of our study do not include generalizing quantitative findings to larger groups of women; therefore adjustment for non-response is not needed. We compare demographic characteristics of our respondents to the general population of Washington women using the American Community Survey and to other Washington women who participated in our previous surveys.

Demographic Characteristics of Washington Women

This section describes key demographic characteristics of women in the survey sample pool, survey respondents, and women in other surveys. While our 338 respondents may not be representative of the broader population of Washington women, comparing their demographic characteristics to all Washington women in the same age range reveals important similarities and differences.

Results from three surveys were available for comparison to the TAKE CHARGE Health Insurance Survey:

1. The American Community Survey (ACS) conducted by the U.S. Census Bureau is an ongoing survey that provides yearly data about population demographics, income, health insurance, employment and other factors. Washington relies on the ACS for population data for the state and communities across Washington. For comparison to our survey sample, we selected females age 18-49 from the total Washington population data.[6]

2. The TAKE CHARGE Primary Care Survey (2008) conducted by DSHS Research and Data Analysis as part of the evaluation of the TAKE CHARGE waiver assessed primary care needs, referrals, and recommendations received from TAKE CHARGE providers and receipt of primary care services among female clients enrolled in TAKE CHARGE.[7]

3. The Survey of Recently Pregnant Women (2007) also conducted by DSHS Research and Data Analysis as part of the evaluation of the TAKE CHARGE waiver explored reasons for the low family planning service use rate of recently pregnant Medicaid women and their low rate of re-enrollment at the end of their automatic extension for family planning services.[8]

AGE

Survey respondents' ages ranged from 18 to 48 years old. Due to challenges in obtaining parental consent for younger teens to participate in this study, teens less than 18 years old were excluded from the survey sample pool.

Table 1. Age Distribution of Washington Women and Survey Respondents

	ACS WA Women (n=12,239)	Survey Pool (N=1,894)	Survey Respondents (n=338)
18-25 years	25.4%	53.4%	37.0%
26-34 years	28.5%	34.6%	43.2%
35-49 years	46.1%	11.9%	19.8%

The survey pool included a higher proportion of younger women, compared to the Washington population overall (per the ACS): 53.4% of women in the survey pool were 18-25 years old, compared to 25.4% of Washington women overall. This is not unexpected since need for family planning and reproductive health services is high among younger women, and health insurance is typically more affordable for older women as personal income tends to rise with increasing age.

On the other hand, response rates for our survey were highest for women age 35-49 years, with a response rate of 30%; intermediate for women 26-34 years old, with a response rate of 22.3%; and lowest for the youngest women in the sample age 18-25 years, with a response rate of 12.4%.

Respondents to the TAKE CHARGE Health Insurance Survey were older than respondents to the Recently Pregnant Women Survey: the proportion of respondents to the Health Insurance Survey who were 35-49 years old (19.8%) was more than double that for the survey of Recently Pregnant Women (9.4%). Respondents to the Primary Care Survey were younger still, with more than half (56%) less than 25 years old.

INCOME

All clients newly enrolled in the TAKE CHARGE program in 2015 and eligible for this survey had incomes in the range of 138% to 260% of the FPL. Those with family incomes up to 138% of the FPL are eligible for Medicaid and thus ineligible for TAKE CHARGE.

Statewide, an estimated 237,913 women, approximately 18% of the total population of Washington women age 18 to 49, have incomes ranging from 138% to 250% of the FPL.

EDUCATIONAL ATTAINMENT

The level of education attained by respondents to both the TAKE CHARGE Health Insurance Survey and the previous Primary Care Survey was somewhat higher than that for Washington women overall in the same age range. Educational attainment among respondents to the Recently Pregnant Women Survey was considerably lower than that for the other three groups. Respondents to the Recently Pregnant Women Survey were also younger, with nearly half (46%) less than 26 years old.

Table 2. Educational Attainment Among Washington Women and Survey Respondents

	ACS WA Women (n=12,239)	Survey Respondents (n=338)	TAKE CHARGE Primary Care Survey (n=999)	TAKE CHARGE Recently Pregnant Women Survey (n=1292)
High School Graduate/GED or less	28.2%	23.1%	27.4%	42.4%
At least some college, or two-year degree	71.8%	77.0%	74.0%	57.6%

OVERALL HEALTH (SELF ASSESSMENT)

Two recent national surveys included questions about self-assessment of health status. Responses to our survey were consistent with both. The Kaiser Family Foundation described characteristics of uninsured poor adults with incomes up to 138% of the FPL in states that did not expand Medicaid.[9] They found that while nearly half (47%) of people in the coverage gap reported that their health was excellent or very good, nearly one-fifth (18%) reported that they were in fair or poor health. Respondents to the TAKE CHARGE Health Insurance Survey reported slightly better health, with 50.3% reporting excellent or very good health and just 12.6% reporting fair or poor health.

Since TAKE CHARGE clients had higher incomes than people in the coverage gap, it is not unexpected that they would report better health status.

A second Kaiser Family Foundation Survey about women and health care describes a notable difference in health status between women of different poverty levels: for women with incomes at less than 200% of the FPL, 25% rated their health as fair or poor, compared to 9% of higher income women. For the 18-44 year old age group, 12% rated their health as fair or poor.[10] This rate for 18-44 year olds in the Kaiser women and health care survey is quite similar to the rate measured for respondents to our Health Insurance Survey (12.6%).

Two prior TAKE CHARGE surveys asked clients the same question about how they rate their overall health. These surveys are of interest since the numbers of respondents were considerably higher than that for the Health Insurance Survey. The Primary Care Survey focused on female TAKE CHARGE enrollees at a time when enrollment was much higher and the Recently Pregnant Women Survey focused on women who had a Medicaid-paid birth in the prior two years.

Table 3. Overall Health (Self Assessment)

	Survey Respondents (n=338)	TAKE CHARGE Primary Care Survey (n=999)	TAKE CHARGE Recently Pregnant Women Survey (n=1292)
Excellent/Very Good	50.3%	48%	57%
Good	37.1%	38%	32%
Fair/Poor	12.6%	14%	11%

Recently Pregnant Women reported somewhat higher rates of excellent or very good health (57%), compared to women enrolled in the TAKE CHARE family planning program; however, rates for all three groups of Washington women were very similar.

SUMMARY

Based on these comparisons, we can reasonably conclude that respondents to the TAKE CHARGE Health Insurance Survey are, with few exceptions, generally representative of Washington women without health insurance and in need of family planning services. The following groups are somewhat over-represented among respondents compared with non-respondents: older women, especially those 35-49 years old; more highly educated women; and possibly women with poorer health status.

Relationships between age, income, education, and health status are complex. All four factors impact affordability of health insurance and the need for health care services. In addition, these four factors are likely to impact survey response rates: while we can definitively demonstrate clear differences in response rates only related to age, the strong relationships between age and income, education, and health status imply that response rates would also differ by these factors if we were able to measure them.

Patterns of child-bearing add further complexity: younger women may wish to delay pregnancy until they complete their education and achieve adequate personal income; older women may have completed child-bearing and wish to avoid subsequent pregnancies.

1 Most women who remained on the TAKE CHARGE program were working but did not have employer-sponsored health insurance, for a variety of reasons.

The majority of women in Washington (62.3% of women 18-49 years old, 2013 ACS) are covered by employer-sponsored health insurance, based on either their own employment or their status as a dependent of a spouse/partner or parent. Even among women with jobs where their employer offers health insurance, not all women are covered. Some workers are not eligible to enroll as a result of waiting periods, or minimum work-hour rules; others choose not to enroll; and some are employed in industries, such as agriculture and service industries, with historically low insurance rates.[11]

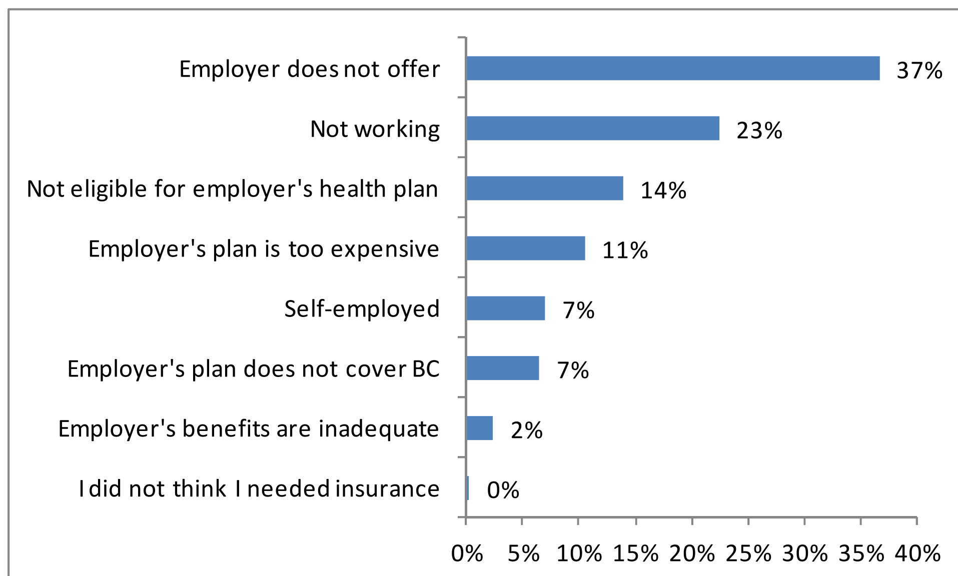
The ACA includes provisions that require new health insurance plans to provide coverage for prescription FDA-approved contraceptive services and supplies for women. This provision only applies to new (non-grandfathered) plans. Among the findings from the 2013 Kaiser Women's Health Survey, Salganicoff et al. noted that nearly two years after the ACA contraceptive coverage rule took effect, insurance covered the full cost for just one-third (35%) of women with private insurance, and about one in ten (13%) women with private insurance reported they did not have any coverage for birth control.[12]

A recent report, *Contraceptive Coverage in Washington State's Qualified Health Plans* (April 2015), highlights inconsistent information from health plan representatives about coverage of FDA-approved contraceptive methods.[13] This study included "secret shopper" calls to the eight insurance carriers that offered qualified health plans in 2014 in Washington and provides insight into the extent of confusing and inconsistent information that women might receive from health plan representatives.

The TAKE CHARGE Health Insurance Survey asked about clients' experiences, if any, with different sources of health insurance. Specifically, the survey asked about possible sources of insurance other than TAKE CHARGE family planning coverage.

FINDINGS

Figure 2. Reasons Cited for Not Having Health Insurance from an Employer or Union



The most frequent reason cited for not having employer-based health insurance was that the employer did not offer health insurance (37%). Fourteen percent (14%) were ineligible for the employer's plan for reasons such as part-time work, probationary status, or missed deadlines. Eleven percent (11%) found the employer's plan too expensive, and 7% stated that the employer's plan did not cover their preferred method of birth control.

Two-thirds (66%) of respondents reported that, although they were working, they did not have employer-based health insurance. Just 23% of respondents were not working, and an additional 7% were self-employed. Only 2% of younger respondents (<26) reported being self-employed as a reason for not having employer-sponsored health insurance, compared to 10% of older respondents (>=26).

Some respondents identified issues likely to be resolved in the future that had prevented them from obtaining employer-sponsored health insurance. In particular, respondents listed timing issues such as missed deadlines, or missed open enrollment period, or probationary period after new hire as reasons for not having health insurance from their employer. In other cases, the characteristics of their employment—seasonal and part-time work and jobs in service industry—suggest that lack of employer-sponsored insurance may persist for many women.

Respondents also expressed concerns about the adequacy of insurance coverage for contraceptive services and supplies, mentioning co-pays for birth control, lack of coverage for their preferred birth control method, and inadequate coverage.

Clients provided additional insights about their eligibility (or lack thereof) for employer-sponsored coverage and the implications in their own circumstances:

> *"They cut our hours so we would not be eligible."*
>
> *"Wasn't eligible for health insurance through employer until open enrollment. I needed birth control immediately. I am now covered."*
>
> *"TAKE CHARGE is still a much better program than my insurance."*

Other survey questions about health insurance addressed prior experience with purchasing health insurance and dependents' coverage.

Respondents had limited prior experience with purchasing health insurance: more than three-fourths (84%) of respondents had not tried to buy health insurance on their own since January 2011. For 76% of these clients, the main reason that they had not purchased a health insurance plan on their own was that the costs were too high. Twelve percent (12%) got a plan through another source, and for 6%, the reason was that the benefits they wanted were not covered.

More than two-thirds (69%) of respondents were aware that children up to age 26 can stay on or enroll in their parents' health plans if the plan includes dependent coverage; however, just 29% of clients younger than 26 had stayed on or enrolled in their parents' health plan in the past twelve months.

2 HealthPlanFinder was the most frequent source of information about health insurance but two-thirds of women found it difficult or impossible to get the help they needed there.

Washington's Health Benefit Exchange, known as Washington HealthPlanFinder, became operational on October 1, 2013. Although Washington was noted to be among a small numbers of states whose sites ran "especially smoothly," its operation was not without glitches.[14] Nevertheless, by December 2013, Washington was second only to California in the number of Medicaid and insurance enrollees,[15] and by March 31, 2014, 164,062 Washingtonians had enrolled in private insurance through Washington HealthPlanFinder.[16]

Staff of the Washington Health Benefit Exchange was aware of the frustration that some visitors experienced at the HealthPlanFinder website. Michael Marchand, spokesperson for the Health Benefit Exchange, commented about the website's technical difficulties: "It's disappointing because we don't want people's first engagement of our website to be anything short of a great consumer experience."[17]

The TAKE CHARGE Health Insurance survey included questions about awareness of HealthPlanFinder, whether or not clients considered buying health insurance through the marketplace, how easy (or difficult) it was for clients to get information and the help they needed from various sources, and their reasons for not buying health insurance through the exchange.

FINDINGS

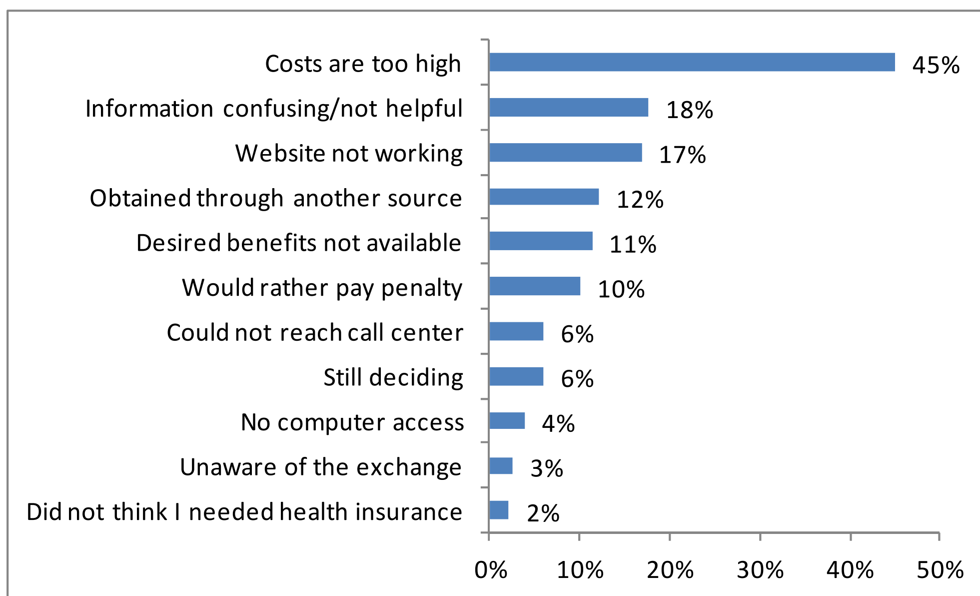
The level of awareness about the health benefit exchange among survey respondents was high: 70% of clients had heard about Washington's HealthPlanFinder, among whom 75% had considered buying health insurance through the Health Benefit Exchange. Similarly, just 2% of respondents cited lack of awareness of the exchange as the main reason they did not enroll in or purchase health insurance.

When asked how difficult it was to get information and the help they needed from a variety of sources, the majority of respondents (83%) indicated that they had tried to get health insurance information from HealthPlanFinder; however, more than half (58%) of those found it somewhat difficult or very difficult to get the help they needed. An additional 9% found it "impossible" to get the help they needed. Clients tried to get information about health insurance from other sources much less often: one-fourth to one-third of clients tried to get information from an insurance agent or broker (17%), navigators or application assisters (25%), family or friends (28%), a website other than www.wahealthplanfinder.org (30%), and the call center (34%).

The most frequent reason that respondents did not buy or enroll in a health insurance plan through the Health Benefit Exchange was cost: 45% responded that the main reason was that the costs are too high.
Nearly one in five (18%) reported that the main reason was that the information they received was too confusing or not helpful. Twenty-nine percent (29%) of respondents reported technical or logistical reasons for not buying health insurance through the exchange, including website not working (17%), could not reach call center (6%), no computer access (4%), and unaware of the exchange (3%). Some clients obtained insurance through other sources (12%), found that the benefits they desired were not available (11%), or preferred to pay the penalty for not having health insurance (10%).

Few clients (2%) reported they had not purchased or enrolled in a health insurance plan because they did not think they needed health insurance. The proportion of clients who reported they did not have health insurance through their employer and who reported that they did not think they needed health insurance (0.3%) was somewhat lower; however, for both employer-sponsored health insurance and insurance through the exchange, the perception that the client did not need health insurance was one of the least frequently cited reason for not having health insurance.

Figure 3. Reasons for Not Purchasing Health Insurance Through the Health Benefit Exchange



Respondents' comments about their reasons for not purchasing health insurance through the exchange highlighted both the financial issues and technical problems.

> *"The health insurance plans I could afford only covered my family after we had paid in tens of thousands of dollars. It did not pay for routine exams and only paid for a few cents on prescriptions."*

> *"Trying to pay off debt and all current bills. Couldn't make monthly payments even with discount. My child is covered but I cannot afford it for myself."*

Respondents had long-lasting memories of technical problems with the exchange:

> *"I missed open enrollment because I couldn't access my account, the website was always down and I could never reach anyone at the call center."*

> *"I tried once and website was down. No urgent health issues, life got busy, and it is low on the list of priorities. It is an expense that is not a priority as well."*

> *"The website was always down and I spent hours on the phone to no avail. It was absolutely horrible."*

> *"There was a 20 hour wait on the phone."*

3 Nearly half the respondents in our survey indicated that they were unable to pay for health insurance because of bills they had to pay.

A key goal of the ACA is to make health insurance affordable to low-income persons, especially those without employer-sponsored health insurance. Low-income individuals and families with incomes at 138% to 260% of the FPL including the target population for this survey are potentially eligible for tax credits to purchase coverage through the health benefit exchange. The tax credits cap what purchasers contribute to their premiums at 3% to 8% of their income.[18]

Prior to the ACA, the financial consequences of medical bills and debt were recognized as a barrier for young adults obtaining health insurance.[19] In a 2013 survey, 52% of adults with incomes between 133% and 249% of the FPL reported problems with medical bills and debts, and 75% of those suffered other financial consequences as a result, including bankruptcy, credit card debt, a lower credit rating, or inability to pay for basic necessities (food, heat, rent).[20]

The TAKE CHARGE Health Insurance Survey included questions about consequences of debts and bills, unmet needs for health care, and the specific types of unpaid bills or debts that respondents were paying off over time.

FINDINGS

Nearly half (49%) of respondents indicated that they were unable to pay for health insurance because of bills that they had to pay. One-third (35%) were unable to pay for basic necessities like food, heat, or rent, and one-third (35%) had taken on credit card debt. Nearly half had used up all their savings (48%) or had problems paying for medical bills (44%). Nearly 4% reported that they had declared bankruptcy. On the other hand, 20% reported that they had not experienced any of the listed consequences because of bills they had to pay.

Sixty percent of respondents stated that they had to change their way of life a lot over the previous twelve months in order to pay for bills for themselves or their families.

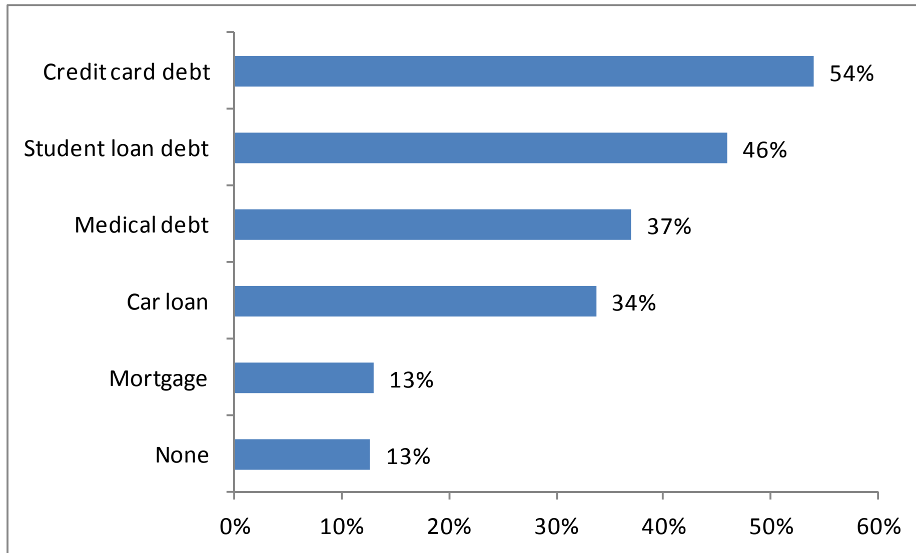
Based on response to this survey, the most common unmet health need was dental care: 66% of clients had needed dental care during the previous twelve months but didn't get it because they couldn't afford it. In addition, 56% needed a general doctor visit but did not get it. One-fifth to one-third needed other health services but did not get them: mental health care or counseling (21%), medical specialist visit (27%), prescription drugs (27%), other medical tests, treatment or follow-up care (31%). Sixteen percent responded that they had not needed any of the listed services. As expected, the proportion who reported that they had not needed any of the listed health services was higher for younger women less than 26 years old (21%) than for older women age 26 and over (13%).

More than half (54%) the respondents reported that they had credit card debts they were paying off. Of the five different types of debt listed in this question, three or more types were reported by 30% of respondents. Thirteen percent of respondents reported that they had no unpaid bills or debts that they were paying off over time.

Just 8% of women age 26 and older reported having no unpaid bills or debts, compared to 21% of women less than 26 years old. Compared to younger women, a larger proportion of older women reported making payments for credit card debt (62% versus 41%), mortgage (18% versus 4%), car loans (39% versus 25%), and medical debt (43% versus 27%). The proportion of older women who had to change their way of life a lot in order to pay bills (64%) was higher than that for younger women (53%), and younger respondents described fewer consequences of debts.

Compared to older women, a larger proportion of younger women were unable to pay for health insurance because of bills they had to pay (43% versus 53%), had taken on credit card debt (27% versus 40%), or had declared bankruptcy (1% versus 6%).

Figure 4. Types of Unpaid Bills or Debts With Installment Payments



Respondents provided additional detail about specific other types of debts that they were paying off over time: traffic tickets, court fines, court costs, IRS back taxes, returning overpayment of unemployment insurance, damages for auto accident; car insurance, cell phone, furniture, wedding expenses; dentist and eye doctor, vet bills, and unspecified collections.

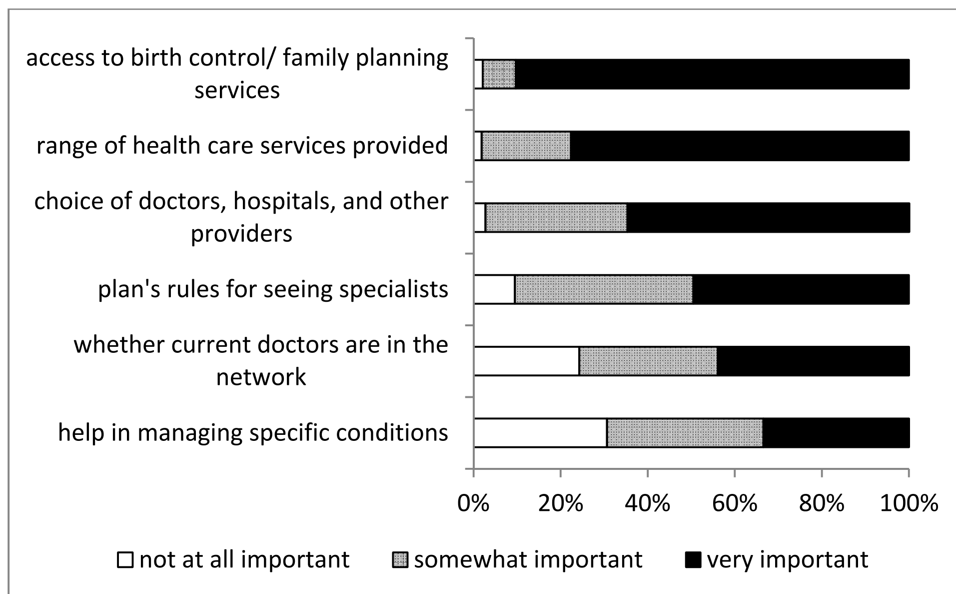
4 More than half the respondents indicated that it would be very difficult or impossible for them to pay the personal costs for health insurance in the future.

While the future of a number of the ACA's provisions is uncertain,[21] an estimated 10.3 million adults in the United States had gained health insurance coverage by the second quarter of 2014.[22] More time will be needed to get closer to the goal of near-universal coverage. In additional to undocumented immigrants who are not eligible for subsidized coverage, the general reasons that Americans may not obtain insurance were predicted to be that they were not aware of their eligibility, they were unable to find an affordable premium, or they choose not to enroll.[23] Consumers' perception that coverage, even with federal subsidies, is not affordable for them remains a serious obstacle to enrollment.[24]

Respondents to our survey confirmed that high costs were the most common reason for not purchasing health insurance through Washington's health benefit exchange, and nearly half indicated that they were unable to pay for health insurance because of bills they had to pay. Looking to the future, just 5% told us that it would be "not at all difficult" for them to pay the personal costs of health insurance in 2015; 35% indicated that it would be "somewhat difficult," 46% "very difficult," and 14% told us it would be "impossible" for them to pay the personal costs of health insurance.

The TAKE CHARGE Health Insurance Survey also explored non-financial factors that might play a role in clients' choosing a new health insurance plan.

Figure 5. Importance of Non-Financial Factors in Choosing a New Health Insurance Plan



Ninety-eight percent (98%) of respondents identified access to birth control/family planning services as being a very important (90%) or somewhat important (8%) factor in choosing a new health insurance plan. Similarly, 98% identified the range of health care services provided as very important (78%) or somewhat important (21%).

In contrast, nearly one-third (31%) of respondents identified help in managing specific conditions and one-quarter (24%) identified whether current doctors are in the network as being not at all important in choosing a new health insurance plan.

Women 26 year of age and older assigned greater importance to some factors, compared to younger women less than 26 years old. More than 80% of older women ranked the range of services as “very important,” compared to 70% of younger women. More than half (56%) of older women ranked the plan’s rules for seeing specialists as “very important,” compared to 38% of younger women, and nearly half (48%) of older women ranked whether current doctors are in the network as “very important,” compared to 37% of younger women. Five percent of younger women identified none of the listed non-financial factors as being important, compared to 0.5% of older women.

Clients’ comments provided additional insights. A few clients asked for the definition of a network, and other clients noted the challenges they have faced in obtaining health insurance that met their needs:

> *“After applying for WA Healthplanfinder, I had to stop paying so I could afford food and gas expenses. I live in a one bedroom apartment and they were asking me for $200 a month for healthcare I did not use. Take Charge is the only program I use since I'm healthy and only need family planning services. went through Community College to save expenses. I work four jobs”*

> *“I enrolled in the WA exchange in January and struggle every month to pay for it, usually charging it to my credit card. My kids are on Apple Health but I do not qualify because I work 2 jobs. The only reason I bought it was because of the penalties.”*

> *“Please continue the TAKE CHARGE program so that I can continue to get myself and my husband out of debt without the stress of not being able to afford health care. We can barely afford birth control; we couldn’t imagine the debt we’d have it we had a child from an unplanned pregnancy.”*

CONCLUSION

Washington women enrolled in the TAKE CHARGE family planning program after implementation of health care reform informed us about their circumstances, and their attitudes and beliefs about the health insurance marketplace. Generally speaking, these women expressed gratitude for the family planning services they received through the TAKE CHARGE program and their hope that the program would continue. Access to birth control/family planning services was widely identified as being an important factor in choosing a new health insurance plan. On the other hand, respondents were not optimistic about their ability to afford health insurance in the future: just 5% told us that it would be “not at all difficult” for them to pay the personal costs of health insurance in the future; the remaining 95% indicated that it would be “somewhat difficult” (35%), “very difficult” (46%), or “impossible” (14%).

Respondents shared a broad range of insights about their own circumstances. They weighed the overall personal costs of health insurance (premiums and out-of-pocket costs) against their anticipated needs for health services, and many concluded that health insurance was too costly relative to the value it provided them. For other women, although their income was too high to qualify for Medicaid, they had incurred substantial debts that they were paying off over time, and this precluded their being able to pay health insurance premiums. Timing issues and logistics were recurrent themes: clients missed deadlines to apply for health insurance, and, if they experienced obstacles to enrollment on the HealthPlanFinder website, they did not try again or try different approaches; instead, they simply failed to buy health insurance. Timing issues were also important with respect to access to birth control: one client noted an immediate need for birth control that could not wait for open enrollment.

While 98% of respondents identified access to birth control/family planning services as being a very important or somewhat important factor in choosing a health insurance plan, a number expressed concerns about the adequacy of coverage from private insurers for contraceptive services and supplies. They mentioned co-pays for birth control, lack of coverage for their preferred birth control method, and inadequate coverage.

The recent report, *Contraceptive Coverage in Washington State’s Qualified Health Plans* (April 2015), highlights inconsistent information from health plan representatives about coverage of FDA-approved contraceptive methods. This study included “secret shopper” calls to sales and customer service representatives of the eight insurance carriers that offered qualified health plans in 2014 in Washington. They found that no carrier’s representatives consistently responded that most birth control methods were available without cost-sharing, and, on average, they indicated that more than half the methods required cost-sharing. The study compared the responses of the health plan representatives to the carriers’ filing with the Washington Office of the Insurance Commissioner and determined that the health plan representatives’ statements were largely “inaccurate.“

The extent of confusion and inconsistency on the part of the health plan representatives, as reflected in the *Contraceptive Coverage* report, validates the perceptions of our survey respondents about inadequate coverage and co-pays for birth control. Although our survey did not identify the specific health insurance plans that were problematic for our respondents, it is understandable that women will seek coverage through the TAKE CHARGE program until insurance carriers are clearly in compliance with the ACA requirement—that plans cover all FDA-approved contraceptive methods without cost-sharing for all women with reproductive capacity—and are providing accurate information about birth control coverage to consumers.

While the number of clients remaining enrolled in the TAKE CHARGE program continues to decline, some challenges that women faced in buying health insurance may increase. With shorter time periods for open enrollment, more women may miss deadlines. If requirements for employers to provide coverage for family planning methods are relaxed in the future, more working women may find themselves without family planning coverage through employer-sponsored health insurance. Without a broad and rigorous mandate for employers to provide health insurance to their employees, more working women will not have any employer-sponsored health insurance. It is important to note, as well, that women will continue to be employed in seasonal, part-time, and service jobs that traditionally have not offered health insurance. The perceived value of health insurance will

decrease if premiums rise; however, progressive increases in penalties for not having health insurance may persuade more women to purchase insurance. As health insurance literacy increases, women may gain more accurate information about coverage of specific family planning methods and access to birth control without cost-sharing.

Washington's implementation of health care reform has resulted in dramatic changes across the state, with very large increases in the numbers of Medicaid enrollees and significant numbers of individuals who obtained insurance through Washington's Health Benefit Exchange. Nevertheless, a small number of women continue to have clear needs for family planning coverage that are not being met, except through the TAKE CHARGE family planning program. Other groups in Washington State such as undocumented women are not eligible to purchase insurance through the Health Benefit Exchange and currently have limited access to family planning services. In states that did not expand Medicaid as provided for by the ACA, the need for family planning waivers will be even greater than in states like Washington which expanded Medicaid.

Just as the Kaiser Family Foundation reports that "medical debt can affect almost anyone," limited assets and high debts are common problems that influence affordability of health insurance in the United States. In our population of well-educated, mostly working adult women who responded to our survey, paying for medical bills in particular was a problem for nearly half (44%) the respondents in our survey, and debts of some type were reported by 9 of 10 women (87%).

Many women least able to afford health insurance are the same women with the greatest need to prevent unintended pregnancy. In the words of one survey respondent,

> *"Please continue the Take Charge program so that I can continue to get myself and my husband out of debt without the stress of not being able to afford health care. We can barely afford birth control—we couldn't imagine the debt we'd have if we had a child from an unplanned pregnancy. "*

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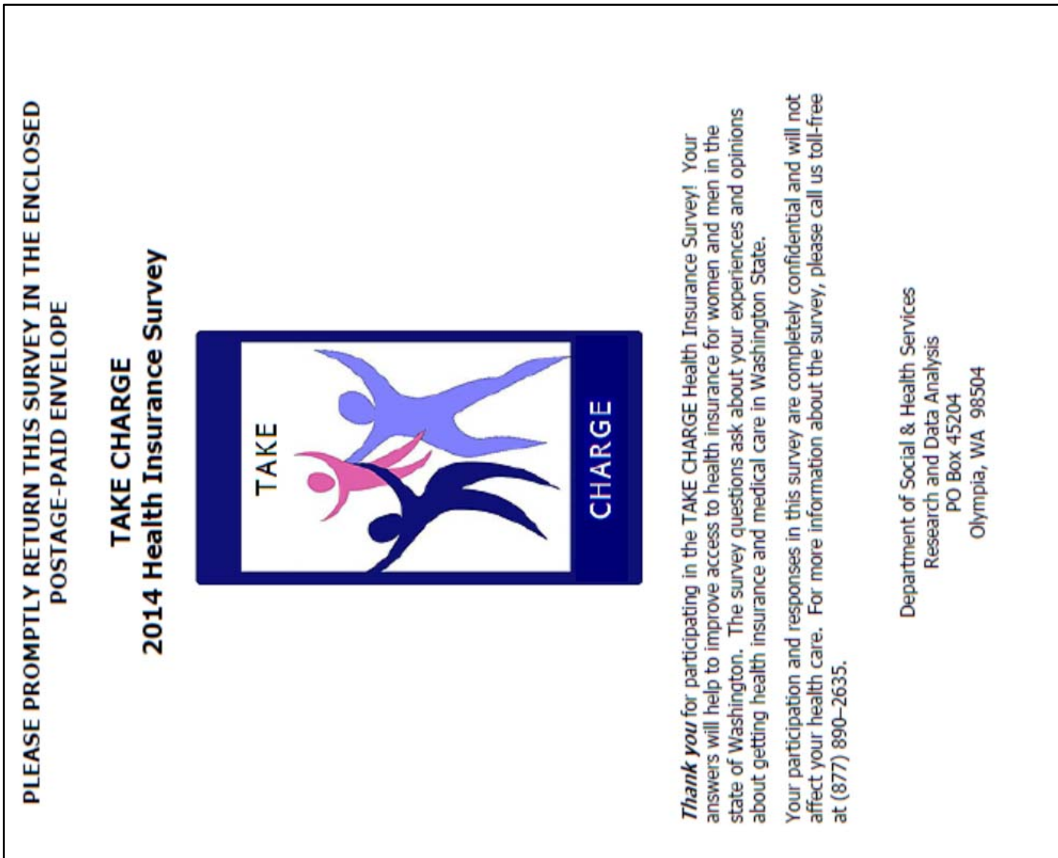
APPENDIX

APPENDIX A



PLEASE PROMPTLY RETURN THIS SURVEY IN THE ENCLOSED POSTAGE-PAID ENVELOPE

TAKE CHARGE
2014 Health Insurance Survey

Thank you for participating in the TAKE CHARGE Health Insurance Survey! Your answers will help to improve access to health insurance for women and men in the state of Washington. The survey questions ask about your experiences and opinions about getting health insurance and medical care in Washington State.

Your participation and responses in this survey are completely confidential and will not affect your health care. For more information about the survey, please call us toll-free at (877) 890–2635.

Department of Social & Health Services
Research and Data Analysis
PO Box 45204
Olympia, WA 98504

1. Our records show that you were enrolled in the TAKE CHARGE family planning program in 2014. Is that correct?

☐ Yes
☐ No → If no, you do not have to complete the rest of this survey. Please mail the survey back to us in the postage-paid envelope and we will remove your name from our survey list. Thank you for your time.

Health Insurance Enrollment

We are interested in your experiences, if any, with different sources of health insurance. The next questions ask about possible sources of health insurance other than TAKE CHARGE family planning coverage.

2. Many people receive health insurance offered through an employer or union. What are your reasons for not having health insurance from an employer or union? (Check all that apply)

☐ Not working.
☐ Self-employed.
☐ Employer does not offer health insurance.
☐ Not eligible for my employer's health plan.
☐ Employer's plan is too expensive.
☐ Employer's health benefits are inadequate.
☐ I did not think I needed health insurance.
☐ I have health insurance through my employer but it does not cover the birth control services that I need.
☐ Other (please tell us)

____

____

3. Under the new health reform law, children up to the age of 26 can stay on or enroll in their parents' health plans if they include dependent coverage. Were you aware of this?

☐ Yes
☐ No

Page 2

4. In the past 12 months, have you stayed on or enrolled in your parents' health plan?

- ☐ Yes
- ☐ No
- ☐ Not Applicable—I am older than 26

5. Some people buy health insurance on their own—that is, not through any employer, union, or government program. In the past three years, since January 2011, have you ever tried to buy health insurance on your own?

- ☐ Yes → **If Yes, go to #7**
- ☐ No

6. What is the main reason you did not buy a health insurance plan on your own?

- ☐ The costs were too high.
- ☐ The benefits I wanted were not covered.
- ☐ I got a plan through another source.
- ☐ Other (please tell us) ______________________________

Experiences with Healthplanfinder

From October 2013 through March 2014, people without health insurance could go to a new state insurance "exchange" or marketplace and buy a health plan or enroll in Medicaid (Apple Health). In Washington, this marketplace is called the Healthplanfinder. The next few questions ask about experiences you may have had with Washington's Healthplanfinder.

7. Have you heard about Washington's Healthplanfinder/Health Benefit Exchange?

- ☐ Yes
- ☐ No → **If No, go to #11**

8. Did you consider buying health insurance through Washington's Healthplanfinder/Health Benefit Exchange?

- ☐ Yes
- ☐ No

Page 3

9. If you tried to get health insurance information from any of the following sources, how difficult was it to get the help you needed?

	Not at all Difficult	Somewhat Difficult	Very Difficult	Impossible	Did Not Try
www.wahealthplanfinder.org	☐	☐	☐	☐	☐
Other Website	☐	☐	☐	☐	☐
Call Center	☐	☐	☐	☐	☐
Navigators/Application Assisters	☐	☐	☐	☐	☐
Insurance Agent or Broker	☐	☐	☐	☐	☐
Family or Friend(s)	☐	☐	☐	☐	☐
Other: ______________	☐	☐	☐	☐	☐

10. What was the main reason you did not buy or enroll in a health insurance plan through the Healthplanfinder/Health Benefit Exchange?

- ☐ The website was not working.
- ☐ I could not get computer access.
- ☐ I could not reach the telephone call center.
- ☐ The information I got was too confusing or not helpful.
- ☐ The costs are too high.
- ☐ The plans do not cover the benefits I want.
- ☐ I am still deciding, not yet ready to enroll.
- ☐ I would rather pay the penalty for not having health insurance.
- ☐ I got health insurance through another source.
- ☐ I was not living in Washington at the time.
- ☐ I did not think I needed health insurance.
- ☐ I was not aware of the state healthplanfinder/health benefit exchange.
- ☐ Other (please tell us)

____

____

Page 4

Your Financial Situation

11. During the past 12 months, have you experienced any of the following issues because of bills that you had to pay? (Check all that apply)

- ☐ Unable to pay for basic necessities like food, heat, or rent
- ☐ Unable to pay for health insurance
- ☐ Had problems paying for medical bills (for doctors, dentists, hospitals, therapists, medication, equipment, nursing home or home care)
- ☐ Used up all my savings
- ☐ Taken on credit card debt
- ☐ Had to declare bankruptcy
- ☐ I did not experience any of these issues because of bills I had to pay.

12. During the past 12 months, did you ever need any of the following but didn't get it because you couldn't afford it? (Check all that apply)

- ☐ Prescription drugs
- ☐ General doctor visit
- ☐ Medical specialist visit
- ☐ Other medical tests, treatment, or follow-up care
- ☐ Dental care
- ☐ Mental health care or counseling
- ☐ I did not need any of these services.

13. Over the last 12 months, have you had to change your way of life a lot in order to pay bills for yourself or your family?

- ☐ Yes
- ☐ No

14. What kinds of unpaid bills or debts, including student loans, are you paying off over time? (Check all that apply)

- ☐ Credit card debt
- ☐ Mortgage
- ☐ Student loan debt
- ☐ Automobile loan
- ☐ Medical debt
- ☐ Other (please tell us)________________________
- ☐ I have no unpaid bills that I am paying off over time.

Planning for Future Health Insurance

15. If you were choosing a new health insurance plan today, how important would each of the following non-financial factors be in your decision?

	Not at all Important	Somewhat Important	Very Important
Choice of doctors, hospitals, and other providers in the network.	☐	☐	☐
Whether your current doctors are in the network.	☐	☐	☐
Access to birth control/ family planning services.	☐	☐	☐
The plan's rules for seeing specialists, such as requiring a referral or prior authorization.	☐	☐	☐
The range of health care services available.	☐	☐	☐
Help in managing specific conditions, like asthma or diabetes.	☐	☐	☐

16. Next year (2015), how difficult would it be for you to pay the personal costs of health insurance, such as premiums, copays, and deductibles?

- ☐ Not at all difficult
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Impossible

About You

17. In general, how would you rate your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

18. Do you have one person you think of as your personal doctor or health care provider?

- ☐ Yes, I have one
- ☐ Yes, I have more than one
- ☐ No, I have no personal doctor or health care provider.

19. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High school graduate or GED
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ More than 4-year college degree

Thank you for taking the time to complete our survey!
If you have any additional comments or questions, please note them below:

If you would like information about opportunities to obtain health insurance offered through Washington's Healthplanfinder or through Washington's Medicaid program known as Apple Health:

Call the Washington Health Benefit Exchange at 1-855-WAFINDER (1-855-923-4633), or

Visit the Health Benefit Exchange website at www.wahealthplanfinder.org, or

Email your questions to customersupport@wahbexchange.org

Your answers are important.

Please return your questionnaire in the postage-paid envelope provided to:

ATTN: SURVEY PROJECT
DEPARTMENT OF SOCIAL & HEALTH SVCS
RESEARCH AND DATA ANALYSIS
PO BOX 45204
OLYMPIA WA 98599-9807

APPENDIX B

Respondents Less than Age 26 Compared to Respondents Age 26 or More
Survey Elements of Interest with Significant Differences

Q#	Element	Response Proportions Younger	Older
2	Self-employed	1.6	10.3
4	On parents' health plan		
	Yes	28.8	0.9
	Not Applicable--I am older than 26	0.8	80.2
5	In the past three years … have you ever tried to buy health insurance on your own?	4.8	22.6
6	What is the main reason you did not buy a health insurance plan on your own?		
	The costs were too high	69.7	81.2
	I got a plan through another source	17.6	7.9
	None checked	6.4	25.8
7	Have you heard about Washington's Healthplanfinder/Health Benefit Exchange?	50.4	81.7
8	Did you consider buying health insurance through the Exchange?	65.1	78.9
9	Very difficult or impossible to get needed help from the following sources		
	Other website	8.3	18.1
	None checked	53.6	23.5
10	What was the main reason you did not buy or enroll in a health insurance plan through the … Exchange?		
	The plans do not cover the benefits I want	6.3	13.2
	None checked	50.4	18.8
11	During the past 12 months, have you experienced any of the following issues because of bills that you had to pay?		
	Unable to pay for health insurance	43.2	53.1
	Taken on credit card debt	27.2	39.9
	Had to declare bankruptcy	0.8	5.6
12	During the past 12 months, did you ever need any of the following but didn't get it because you couldn't afford it?		
	Prescription drugs	16.8	32.9
	Mental hlth care or counseling	16.8	23.9
	I did not need any of these services	20.8	12.7
13	... had to change your way of life a lot in order to pay bills for yourself or your family?	53.2	63.6
14	What kinds of unpaid bills or debts, including student loans, are you paying off over time?		
	Credit card debt	40.8	62.4
	Mortgage	4.0	18.3
	Automobile loan	24.8	39.0
	Medical debt	27.2	42.7
	I have no unpaid bills that I am paying off over time	20.8	8.0
15	Very important non-financial factors in choosing a new health insurance plan		
	Choice of doctors, hospitals, and other providers in the network	37.4	47.6
	The plan's rules for seeing specialists	38.1	56.0
	The range of health care services available	70.3	81.7
	None checked	4.8	0.5
17	In general, how would you rate your overall health?		
	Good (note that all other categories were not significantly different)	43.4	33.5
18	Do you have one person you think of as your personal doctor or health care provider?		
	No, I have no personal doctor or health care provider	71.3	60.1
19	What is the highest grade or level of school that you have completed?		
	Some college, college, or more than college (combined)	67.2	82.5

Differences are statistically significant based on 95% confidence interval for differences between proportions.

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