



# Evaluating the Impact of Health Insurance Outreach and Enrollment Strategies in California Counties

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## Abstract

The passage of the Patient Protection and Affordable Care Act of 2010 initiated the development of statewide and county-level campaigns to enroll uninsured people and people who were previously ineligible for coverage in health insurance plans. Local entities on the county level have identified and implemented various outreach and enrollment methods to promote health coverage. To evaluate the impact of outreach and enrollment strategies used in California counties during 2014, a primary data set was created to compare the counties in policy and political contexts. Data collection yielded three important themes about the roles that counties serve in administering health care programs, cultural competence, and the “no wrong door” approach.

## Background and Purpose

### Background

- The Patient Protection and Affordable Care Act of 2010 (ACA) introduced sweeping reforms to health care in the United States to improve health care quality, reduce health care costs, and expand coverage<sup>1</sup>. The ultimate goal was to help the people who were previously ineligible for coverage to acquire health insurance.
- To implement the ACA reforms, California established Covered California, a state health insurance marketplace offering various health coverage options at federally subsidized rates<sup>2</sup>.
- For Medi-Cal and Covered California, the counties conduct eligibility determinations and facilitate local health plans and services. Counties adopted various outreach strategies, particularly those that are technology-based, to promote enrollment in uninsured target populations<sup>3,4</sup>.

### Purpose

- To evaluate the impact of outreach and enrollment methods used at the county level in California to enroll people in Medi-Cal and other Covered California products in 2014.

## Methods

### Data Collection

- Information was collected from all the California counties (n=58, Figure 1) in a primary data set. Each county has a specific office or agency that administers the Medi-Cal program.
- Most information for the Medi-Cal variables was gathered online from the county websites.
- Other resources used included but were not limited to Covered California, California HealthCare Foundation, California Healthline, California Health Insurance Survey, California Department of Health Care Services, and Insure the Uninsured Project.

### Revising Variables

- *Types of languages spoken by on-site enrollment navigators*: This variable was added since the languages spoken were found to be different from the types of languages available on the county websites. Languages spoken by on-site navigators could potentially affect health insurance enrollment outcomes.
- *Online application used*: Initially, the variable for the use of an online application for Medi-Cal included only the use of Covered California. Research indicated that multiple counties used CalWIN or C4Yourself. As a result, the variable was revised to reflect additional online application options used for Medi-Cal.

## Data Themes

**Role of Counties in Health Care:** The state and counties share responsibility in a partnership to administer health care services and programs.

- The levels and types of services each county provides reflects the diversity of California counties in terms of resources and population demographics.

**Cultural Competence:** Differences in population, geographic size, ethnicity, and socioeconomic status dictate the outreach and marketing strategies used<sup>4</sup>.

- *Marketing*: Multicultural marketing campaigns display understanding of cultural, regional, and language diversity.
- *Outreach*: Counties collaborate with community organizations to develop materials and outreach campaigns tailored to target populations.
- *Education*: Counties and neighborhood groups deliver culturally appropriate messages that promote health coverage and health literacy.

**“No Wrong Door”:** Covered California emphasized a “no wrong door” approach by offering multiple entry points and channels for enrollment<sup>1</sup>.

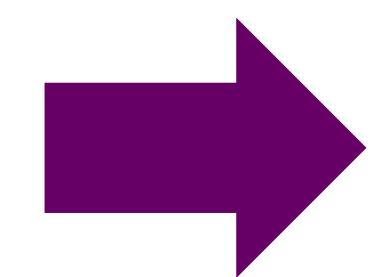
- *Use of internet*: Nearly all counties utilize the internet in the form of online applications to enroll residents for health insurance. The use of internet to publish materials or provide information varies among counties due to differences in capacity and resources.

## References

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### County Policy Context

#### Medi-Cal Variables

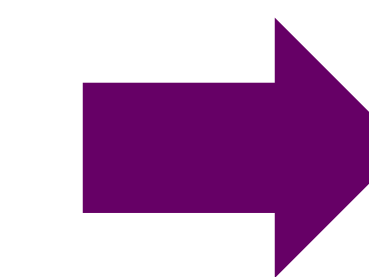
- Managed care program type\*
- Internet use for enrollment\*
- Number of free or low-cost clinics\*
- Number of public or non-profit hospitals
- Hospital presumptive eligibility\*
- Special locally developed materials\*
- Latino outreach via television and newspapers\*
- On-site health navigators helping patients enroll\*
- Collaboration between different entities (i.e. clinics, hospitals, health plans, etc.)\*
- Types of languages accessible on county site\*
- Types of languages spoken by on-site navigators\*<sup>o</sup>
- County use of Covered CA, C4Yourself and/or CalWIN application\*<sup>o</sup>
- Reaching out to those who declined to enroll during first year\*
- Number of outreach, enrollment, and retention procedures



### Political Context

#### Political Variables

- Number voted for Romney
- Percent voted for Romney
- Number voted for Obama
- Percent voted for Obama
- Political Composition of Board of Supervisors



### Insurance Outcomes

#### Outcome Variables

- Percent of Medi-Cal enrollees ages 0-64 in 2012
- Percent of Medi-Cal enrollees ages 0-64 in 2014
- Percent of Medi-Cal enrollees ages 0-64 who were uninsured in the past year
- Difference between 2012 and 2014 enrollment

Figure 1. All 58 California counties will be evaluated for the listed variables in a county policy context, a political context, and insurance outcomes following the completion of the county-specific data set.

\* Indicates data collection took place during the Summer 2016 internship.

<sup>o</sup> Indicates a variable that was revised during the Summer 2016 internship.