

In-Person Assistance Program



Request for Information Findings



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Submitted by HES Advisors, Inc. to Department of Vermont Health Access

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Executive Summary

The Department of Vermont Health Access (DVHA) is currently designing in-person assistance programs for Vermont Health Connect, Vermont's Health Benefit Exchange. DVHA posted a Request for Information (RFI) to help the State determine the types of organizations interested in conducting in-person assistance and assess current and future needs and resources. It is the State of Vermont's priority--as well as a federal requirement--to engage stakeholders and solicit their thoughts and perspectives to inform the planning and development of Vermont Health Connect. In sum, respondents expressed interest in offering enrollment assistance, and have the experience and expertise to do so.

One hundred and fifty responses to the RFI were received between October 15 and 22, 2012. The characteristics of respondents were representative of the populations that may require in-person enrollment assistance. Specifically, respondents served a variety of regions within Vermont and a variety of enrollment eligible populations (e.g., low-income, under-insured, Medicaid recipients, small businesses, immigrants). When asked if they would be interested in providing enrollment assistance, 76% of respondents reported yes, 6% responded no, and 19% responded unsure. The majority who indicated "unsure" said they would be interested in providing enrollment assistance, but would need more information about the level of time and involvement necessary before committing.

Respondents were asked to identify the largest barriers to self-enrollment based on their experience with enrollment eligible populations. The largest barriers to self-enrollment were identified as lack of computer/internet access, language barriers, and difficulties understanding the enrollment options and procedures. A majority of respondents currently offer outreach and education services to their population in-person (90%), by phone (90%), and online (65%). Currently, respondents are also offering enrollment assistance for subsidized medical coverage in person (66%), phone (62%), and online (32%) and a number were also offering enrollment assistance for other programs (e.g., fuel assistance, prescription drugs, etc.) in person (80%), by phone (77%), and online (51%).

In terms of potential capacity to offer assistance, the majority of respondents indicated that they would be willing to increase their hours of service, including evenings and weekends, to provide enrollment assistance. In terms of resources, the top three resources that respondents indicated that they did not have, but would need in order to offer assistance, include computer software, translation services, and computer training for staff. Overall, the respondents indicated that financial resources to cover more staff and training would be essential to providing enrollment assistance.

The number of responses speaks to the high level of interest Vermont organizations have in participating in Vermont Health Connect.

Respondents demonstrated an in-depth understanding and knowledge of serving Vermont Health Connect's future enrollment eligible individuals and small businesses. They also expressed sincere interest in helping the State reach targeted populations and willingness to share their experiences and expertise to ensure that enrollment through Vermont Health Connect is successful.

Purpose

The goal of the RFI was for the State of Vermont to obtain a better understanding of the following:

- 1) The overall interest of individuals and organizations to provide consumer enrollment assistance and outreach and education support;
- 2) Populations who might need enrollment assistance;
- 3) The current capacity of individuals and organizations to provide consumer enrollment assistance and outreach and education support; and
- 4) The potential capacity of individuals and organizations to provide consumer enrollment assistance and outreach and education support.

Method

Procedure

On October 15, 2012, the RFI was posted on [DVHA's website](#) and [Vermont's Business Registry and Bid System](#). In addition to the postings, the following entities were asked to circulate the RFI to those in their network and interested parties:

- 1) Key Vermont networks serving non-profit organizations and small business populations (e.g., CommonGood Vermont);
- 2) Vermont associations currently serving eligible enrollment populations (e.g., Bi-State Primary Care Association);
- 3) Vermont associations currently serving specific populations (e.g., Vermont Center for Deaf and Hard of Hearing, Associations of Africans Living in Vermont); and
- 4) Organizations and individuals who expressed interest in enrollment assistance programs and the RFI prior to its posting (e.g., during outreach and education initiatives and the Medicaid and Exchange Advisory Board (MEAB) meetings).

In the RFI instructions, potential respondents were notified that the RFI would take approximately 20 minutes to complete. The RFI also stated that incomplete responses would be accepted. The State recognized that respondents may not have all information readily available to answer some of the questions (e.g., number of families served annually). The State appreciated and accepted any information that respondents were able to provide.

The RFI was created using an online survey tool which provided flexibility for respondents to complete and submit the RFI online or with a paper-copy. Both a website link and PDF version of the RFI were posted. Approximately 89% of responses were completed online and 11% were either faxed or emailed using the PDF format.

The submission deadline was midnight on October 22. Two additional RFIs were received after the deadline. They were not included in the analysis, but still reviewed for consideration.

Respondents

One hundred and fifty responses were received. The response rate is difficult to determine because we do not know how many people saw the posting. Respondents serve a variety of regions within Vermont, and a variety of populations (e.g., low-income, under-insured, Medicaid recipients, small businesses, immigrants, etc.). Additional information describing the characteristics of the respondents is provided in the findings section.

RFI Components

The RFI comprised both multiple choice and short-answer questions for a total of 29 questions. Given the anticipated number of responses, the State leveraged the use of multiple-choice questions where appropriate to facilitate easy analyses and encourage more responses. In addition, short-answer questions and opportunities to explain multiple-choice selections were included throughout each section. A sample of responses from the open-ended questions is provided in the following section.

Findings

1. For Brokers, which category best describes you?

	Percent of Respondents	Number of Respondents
A broker actively selling small group health insurance	45.3%	29
A broker actively selling large group insurance	1.6%	1
A broker actively selling both small group and large group insurance	40.6%	26
A broker not currently selling insurance	12.5%	8
		N= 64

2. What type of insurance products do you sell?

Sixty-four respondents listed a variety of insurance products that they sell including the following: Medical, Dental, Short-term & Long-term, Life, Vision, Medicare, EAP, accident & cancer protection, and AFLAC.

3. For organizations, which category best describes you?

	Percent of Respondents	Number of Respondents
An organization or association that serves businesses	11.0%	13
An organization that serves individuals and families	39.0%	46
Both the first and second options	29.7%	35
Other	20.3%	24
		N= 118

Examples of “Other” organizations included the following: network of healthcare providers, brokers, small business owners, independent insurance agents, government contractors, individual brokers, TPA’s, school systems, statewide organizations, small business advocacy groups, and community health centers.

4. For organizations, how many employees does your organization employ?

	Response Average	Range
Part-Time	22.5	1 to 400 ee’s
Full-Time	43.57	1 to 996 ee’s
Total FTEs	80.07	1 to 1,000 ee’s

5. Both Brokers and Organizations: Based on the information provided earlier about Vermont Health Connect and its assistance programs, would you be interested in providing enrollment assistance?

	Percent of Respondents	Number of Respondents
Yes	75.7%	109
No	5.6%	8
Unsure. Please explain.	18.8%	27
		N= 144

The majority of respondents who reported “Unsure” said they would be interested in providing enrollment assistance, but would need more information about the level of time and involvement necessary before committing to the initiative. Several respondents stated they would not know if they would have sufficient staffing to provide assistance until time commitment and compensation details were provided. Some smaller organizations cited they may not have the adequate staffing needed at this time.

6. Please describe the general population that you serve

a) Geographic Region (e.g., Washington County)
All counties in VT; NH, NY
b) Target population(s) (e.g., homeless, low-income)
Low-income, uninsured, under-insured, Medicaid recipients, elderly, children, people with disabilities, families, profit & non-profit organizations, small & large businesses, refugees & immigrants, anyone in need of special services
c) Specific needs of your population(s) (e.g., language or literacy barriers)
Majority cited language and/or literacy barriers and access to technology as issues. Special needs and those with disabilities could be challenging. Some cited transportation issues. Comprehensive and readily available educational materials and advocacy would be necessary.
d) Agencies/organizations you collaborate with to serve your population (if applicable)
Health & human service organizations, hospitals, schools, Chambers, brokers, profit & non-profit organizations, carriers & TPA's
e) Number of individuals you serve annually
Numbers ranged from 1 to 190,000+
f) Number of families you serve annually
Numbers ranged from 5 to 6,000+
g) Number of for-profit businesses you serve annually
Numbers ranged from 0 to 2,400+
h) Number of non-profit businesses you serve annually
Numbers ranged from 0 to 283+

7. Please indicate the likelihood of your target population to self-enroll in Vermont Health Connect (either by phone or website).

	Percent of Respondents	Number of Respondents
Not at all likely	12.1%	16
Not likely	50.8%	67
Likely	15.2%	20
Very likely	6.1%	8
Not sure	15.9%	21
		N = 132

8. If you perceive your population as needing assistance to enroll, please describe what barriers they face to self-enrolling (e.g., lack computer access or internet access, language barriers, literacy difficulties).

Of the 110 respondents, many cited a lack of computer/internet access, and language and/or literacy barriers. Another common concern was over the amount of time needed for enrollment and how easily understandable the forms/materials will be. Many of the respondents stated a comprehensive education & outreach program is necessary to ensure that the options available are outlined in a user-friendly format. Several responded that in-person support will be necessary in order to understand all options and properly enroll individuals. A lack of transportation was cited by a minority of respondents.

9. Please indicate the percentage of your target population that fits within the below characteristics (if known). Only enter the number (no % sign needed or leave blank if does not apply).

	Average Percentage
a) Receives publicly-subsidized medical coverage (e.g., Dr. Dynasaur)	23.85
b) Is uninsured	25.92
c) Is underinsured	18.28
d) Is insured through individually purchased private insurance	16.46
e) Is self-employed and covered by health insurance	19.93
f) Receives federal subsidized medical coverage (e.g., Medicare, TRICARE, CHAMPVA)	84.94
g) Obtains health coverage through an association	31.63
h) Is insured through employer (small group market)	36.19
i) Is insured through employer (large group market)	21.30

10. Please indicate the Education and/or Outreach services you currently offer (if applicable).

	Yes % of Respondents	No % of Respondents	Not Applicable % of Respondents
(a) In Person	90	2	7
(b) Phone	90	4	6
(c) Online	65	23	13

The majority of respondents indicated that in-person assistance and phone assistance are most readily available. Online assistance is available to many, but some are more limited in their computer access. A minority group currently provides education and/or outreach services.

11. Please indicate the number of staff trained and currently conducting Outreach and/or Education.

	Response Average	Range
a) Total # of employees	26.96	1 to 1,500
b) Total # of FTE	23.42	1 to 1,000
c) Total Staff hours/week	639.59	0 to 800 hours

12. Please indicate the services you currently offer (if applicable) in providing enrollment assistance for subsidized medical coverage.

	Yes % of Respondents	No % of Respondents	Not Applicable % of Respondents
(a) In Person	66	10	37
(b) Phone	62	12	37
(c) Online	32	31	40

Of the 114 respondents, the majority offer in-person and phone assistance with a smaller group indicating online assistance. A minority group currently provides education and/or outreach services as well.

13. Please indicate the number of staff trained and currently providing enrollment assistance.

	Response Average	Range
a) Total # of employees	10.01	1 to 400
b) Total # of FTE	10.00	1 to 350
c) Total Staff hours/week	118.28	0 to 800 hours

14. Please indicate the services you currently offer (if applicable) in other enrollment assistance (e.g., applying for non-subsidized coverage or other benefits, please specify below in the box).

	Yes % of Respondents	No % of Respondents	Not Applicable % of Respondents
(a) In Person	80	2	19
(b) Phone	77	6	18
(c) Online	51	15	25

The majority indicated that they do provide in-person and phone assistance. They also indicated their assistance is primarily with Medicare, 3-Squares, Fuel Assistance, and pharmaceutical enrollment. A minority group assists with Catamount Health, Vermont Education Health Initiative (VEHI), food stamps, social security, and VPharm.

15. For those currently providing enrollment assistance, approximately how many individuals/family members are covered per application? (select all that apply)

	Percent of Respondents	Number of Respondents
One	59.7%	43
Two	62.5%	45
Three	41.7%	30
Four	36.1%	26
More than four	34.7%	25
		N =72

16. Please indicate your organization's CURRENT hours of service (click all that apply)

	Normal Business Hours (e.g., 8am to 5pm)	Evenings	Weekends
In Person	108	39	21
Phone	108	35	18
Online	67	33	28

17. Please indicate your POTENTIAL FUTURE hours of service that you could dedicate to providing enrollment assistance.

	Normal Business Hours (e.g., 8am to 5pm)	Evenings	Weekends
In Person	102	54	31
Phone	99	39	31
Online	70	48	33

18. Please indicate what resources you currently have in place (and available for Vermont Health Connect purposes), and what you would need to provide enrollment assistance.

	Yes, I have it	No, and I would NOT need it for offering enrollment assistance	No, and I would need it to offer enrollment assistance
Physical Office space (including furniture and chairs)	95	10	8
Office supplies (e.g., photocopier)	106	3	5
Computer hardware	100	4	11
Computer software	89	3	19
Translation services (e.g., language, hearing impaired)	29	33	35
Company Website	87	13	7
Computer training for Staff	73	12	23
Internet access (wireless-in office)	97	9	8
Internet access (remote wireless e.g., hotspot)	62	21	15
Internet access (wired, dial-up)	70	16	6
Transportation (e.g., mileage reimbursement policy or company car)	75	15	19

19. If you had access to additional resources, how would you modify your services? Which resources would be the most helpful for reaching the population enrolling in Vermont Health Connect?

Of the 60 respondents, the majority indicated they would need to increase their staffing in order to provide more education and community outreach. Financial resources were indicated to cover everything from the need to cover more staff and staff hours, provide training, support additional outreach, purchase of software/computers/iPads, etc. to support the outreach and enrollment process, and to enhance their websites to provide more comprehensive information.

20. For brokers helping employers and their employees, how would you prefer to be compensated? Please rank your responses (based on a time cycle, e.g., annually):

	1	2	3	4	5	6
Contract	17	10	17	8	5	3
Per enrollee	15	26	9	6	3	1
Per applicant (e.g., which may include more than one enrollee, for example all family members)	9	12	19	8	9	3
Fee based from employer	4	5	5	24	9	13
Performance-based pay (e.g., successful enrollee)	4	7	2	6	26	15
A combination of two of the above	11	0	8	8	8	25

21. For organizations helping individuals and families, how would your organization prefer to be compensated? Please rank your responses:

	1	2	3	4	5	6
Grant	23	22	7	5	6	4
Contract	20	23	13	7	3	1
Per enrollee	8	11	18	21	7	2
Per applicant (e.g., which may include more than one enrollee, for example all family members)	8	8	17	23	10	1
Performance-based pay (e.g., successful enrollee)	1	3	3	9	35	16
A combination of two listed above	7	0	9	2	6	43

22. How would you measure success in providing assistance? What outcome measures would you recommend?

Of the 81 responses, the number of successful enrollments was the ideal measure of success for providing assistance. Some respondents also suggested measuring enrollees' satisfaction with the service received and overall process. Several also included education and assistance as part of the enrollment process and wanted to measure both the quantity and quality of these portions of the services provided, while a few noted that success would be measured in the client/customer's ability to make an informed decision.

23. For brokers, would you be interested in helping employers facilitate their employees obtaining coverage as individuals if the employer drops coverage?

	Percent of Respondents	Number of Respondents
Yes	80.7%	46
No	7.0%	4
Unsure	12.3%	7
		N= 57

The majority of comments for this question reflected that the brokers’ desires to be compensated for providing this service.

24. For brokers, how would you propose to avoid a conflict of interest in providing fair and impartial information to individuals and employers when you may have a prior or current relationship with one or more of the carriers offering plans on Vermont Health Connect?

The majority of brokers (48 responses) perceived there to be no conflict of interest, as they do what is right for the client. Answers within this theme also included that their relationships exist with their clients, they work to find the best fit for their clients, and essentially put the needs of the client in the forefront. For example, one respondent stated; *“We do what is best for the client, which is our ethical pledge. Most of these clients have personal insurance and investment business with us and we would never do anything to jeopardize that relationship. Those are the checks and balances and it’s worked well for 39 years.”*

25. If you are an individual considering or currently providing consumer assistance, would you be willing to seek employment with a certified organization in order to be compensated for your assistance work?

	Percent of Respondents	Number of Respondents
Yes	35.5%	22
No	27.4%	17
Unsure	37.1%	23
		N = 62

26. Tell us why you and your organization are uniquely qualified to provide Consumer Assistance (i.e., in-person enrollment assistance).

Almost all of the respondents indicated in-depth experience with providing in-person assistance to their clients, including established relationships and understanding of the groups most likely to need assistance, conducting outreach and education on a regular basis, as well as knowing the business.

27. What are the biggest barriers you may encounter in implementing assistance? How would you overcome these barriers to reach the greatest number or most in-need Vermonters?

Ninety respondents provided a list of barriers for implementing assistance programs. A number of the responses focused on the organization's limitations, including lack of staff, space, financial resources to pay for extra staff hours, and transportation to reach the needed population. Respondents also highlighted a number of barriers regarding the enrollment population, such as language, being reluctant to share personal information or enroll, not seeking assistance, and lack of current knowledge about the exchange. A number of respondents also noted that more education and outreach is needed about the Exchange. Two sample representative quotations relating to barriers are provided below:

"We believe that the biggest barrier to providing assistance will be getting the word out to employers and their employees with enough lead time for them to be able to make thoughtful decisions. Overcoming this challenge will depend on having enough time to get our staff trained and to conduct the necessary outreach prior to the enrollment period."

"Staff training would be an important aspect to meet success, as well as a simple and clear message that is supported in a broad manner and is consistently used by the state and its representatives in this project."

28. Place additional comments here:

The majority of respondents emphasized that they currently serve those that will be enrolling in Vermont Health Connect. Many also perceived a steep "learning curve" and current anxiety among communities originating from a lack of knowledge about Vermont Health Connect. Many also expressed their appreciation for being invited to participate and that they looked forward to being involved in the process.

29. Please indicate your name and organization below. This information is not mandatory but appreciated.

Of the 150 respondents who participated in this survey, 100 respondents shared their contact information as well.

Conclusions and Next Steps

The findings gathered from the RFI will play a substantial role in the design of the in-person assistance program. Given the success of the RFI in terms of interest and the quality of responses, the State plans to continue discussions with interested stakeholders closely connected with enrollment-eligible populations.