

# Proposed Evaluation Plan for the West Virginia Health Insurance Market Place

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## Introduction

A research team consisting of public health, economics and marketing specialists, have been researching and exploring the best avenues to evaluate the success of the West Virginia Health Insurance Market Place based on the criteria developed in the Business Plan, other state evaluation efforts, and state and federal guidance. Based on these early discussions and research, a list of research questions has been developed. These research questions are presented in Appendix I and drive the data collection needs presented in this plan.

Below, is a brief outline of key methods for collecting potential evaluation data and various issues for discussion related to evaluating the West Virginia Market Place. The hope is that this document will spark discussion and help the team, with the West Virginia Offices of the Insurance Commission's (OIC's) insight and guidance, identify priorities, database and data collection opportunities, and evaluation strategies that will best forward the goal of enabling West Virginians to access and understand affordable quality health care insurance.

## Key Evaluation Parts

### 1. Ongoing monitoring of state and lower-level surveillance data

Several state and national surveys are collected on a regular basis related to health insurance, health outcomes, and demographics. Some of these datasets have representative data at the state or county level that could be used for evaluation of the Market Place in West Virginia. Others could be used to make national comparisons between WV and the nation or to help understand the environment that the Health Insurance Market Place operates in, such as the small business climate.

The team proposes aggregating all relevant data from these surveys and measures each time they are collected. Then, the data can be used to report on the state of market place related issues (i.e., health, economics) in West Virginia or for comparison and informational purposes as needed. The annual evaluation report on the Market Place will discuss changes over time in these measures, as applicable:

- Data collected by Insurance Carriers and the OIC
- US Current Population Survey (CPS)
- American Community Survey (ACS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Survey (YRBS)
- Medical Expenditure Panel Survey (MEPS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- Adult Tobacco Survey
- Youth Tobacco Survey
- Healthcare Effectiveness Data and Information Set (HEDIS from NCQA) where appropriate

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- Health and Retirement Survey (HRS)
- Healthcare Cost and Utilization Project (HCUP)
- America's Health Insurance Plans Survey (AHIP)
- Kauffman Firm Survey
- Survey of Income and Program Participation (SIPP)

These monitoring tools would allow the evaluation team to track population level chronic disease rates, self-reported health status, and access to health care. The research team also feels that it would be important to track measures of mental health and substance abuse - two important and pressing problems in West Virginia.

## 2. Monitoring of state clinical data and de-identified health outcomes

A key expected outcome of the Health Insurance Market Place is to improve the quality of care for West Virginians. As such, it will be essential to monitor objective data related to health outcomes, service utilization, and other clinical data. The ability to share information through electronic medical records is in an early development stage in the state. This makes it difficult to access and analyze clinical data at an entire population level. We propose several potential workarounds to this issue, which are listed below.

The strongest possible evaluation of the impact of the Health Insurance Market Place on population health is in an experimental design. The evaluation team proposes developing a randomized sample of individuals who are signing up for benefits through the Market Place. These individuals could be consented into a research project and their clinical outcomes and health status could be tracked across a five year period. Incentives will be offered to participants to compensate for their time and travel. With their permission, there would be access to medical records and lab testing, as well as the ability to directly ask key questions about their access and utilization of healthcare. A control group composed of individuals who do not use the Market Place (either who utilize other insurance sources or who remain uninsured after the implementation of the Market Place) would allow the research team to understand the impact of the Market Place in an experimental design setting. This entire process would be under the supervision of the West Virginia University Institutional Review Board to ensure compliance with ethical and privacy concerns. The participants would be identified and tracked using a secure method such as an ID number for research purposes and all necessary steps would be taken to keep their confidentiality protected (such as adherence to all HIPAA regulations). Details of this project, including appropriate sampling sizes, necessary health measures, questionnaires, and incentives, would be worked out during the initial phase of the evaluation project. In addition, the evaluation team will work with a research physician as a consultant to help interpret results and ensure the quality of the process.

Great amounts of information are collected in the U.S. health system. In order to determine which of these is most relevant to evaluation of the Insurance Market Place, and to develop measures, we propose to have several discussions with health center and hospital administrators and information technology staff in order to determine what information is available or could be collected and shared with the research team. In some cases, it is expected that the evaluation team will have to utilize data that is

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already available, even if not from a scientifically random sample (hospitals or centers who can share de-identified electronic data, for instance). In other cases, it may be possible to draw a random sampling strategy to collect data (such as selecting a number of clinics in which to conduct chart audits).

### *Potential clinical evaluation:*

- Ask clinics with the capacity and ability to provide de-identified or aggregate key measures on a quarterly basis
- Perform chart audits
- Determine and utilize data that is collected through the state Medicaid project or other information collected by the Offices of the Insurance Commissioner.
- Perform administrator surveys to determine self-reported impact of the Market Place on health care centers and hospitals.
- Utilize ICD-9/10 codes to determine emergency room usage (although these may not be reliably separable into preventable visits)

### **3. Consumer, navigator and market-assister feedback regarding beta version of the Market Place**

In order to enhance consumer use and understanding of the Market Place, feedback from beta versions of the West Virginia Market Place is needed from both critical consumer groups and navigators. An open-ended verbal protocol method with, perhaps, a small-scale on-line test, would help provide vital feedback to assist consumers. At least two of these studies should be conducted--one which leads to suggesting user-friendly changes to the Market Place and a second which assess the impact of the changes once made. This is not intended to be a projective study (i.e., to reflect the Market Place population) rather its purpose would be to improve the information environment and navigability of the West Virginia Market Place.

It should be noted that insurance decisions are generally difficult decisions for consumers. Additionally, the environment in which these decisions are made can significantly impact the consumer's ability to make the best decision (i.e., the most value given the consumer's health status and economic abilities). Moreover, a greater number of choices often reduces a consumer's ability to make a "good" decision. Thus, usable, effective and understandable decision tools are important to the viability of the Market Place.

### **4. A statewide survey of West Virginia residents**

While many individuals in West Virginia are expected to participate in the Market Place, there will also be a substantial portion of the population who will not use it to purchase their health insurance. The number who do not may be contingent on factors such as whether or not the Public Employees Insurance Agency (PEIA) becomes a part of the Market Place and how many businesses, large and small, utilize the Market Place. Others may not participate because they believe the cost is still not "affordable"

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(they may opt to take the tax penalty rather than purchase health insurance), because they have no need for the health insurance (i.e., live out of state, are covered by their employer) or have other attitudinal or ability deficits (i.e., ideological values which they believe are inconsistent with participation; low literacy, limited web-based skills or limited access to internet), estimates of “pent-up” demand, choice between penalty tax or buying health insurance, or simply have not moved along the adoption model (i.e., lack awareness, interest, desire). The opinions of these people about the Market Place, including their decisions about whether to utilize it or not, are very important to understanding the West Virginia Health Insurance Market Place.

The evaluation team proposes contracting with a national call center to conduct an annual survey of all West Virginians related to their opinions and utilization of the Health Insurance Market Place. This survey would allow the team to look at residents who both do and do not use the Market Place, and will help supplement other collection measures such as the exit surveys and existing health outcome information. The surveys would tap into issues related to:

- The consumer’s stage in the adoption process (awareness, interest, desire, action; motivation, opportunity and ability)
- Perceived relative advantage of the Market Place
- Reasons for individuals not utilizing the Market Place
- Overall opinions and perceptions among participants and non-participants with the Market Place
- Affordability of insurance perceptions
- Satisfaction and value perceptions of users with the Market Place, as well as length of time purchasing insurance via the Market Place.
- Insurance status prior to the Market Place, current insurance status (Medicaid, Medicare, private, employer-sponsored, etc.) and expected insurance status in the next two years.
- Availability and purchase of insurance from non-traditional sources--e.g., Costco, Sam’s Club, Wal-Mart
- Supplemental data related to demographics (with income measure specifically tied to eligibility criterion for Medicaid and subsidies), utilization, ease of access, quality of care, and appeals process experiences of those who are participants in the Health Insurance Market Place.

The first year’s study, should focus on the largest groups of targeted consumers selected from the groups identified in the business plan (i.e., individuals, families, small business owners, small business employees, Medicaid, CHIPS, uninsured citizens, individuals with physical disabilities, individuals with behavioral health needs) then each year following, important, yet relatively small subgroups should be explicitly sampled to ensure feedback from these smaller populations.

As an aside, one of the evaluators’ areas of expertise is financial and health literacy and communication. Dr. Fitzgerald could consult with the communications arm of the Market Place and to provide consumer-based feedback on marketing outreach and promotions as they are developed and refined. Effective communications and marketing are needed to move consumers along during the adoption process. This process will also be used to help make decisions about the Market Place that affect understanding and use from WV citizens--for example, it was recently proposed that the name of the Market Places themselves be changed to Supermarket, thus the West Virginia Health Insurance

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Marketplace, the latter term perhaps having more meaning than the former (See Joe Klein, “And Now, How to Improve Obamacare,” *Time* July 16, 2012, page 29).

### 5. “Exit” surveys

It will be essential to capture data from the individuals who choose to participate in the Health Insurance Market Place. Ideally, this information could be captured not only from those who decide to sign up for services through the Market Place, but also from everyone who accesses the web site or seeks assistance via the use of a navigator, or utilizes the call center. Consumers who do not choose to purchase via the Market Place will be included in exit surveys, if there is a barrier such as usability, literacy, or lack of trust that causes individuals to exit the web portal it will be captured. In order to capture information from these consumers, we propose surveys of potential participants at a variety of access and exit points. Preliminary analyses will be conducted to determine the correct points at which this survey would be most appropriate.

Using the web as an example, a survey that pops up while browsing the Market Place would allow the evaluation team to capture both those who chose to utilize the Market Place and those who decide not to. On the other hand, that survey would likely be conducted too early to determine full satisfaction with the process. It is likely that the surveys will need to target consumers upon their exit from the system, potentially leaving the statewide survey to capture those who began to sign up through the Market Place and changed their minds later. A survey of those utilizing the Market Place would help inform the following evaluation elements for both the web portal and the navigator system:

- ServQual (i.e., reliability, responsiveness, assurance, empathy and tangibles) and WebQual (usefulness, ease-of-use, and relative advantage over other ways of purchasing health insurance) based measures
- Accessibility and search behavior
- Literacy (health, numeracy and reading) and other barrier issues
- Demographics and disparities play into utilization of the Market Place including employment status and sector (including, but not limited to the identifiers for the key markets identified in the WV Business Plan: individuals, families, small business owners, small business employees, Medicaid, CHIPS, uninsured citizens, individuals with physical disabilities, individuals with behavioral health needs)
- Availability and clarity of information provided by the Market Place
- Satisfaction with insurance choices available
- Satisfaction, understanding of and ease of use of choice-support tools--such as tools which help consumers choose the best plans for their medical profiles and cost calculators
- Health status of participants
- Historical insurance status of participants
- Perceptions of affordability
- Perceptions of quality of coverage
- After the first year, we would expect to start getting responses related to quality received by participants in the Market Place to date
- Quality of call center support, if utilized
- Perceptions of value and cost-benefit tradeoffs among participants

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In addition to these explicit surveys, other parameters of customer satisfaction commonly used for websites, such as abandonment rate, bounce rate, page load time, return visits, site visit duration, referral to others (if that is an option for the Market Place) as well as browse-to-buy ratios and search efficiency metrics should be collected.

## 6. Economic modeling

### Identifying the Causal Economic Effects of the Health Insurance Market Place<sup>1</sup>

The Health Insurance Market Place might affect economic outcomes in multiple ways and estimating the effects requires addressing three main challenges. First, many of the potential effects of the Market Place are indirect, in that the economic impact comes from changes in behavior due to using the Market Place. Second, one must identify existing data or collect the data needed to produce estimates. Third, one must isolate the portion of change in each outcome that is attributable to the Market Place, not other reform efforts, general trends, and macroeconomic shocks. Below is the outline the main steps and initial data source for each estimate.

#### First-order effects

##### *Operating Expenses*

Any expenditure made to operate the Market Place that would not have otherwise been spent in the state will result in new economic activity that can be measured in terms of business volume, number of FTE jobs, and additional tax revenues. Monies that are simply redirected to the Market Place from other uses within the state will be assumed to have a neutral effect on economic activity. Data for operating expenses will be collected from Market Place budget documents.

##### *Insurance Coverage and Churning*

Information and tools provided through the Market Place might improve the ability of West Virginians to learn about and enroll in a particular insurance plan. Using the Market Place might result in higher levels of insurance coverage and in better matching of insurance plans to individuals.

#### Individual Effects

The evaluation team will estimate the information value of the tool to individuals in one of two possible ways. First, in a rational decision framework, individuals will utilize the Market Place to the extent that the value of doing so is greater than the value of alternative activities. Thus, the value of the Market Place as a decision making tool can be estimated as the average wage (collected at the county-level from the BEA) times the amount of time spent using the tool (i.e. a willingness-to-pay estimate of the value of the Market Place). This approach will allow the evaluation team to estimate a value of Market Place services regardless of whether its utilization results in any changes in insurance

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<sup>1</sup>Note that the analysis is conducted from the view point of the state. An overall cost-benefit analysis would count all operating expenditures as costs. The description is also written in terms of positive value, but actual estimates could be positive or negative.

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coverage/plan selection. A second approach would be to use secondary data on insurance coverage rates and basic plan information in the baseline, pre-Market Place period and the period following Market Place implementation (numbers ideally provided by insurers in the state with the alternative being estimates based on publicly available data for Medicaid and Medicare and survey data for other groups including MEPS Insurance Component, SIPP, ACS, CPS, and HRS)<sup>2</sup>. Simply comparing pre and post-Market Place coverage rates and basic plan characteristics (e.g. deductible, co-pay, co-insurance, etc.) is likely to result in severely biased estimates given the possibility of existing trends, changing economic conditions, and the number of other ACA provisions being implemented. To isolate the effect of the Market Place for this analysis and others mentioned below, we will employ a differences-in-differences-in-differences DDD approach as described below:

### *Difference-in-differences-in-differences (DDD)*

The objective of the DDD analysis is to isolate changes in an outcome variable that can be attributable to the Market Place. We will separate the data by groups based on the way ACA reforms will apply. Possibilities include:

- Medicaid recipients (pre and post Market Place)
- Low income households impacted by Medicaid expansions
- Low income households impacted by Subsidies
- Self-employed
- Households with employer based health insurance
- Households with income above 400% FPL with no employer-provided insurance
- Medicare recipients

In general, different groups are impacted differently by the various aspects of health reform. For instance, those already enrolled in Medicare prior to Market Place implementation should be largely unaffected by the reforms, making their health care utilization patterns a good control for underlying trends. By comparing relative changes between groups, we will estimate what portion of the observed change in an outcome (e.g. insurance rates, health care utilization, take-up of public insurance) is attributable to the Market Place and what portions are attributable to other factors including underlying trends, the individual mandate, changes in premium prices, and subsidies.

### *Administrative Costs*

A Market Place that serves as a tool for Medicaid enrollment and a market place for insurance plans will likely reduce the administrative costs of agencies and firms if it reduces the need for outreach and advertising. A reduction in churning on and off public insurance would also likely reduce administrative costs associated with the re-enrollment process. We will collect estimates of advertising and enrollment costs from the literature, and if possible, from West Virginia insurers.

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<sup>2</sup>One limitation is that nationally representative survey data are likely to under represent some areas of West Virginia.



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### *Risk Pooling*

A direct effect of the Market Place could be better risk pooling as more households, particularly those with relatively low expected health demand, are drawn into the market. As noted above, the difficulty lies in isolating the changes in the risk pool (i.e. those who are insured) due to the Market Place, and no other components of health reform, overall trends, and economic conditions. In this case, we will also employ the DDD technique. For example, a literature exists on the responses of insurance coverage to premium changes, using these estimates we can predict the change in insurance coverage and risk characteristics of the insured that we would expect given the change in premiums from newly available subsidies. Also, the evaluation team can estimate the effects of the individual mandate by examining those who should not be impacted by other aspects of reform (those who were already eligible for Medicaid and Medicare). Additionally, the evaluation team can estimate the impacts on coverage from employer tax incentives based on the existing literature. Differences in risk characteristics beyond what we expect from underlying trends and these other sources of reform can then be attributed to the Market Place. The evaluation will ideally use data from West Virginia insurers on numbers and characteristics of those covered and survey data to estimate those not covered. The economic value of changes in risk pooling will be estimated through its indirect effect on insurance premiums, discussed below.

### **Employer Effects**

Employers able to utilize the small business component of the Market Place will receive direct benefits in the form of the information provided (note changes in insurance offering, premium costs, and employment due to changes in risk pooling are discussed below under indirect effects). Again, the estimated value of this service will be valued based on the time allocated to using the tool.

### **Indirect Effects**

#### **Insurance Market Effects**

More effective risk pooling might allow for a larger and more robust market for insurers. Spreading risk over more households, particularly those with low expected health expenditures will likely reduce premiums and increase the number of policies demanded. An effected Market Place might also make the task of brokering insurance policies more efficient and lead to better matches between policies and insurers. By facilitating insurance enrollment of low-risk households, the Market Place might make health risks easier for insurers to calculate as the issues of adverse selection into insurance plans are reduced. We will assess the effects on the insurance industry by collecting data on the number of insurers in the market place, the number of insurance options, and the premium costs for a set of household 'profiles'. Economic benefits will be estimated as change in industry size in terms of employment and operating expenditures. These data will ideally be collected from Work Force West Virginia for the insurance industry.

#### **Employer Effects**

Employers could also be impacted by several aspects of reform including mandates for provision, tax credits, and the Market Place SHOP. We will again utilize a DDD approach isolating changes for each factor. Data for this analysis will ideally be collected from a variety of sources. First, micro data from Work Force West Virginia would be ideal for assessing which businesses will be affected by various components of reform. Nationally based survey data from the Kauffman Firm Survey matched to IRS tax

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return data will be used to assess the effects on new/small firms across legal form classifications. Changes in insurance premiums will be collected from on-line quoting tools and publicly available AHRQ data as well as the MEPS Insurance Component. Ultimately, the evaluation team will estimate Market Place-based effects on firms through changes in premium costs on insurance coverage, survival, growth, and employment levels (being cognizant that other aspects of health reform could have opposite effects).

### Individuals

Increased insurance coverage through the Market Place might reduce ‘job lock’ or the inability to change jobs because of the desire to maintain health insurance. The evaluation team will take the above estimate of the portion of the change in premium costs that can be attributed to the Market Place and use estimates from the existing literature to calculate any economic value created by removing this

## 7. Small Businesses in West Virginia

Little is currently known about the small businesses’ interest in and awareness of the Market Place and SHOP. Thus, several focus groups should first be designed to learn, first-hand from small business owners and managers, about the factors that make SHOP attractive and those that make it unattractive to potential participants. Owners/managers’ basic understanding of the Market Place could be assessed. Barriers to using SHOP and exploration of employee behaviors and beliefs that might influence their decision to purchase insurance offered by the small business will also be discussed. For example, the State of Massachusetts has recently reduced fees and added a significant wellness option (see Connector Annual Report 2011). Both strategies are designed to increase the attractiveness of the Massachusetts Connector. These options could be used to springboard discussions and help with SHOP design. The focus group could also examine the factors influencing small business owners’/managers’ understanding of the tax credits and the attractiveness of such credits.

Upon completion of these focus groups, a state-wide survey of qualified small business owners and managers could be conducted to measure demographics identified in the WV Business Plan (e.g., geographic location, employee ages and income (which could indicate eligibility for public programs), employer size/coverage offered/location (in or out of state) as well as barriers, benefits and uptake rates. Additionally, technical factors, such as satisfaction and quality perceptions (SERVQUAL) as well as ease of use should be measured. Other perceptions and biases (such as a liberal or a conservative political orientation) may also help explain use. The survey could be conducted annually or biannually as needed.

## 8. Carrier surveys/focus groups/discussions

In order to understand the impact of the Health Insurance Market Place on Carriers, measures will be developed to assess their participation and opinions about the Market Place. This could take the form of focus groups and discussions early in the Market Place process and later be formalized into an annual phone survey or satisfaction report that allows insights into carrier issues. Because the number of carriers is likely to be small, a face-to-face or phone-based interview will be preferable. Additionally, it will be

critical to contact the key decision-makers within the carrier firms for their feedback. Often, this type of study is described as a “Key Informant” design.

### **9. Provider surveys/focus groups/discussions**

Another key group to be affected by the Health Insurance Market Place is medical providers. In order to determine how the Market Place affects their practices, costs, reimbursements, and other relevant variable, it will be important to capture their attitudes about the Market Place. Again, this may take the form of focus groups or meetings early on and be formalized into an evaluation survey or questionnaire at a later point.

### **10. Monitoring of prices inside and outside the Market Place**

Monitoring prices through on-line search tools will allow us to assess whether changes in individual behavior are attributable to price differentials or other factors, such as the information and subsidies available only through the Health Insurance Market Place. Specifically, systematic price searches will be used to monitor prices inside and outside of the Market Place for groups of individuals and small businesses with different characteristics.

### **11. Examining agents and navigator interpretation of Qualified Health Plans**

Agents’, assisters’ and navigators’ interpretation of qualified plans are critical since they are likely to be important facilitators. We plan to tap into their knowledge/understanding of plans, as well as their first-hand knowledge of consumer successes and difficulties. As with other important smaller groups of people involved in the Market Place, this task may take the form of focus groups or meetings early on, and be formalized into an evaluation survey or questionnaire at a later point.

### **Limitations**

The research team would also like to stress their understanding of potential limitations in this evaluation. For various reasons, OIC may deem specific elements of these proposed evaluation methods as impractical or cost-prohibitive. Discussions between these groups and other key stakeholders will help to modify or eliminate these collection methods. In addition, it should be noted that as part of the evaluation process modifications or additions to these data collection methods maybe necessary. The research questions in which it is based on stem from research measures and items that will need to be confirmed and adapted based on feedback from both the OIC and other stakeholder groups, as well as feedback from the evaluation process itself, as the evaluation plan writing moves forward. Finally, the research team has limited knowledge of the Market Place IT process and how the structure of the web

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portal may or may not allow access to evaluation related data. This will need to be explored at a later date.

### Work Plan

#### **Year 1** – Development, pilot testing, and set-up of measures

During the first six months to a year, evaluation team activities will focus around gathering and modifying existing measures, creating new measures and questionnaire, pilot testing questionnaires, identifying appropriate sampling frames (i.e., lists of individuals to participate in primary data collection) for conducting phone interviews, focus groups and key informant studies, and setting up data collection processes. Additionally, service maps should be created so that the researcher identify the activities of individuals and organizations providing service to the Market Place customers, as well as the actions and services received from the consumers' perspectives. It should be noted that creating appropriate surveys and other research techniques requires extensive time and pretesting and thus, this initial period will be essential in order to fine tune evaluation measures and get stakeholder feedback to make sure measurement validity and reliability.

#### **Years 2-5** – Continual data collection, annual reports, five-year “state of the Market Place” report

After data collection is initiated, we anticipate collecting all measures and conducting economic projections on an ongoing basis. Assumptions used to generate economic impact results will be refined over time as more information becomes available and as the research team is able to estimate more West Virginia specific behavioral parameters. At the end of each year, an annual report that summarizes all the measures listed above will be created. As the years progress, this report will also track trends and summarize changes as a result of the Market Place. Another ongoing task of the evaluation team will be to make sure that measures remain current and valid and to make changes as necessary, either for validity concerns or because program changes take place that make new questions necessary, old questions irrelevant, or require some other modification of existing measures. At the end of the fifth year of evaluation, a comprehensive summary report of trends will be developed that will reflect on the growth and change in the WV Market Place over the first five years of operation.

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## APPENDIX

### *Overview of Evaluation Questions Developed Based on West Virginia Business Plan*

#### **Health Related**

- *How does the Health Insurance Market Place affect the number of uninsured?*
- *How does the Health Insurance Market Place affect the number of underinsured?*
- *How does the Health Insurance Market Place affect health outcomes of participants in the Market Place and is this moderated by the quality of plans that are available on the Market Place and are chosen by the consumer? (This should also factor in if those who choose to spend more money on health care coverage receive better care).*
- *Does the Health Insurance Market Place allow increases or decreases in conditions that are covered by health care plans (again, moderated by cost)?*
- *What effect does the Health Insurance Market Place have on electronic medical records and sharing of information among health care providers?*
- *Does the Health Insurance Market Place impact population health in West Virginia as a whole?*
- *Does the number of visits to providers go up after the Health Insurance Market Place is in place?*
- *What is the impact of the Health Insurance Market Place on physical health outcomes?*
- *What is the impact of the Health Insurance Market Place on mental health outcomes?*
- *How does the Health Insurance Market Place affect chronic disease rates and management?*
- *How does socioeconomic status moderate the effects of the Health Insurance Market Place in terms of health outcomes and availability of coverage?*
- *Does the Health Insurance Market Place affect rates of tobacco use?*
- *Does the Health Insurance Market Place affect physical activity levels?*
- *Does the Health Insurance Market Place affect rates of heart disease?*
- *How does self-reported health status change after the implementation of the Market Place?*
- *Does the Health Insurance Market Place affect diabetes rates or diabetes management?*
  - *Does the Health Insurance Market Place have an effect on those who enter lifestyle counseling or change programs related to their diabetes?*
- *Does the Health Insurance Market Place affect obesity rates or obesity management?*
- *How does the Market Place affect overall levels of the quality of healthcare?*
- *Does the Health Insurance Market Place cause changes in the availability of health care providers?*
- *Does the Health Insurance Market Place affect the amount of wait time patients have to see providers?*
- *How is emergency room utilization (preventable and unpreventable) impacted by the Health Insurance Market Place?*
- *How is hospitalization (preventable and unpreventable) impacted by the Health Insurance Market Place?*

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### Overlapping

- *Is the impact of the Market Place variable depending on the literacy (reading, numeracy, health and insurance literacy) of participants?*
  - *How does literacy affect access and utilization of the Market Place?*
- *After the Market Place, what are the changes in the number of small employer groups offering insurance, including the number of individuals affected by these changes?*
- *Is there employee “dumping” by any employers?*
- *Are there increasing choices (actual choices or in the consumer’s perception?) in the health insurance marketplace as a result of the Health Insurance Market Place?*
- *How is statewide affordability of health insurance affected by the Health Insurance Market Place?*
- *What is the usability of the web portal, especially among those with low literacy levels and with lower SES?*
  - *minorities, individuals with disabilities, other disparate populations can be examined here as well*
- *How does public support (positive attitudes?) for the Health Insurance Market Place change over time?*
  - *What are the reasons for these changes?*
- *How many individuals are accessing the health Insurance Market Place web portal? How many individuals are using navigators?*
- *How are navigators helping consumers? How are navigators perceived by Market Place users?*
- *What is the percentage of the population utilizing the Market Place for their health Insurance needs versus other sources in the state? What drives these changes in utilization versus other sources?*
- *How many individuals enroll in each plan offered through the Market Place? What factors (cost, coverage, quality) affect these enrollment figures?*

### Economics

- *What is the return on investment for the Health Insurance Market Place?*
  - *includes operating costs, individual costs, societal Insurances*
- *What are the effects of the risk pool on the insurance market?*
- *Is there a change in average premium costs after the Market Place is established?*
- *Is there a change in co-pays (on average and for specific conditions) after the Market Place is established?*
- *Is the Health Insurance Market Place a self-sustaining market?*
- *What are the basic trends and growth in the insurance industry?*
- *What is the interplay between cross-state border opportunities and markets?*
  - *do cross-state markets compete with each other, especially where individuals are employed in other states?*
  - *do more insurance companies offer services through the Market Place in West Virginia?*



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- *How does the Health Insurance Market Place impact the number of insurance carriers?*
- *Over time, how does the breakdown of individuals in different insurance markets (small business, private, large business, public) change along with the % uninsured by sector?*
- *How does the Market Place impact the affordability of health insurance to small employers?*
- *How many individuals are paying the tax penalty as a result of the mandate?*
- *How many individuals are exempt from the mandate?*
- *What is the impact on employment, business volume, and tax collection (Economic Impact Analyses)?*

### Marketing

- *How well does the Health Insurance Market Place meet the quality dimensions of ServQual (i.e., reliability, responsiveness, assurance, empathy and tangibles) and WebQual (usefulness, ease-of-use, and relative advantage over other ways of purchasing health insurance)?*
- *How well do navigators and call centers meet the quality dimensions of ServQual (i.e., reliability, responsiveness, assurance, empathy and tangibles)*
- *How do the markets targeted (individuals, families, small business owners, small business employees, Medicaid, CHIPS, uninsured citizens, individuals with physical disabilities, individuals with behavioral health needs) differ in terms of stage in adoption (awareness, interest, desire, action; motivation, opportunity and ability) satisfaction and value perceptions.)*
- *What percentage of each targeted market is purchasing insurance via the Market Place? Which aspect of the adoption process should be the focus of marketing and education to increase participation for each market?*
- *Does the Market Place allow individuals to choose the best value for themselves?*
- *Is information about the Market Place presented in an organized and simple (understandable) manner?*
- *Does the Market Place facilitate streamlined eligibility and enrollment for public health insurance such as Medicaid? (CHIP?)*
- *Does the Market Place simplify insurance enrollment and administration for consumers, employers, and carriers?*
- *Do consumers and small businesses understand the tax credits and mandates involved in the Market Place?*
- *Does the Market Place allow consumers to directly compare price, quality, benefits, costs, and the value of health insurance plans?*
- *Does the Market Place provide adequate support for consumers with special needs?*
- *Does the Market Place make an attractive marketplace for carriers?*
- *Is there benefit standardization?*
- *Do consumers trust the information they receive from the Market Place?*
- *Does the Market Place facilitate payment from multiple sources?*
- *Is the Health Insurance Market Place able to streamline advance payment of premium tax credits?*
- *Are administration resources and costs streamlined through the Market Place?*
- *Is there a cost-sharing reduction among businesses using the Market Place to provide health insurance to employees?*

## Proposed Evaluation Plan for the West Virginia Market Place

- *Is there increased transparency (a measure which also needs definition) using the Market Place?*
- *Does the Market Place help consumers understand individual health insurance plans?*
- *Does the Market Place increase portability between jobs? Is there increased continuity of care from one plan to another?*
- *What is the accessibility and quality of the appeals process?*
- *Are there quality ratings provided by the Market Place? If so, are they easily understood by consumers?*
- *What is the effectiveness of communications between the Market Place and consumers?*

### Operational/Sub-Questions

- *What is the definition of “minimum” coverage and how does it cover individuals in Market Place plans?*
- *How is “affordable” defined?*
- *How can we measure the “reliability” of health information and does that change pre-post Market Place?*
- *Is there a standardized eligibility and enrollment process?*
- *What other federal standards need to be evaluated on a regular basis?*