



Evaluation of the Health Insurance Marketplace in WV

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Abstract

On January 1, 2014, millions of Americans will have access to health insurance through health insurance marketplaces established as state-based marketplaces, federally facilitated marketplaces, or partnership marketplaces. In order to serve the uninsured and underinsured populations, it is vital that key stakeholders put into place robust policy evaluation processes to capture data and provide immediate feedback related to exchange functions. This poster lays a foundation for policy evaluation that includes health, marketing, and economic outcome measures.

Introduction

The population of West Virginia is roughly 1.8 million, with a total uninsured population of 246,000 (~14% of the state). West Virginia has a high Medicare and Medicaid populations due to population economic disparities, residents with disabilities, and its elderly population. The population is 17.5% below the poverty level and possesses high chronic disease rates. Additionally, many residents live in rural areas with long travel times to care, often without access to major highways. The state originally explored a state-based exchange but chose to pursue a partnership model.

Key Research Questions

How does the Health Insurance Marketplace affect:

- Health outcomes of participants (chronic disease rates, management and treatment of chronic disease and health conditions, etc.)
- Access to health care
- Sharing of electronic health records among key stakeholders
- Insurance rates, service utilization, and cost
- Sustainability of the general insurance market economy

Does the Marketplace allow individuals to choose the best value for themselves?

What is the impact on employment, business volume, and tax collection (Economic Impact Analyses)?

Consumer Awareness and Satisfaction:

- Do consumers and small businesses understand the tax credits and mandates involved in the Marketplace?
- Does the Marketplace allow consumers to directly compare price, quality, benefits, costs, and the value of health insurance plans?

Methods

The multidisciplinary research team is using a mixed methods approach to evaluating the health, consumer-driven, and economic outcome measures. The development of this evaluation plan took approximately one year and involved a series of stakeholder meetings held with key groups within the state insurance commission, including insurance carriers, health care providers, consumer advocacy groups, and insurance agents who were represented in formal stakeholder meeting groups. The team also reviewed relevant federal and state legislation, other state evaluation plans, and relevant academic literature.

Evaluation Measures

Health

- **Secondary Data Analysis (CPS, BRFSS, MEPS, HCUP)**
- **Quality of Care Measures through EMRs**
 - WVU Hospitals MERLIN data (EMR)
 - WV Office of Health Services Research Primary Care Clinical Data
 - Exploring collaboration with WV CTISI
- **ER Pilot**
 - Academic Associates course at WVU
 - Pilot Fall 2013 at Ruby Memorial Hospital

Consumer Marketing

- **ServQual, WebQual, Satisfaction**
- **Statewide & Exit Surveys:**
 - Overall opinions and perceptions
 - Affordability of insurance perceptions
 - Satisfaction and value perceptions
 - Insurance status prior to the Marketplace, current insurance and expected insurance status in the next two years.
 - Availability and purchase of insurance from non-traditional sources.

Economic

- **Economic Modeling & Monitoring of Prices**
 - Identifying Causal Economic Effects of the Health Insurance Marketplace
 - First Order Effects
 - Operating Expenses
 - Insurance Coverage and Churning
 - Individual Effects
 - Administrative Costs
 - Risk Pooling
 - Employer Effects
 - Indirect Effects
 - Insurance Market Effects
 - Employer Effects
 - Individuals ('job lock')

Population Surveys sent annually to collect individual health, consumer marketing, and economic data from a random, stratified sample of West Virginia residents. **Exit Surveys** sent to a random sample of consumers who purchased plans on the WV Marketplace.

Population Survey Administered

- Baseline data collection prior to October 1, 2013
- Paper mail survey pretested with face-to-face consumers
- 6,000 surveys mailed first two weeks of July, 2013
 - 1,198 responses (~20%), oversampling of uninsured, representation from all 55 counties in WV

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Next Steps

- Consumer Exit Survey
- ER Utilization Analysis
- Aggregation of Secondary Health and Economic Data
- Economic Modeling
- Carrier Interviews
- Compilation of Results into Key Findings to Inform State Efforts
- Re-administer population survey and other relevant evaluation pieces annually moving forward
- Peer-reviewed Publication
- Comparative studies with other state and federally facilitated marketplaces

