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**New Survey Tracking California's Previously Uninsured  
Residents Under the Affordable Care Act  
Kaiser Family Foundation  
July 30, 2015**

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**MOLLYANN BRODIE:** Hello, welcome everyone and thanks for joining us today. I am Molly Brodie and I lead The Public Opinion and Survey Research work at the Kaiser Family Foundation. I am joined here today by Bianca DiJulio who is our Associate Director of Public Opinion and Survey Research and Larry Levitt, our Senior Vice President and the Co-Executive Director of The Program for the Study of Health Reform and Private Insurance. The plan for me today is that I and Bianca will walk you through the charts pretty quickly. We want to leave a plenty of time for your questions and for any discussion that you want to have.

With that why do not we get started, if you look at your screen, you should see a timeline and this just gives us some background and sets the context for this project. It really is a truly unique project and one that sheds tremendous light on what is happening with the uninsured in California as the ACA is implemented. By tracking a randomly selected representative group of uninsured Californians who had no insurance prior to the ACA, we are able to watch what happens to the uninsured as the ACA gets implemented over time. This chart was just our best effort to try to explain to you where we are on the project. Our first round of surveys happened before the first open enrolment period, Wave 1, and that was

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with a randomly selected group of Californians, 2000 of them. Then we watched open enrolment unfold and we went back to each and every one of those survey participants at Wave 2 to find out whether they had got an insurance or not got an insurance and what some of their experiences had been in that open enrolment period, what some of the challenges still remained. We subsequently all watched as the second open enrolment period happened earlier this year and then we went back in the field and again called those respondents back to find out what is happening to them now and it allowed us to shed light on where they are, some of the dynamics of health insurance coverage and where the challenges still remain as California continues to implement the ACA.

Turning to the next slide, this is a take-home message; at Wave 1, 100-percent of the respondents were uninsured; at Wave 2, after the first open enrolment period we found that 58-percent of that group had gained insurance and now after the second open enrolment period we see that is around to 68-percent, leaving 32-percent as remaining uninsured in California. If we turn to the next chart, we can see where people are getting their coverage and I think this clearly points out where the various expansion provisions in the ACA play their role. Thirty four-percent of the initially uninsured have received their coverage now through the Medi-Cal

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program, the largest share, and then you see another 12-percent getting their insurance coverage through Covered California, that is majority of them telling us that they are receiving subsidies and that they would not be able to have insurance if it was not for those subsidies and then you see 14-percent are getting their insurance now through an employer-sponsored plan. Again, pointing out just the typical churn in the uninsured population and the fact that the employer-based system is still one of the main ways that people get their health insurance. I think that this chart shows the importance of the Medi-Cal expansion and its impact on helping California achieve the success that it has in terms of enrolling previously uninsured residents into coverage and I think has some implications for some of the states that have not expanded their Medicaid program.

On the next chart, we focus on what has happened to Hispanic uninsured population in California. There has been a lot of focus on that, the Hispanics made up one-half of the uninsured adult population in California prior to the expansion. We have all been watching carefully about what happens to this group as the ACA continues to be implemented. You can see on the left hand pie that if we look at all the uninsured Hispanics, 59-percent are now insured and that would seem to be a lower rate than what we see among whites where it

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is 79-percent, which is on the far right hand side. However, if you look at the pie in the middle, you see that as soon as we account for the Hispanic population that is likely undocumented so therefore not eligible for any of the expansion options under the ACA, you can see that the rates of enrolment for Hispanics and white are virtually identical, so 74-percent of eligible Hispanics that were uninsured prior to the ACA are now telling us that they have health insurance.

If we look at the next chart, this is where we can get a real flavor of the unique nature of this project and what it allows us to really dig into and that is the dynamics of health insurance coverage; for anybody who has been looking at the uninsured over time, you know that they have periods of moving in and out of insurance and even with these new coverage expansion options of Medi-Cal and the subsidies through Covered California, we still see some of that traditional churn in the market, so remember again that all of these groups, the bar on the left, all of these folks were uninsured at Wave 1. At Wave 2, 58-percent of them had insurance, but now when we go back and talk to them again at Wave 3, we see that some of those have lost their insurance and they have become uninsured again and some of them have remained insured, so 50-percent still have insurance, 8-percent are now uninsured again and of those who started out uninsured after Wave 2, 23-percent remained

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uninsured and some of them became newly insured, so this just again points to a little bit of the complexity when we are thinking about the insurance markets and thinking about what is happening to people in their daily lives, but also sheds light on the underlying dynamics of the health insurance that is happening to people.

If we turn to the next slide, I think we can turn to what I think was by far the most surprising findings in this particular survey. We found striking gains in the financial security and access for people who got coverage. Again, one of the real benefits of the longitudinal panel nature of the project is that we talk to the same people over and over again, so what we are [inaudible 00:07:26] selling is here, and let us just focus on the left hand side of this chart, those first 4 bars, we are talking about the people who, when they were initially uninsured, half of them told us that their health needs were being met very or somewhat well, but now after having insurance, 86-percent of them tell us that their health needs are being met.

In comparison for those who were uninsured at the beginning of the project, 61-percent said that their health needs were being met very or somewhat well, fairly similar to what we saw for the other group, but yet that same group has not changed their opinion and their report at this point in

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time, so it really suggests that the folks who got insurance are seeing some of the benefits of insurance in terms of getting their health needs met and then if you apply the same thought process on the right hand side in terms of the place where they usually go to get care, they are seeing some gains in that and we if turn to the next chart, we see very similar picture when we talk about financial security and financial stress.

Again, the people who have got an insurance are much less likely now to tell us that it is very or somewhat difficult for them or their family to afford healthcare, just 49-percent say that now when 86-percent of those people said that to us at the beginning of the project and again you see that there is no change among the remaining uninsured. Coverage is not a panacea; we still see that half of the people here are reporting some challenges, but certainly those who have gained coverage report being better off than they did prior to having no coverage and as a last example of this when we talk to them about just their general financial situation, their concerns, their problems paying bills, on the next slide we can see that for those who have recently become insured, things like paying the rent and mortgage, utilities, gasoline are their top concerns ranking at the top of their list whereas for the remaining uninsured paying for healthcare is at the top

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of their list and I think this clearly illustrates the financial security and economic security that having insurance brings to people and that we have been able to document for the uninsured in California, and with that I am going to turn over to Bianca to take us through the rest of these slides.

**BIANCA DIJULIO:** Great, thank you Molly. Now I am going to focus in on the group of previously uninsured Californians who recently gained coverage and as you can see in this slide about 6 in 10 of the recently insured say that they stayed with the same plan that they had last year, while fewer than 1 in 5 reports switching to a different plan, and on the next slide we see, the left hand side shows, that most people who switched plans say that they were re-enrolled in the plan without having to take any action and about a third say that they took some sort of action to re-enroll. The middle pie shows that most people who stayed with the same plan did not shop around and look for other coverage options, but instead re-enrolled without shopping and on the right hand side we see that when we asked if they received information from their insurance company or Covered California or Medi-Cal about keeping their coverage in the new plan year, about 6 in 10 say they did receive information and just over a third say that they did not.

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The next slide shows us that most of the recently insured report positive experiences with their current plan so far and this includes 83-percent of Medi-Cal enrollees and 63-percent of people with plans through Covered California and these shares were similar to the shares among those with coverage through their employer and here we see that some are still reporting challenges in finding a doctor. The top bar shows that 16-percent say that they have been told by a doctor's office or clinic that they would not accept them as a new patient within the past year, more of those with coverage through Medi-Cal or Covered California say that they have had trouble finding a doctor to accept their insurance than those with coverage through an employer. The second set of bars on the bottom half shows about 3 in 10 of the recently insured say that they have had to wait longer than they thought was reasonable to get an appointment for medical care, but here we do not see any significant differences by plan type.

Now I am going to shift to looking at the group of people who were uninsured prior to the ACA that are still uninsured and as Molly mentioned this is 32-percent of those previously uninsured Californians and this slide breaks out the remaining uninsured a few different ways. On the right hand side, we see that about 4 in 10 of the remaining uninsured are undocumented immigrants and therefore not eligible for coverage

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through the ACA due to their immigration status. The middle pie is showing that a large share of them are long-term uninsured, meaning that they have been uninsured for 2 years or more and never had coverage and if you look at the dark blue part of that pie, about 4 in 10 are likely eligible for coverage, but have been long-term uninsured and this really indicates some potential challenges in getting them connected to coverage since they have been outside of the health insurance system for some time now.

On the right hand side, we see that 7 in 10 remaining uninsured are Hispanics including about 3 in 10 Hispanics who are likely eligible for coverage and 4 in 10 Hispanics who are not eligible due to their immigration status.

We asked those who have remained uninsured why they have not gotten coverage and the main reason that they give us that it is too expensive or that they cannot afford it. This may include some people who have shopped for plans and determined that it was outside of their means, but it may also include people who have not shopped, but just feel that they do not have room in their family budget for it at the time. Other reasons mentioned include eligibility reasons including some who say they are not eligible due to their immigration status and others say the main reason is that they just have not tried

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to get coverage or that they have had problems with the application process.

This slide is really highlighting that immigration status may continue to be a barrier for enrollment among California's uninsured Hispanics. Half of them say they are worried that if they sign up for health insurance, they would draw attention to their immigration status or that of a family member and this share rises to about two-thirds of those who are uninsured, undocumented Hispanics.

With that we can turn it over for some questions.

Thank you.

**MOLLYANN BRODIE:** Great. As Bianca just said, we are happy to take your questions on the study or on any of the implications. Larry is here to jump in on any of the policy details. I would just say that in conclusion, big takeaways here are that four people who did not have insurance prior to the ACA, California has been very successful in enrolling, about two-thirds of that group now has coverage, but the group that is left that does not have coverage is a harder-to-reach group. Many of them as Bianca just showed you are eligible, but they have not been attached to the health insurance system in a very long time. Many of them are ineligible for any of the new coverage options and I think it was that 15-percent who are both eligible and have had coverage recently that I imagine

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might be the next group to go after for those who want to expand enrollment further. [Inaudible 00:15:15].

**CRAIG PALOSKY:** Hi, this is Craig Palosky. I am just going to be helping with the chat questions. The first one is, what is the number you are using for the undocumented? Not the percent, but the actual numbers, maybe you could explain how you got to our estimates on the undocumented.

**MOLLYANN BRODIE:** Yes. In the report we detail out what questions that we use to determine whether somebody is undocumented with a series of questions related to when they came to the country, how they came to the country, and things that they reported, so it is self-report, so it is the percentage based on what they are self-reporting. Bianca, do you want to do those details?

**BIANCA DIJULIO:** Yes, sure. The details are, we ask in the baseline survey whether or not they were born in the US, whether they came to the country without a Green Card and if they have received a Green Card or become a permanent resident since arriving and so we used the combination of those responses to those questions to categorize [inaudible 00:16:14] undocumented or not

**CRAIG PALOSKY:** Alright, another chat question is related; can you elaborate on the impact of undocumented Hispanic and what it means for the healthcare system?

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**MOLLYANN BRODIE:** Larry, do you want to take that one?

**LARRY LEVITT:** Sure. Well, given the demographics of California, there are going to be substantial number of uninsured people even if everyone took advantage of their options under the ACA and that has challenges for the safety-net. I mean, as the number of uninsured in California drop, there may be less political support for maintaining the safety-net, but there will still be a substantial number of people, particularly undocumented immigrants, who are relying on those services.

**CRAIG PALOSKY:** Alright, the next question that has come in, have we reached a culture of coverage, which I assume has to do with whether the assumption is people have coverage versus not being sure?

**MOLLYANN BRODIE:** I think that what we are seeing from this particular project is that people who are offered coverage through these mechanisms that help them attain it and afford it, the vast majority of them stayed with coverage for both enrollment periods. Now we do not know if they had short periods of un-insurance in between that, but it bodes well for the idea that at least some of the uninsured may become part of the insured population and the generally insured population going forward. I do not know, Larry, if you have anything to add to that or Bianca?

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**LARRY LEVITT:** I would just add, as Molly said, I mean the remaining uninsured are harder to reach and there are a number of reasons for that. They may have been uninsured for a long time, they may be concerned about immigration status issue of the family members or they may be more middle income families who are getting less assistance under the ACA, so face more affordability challenges, so the next couple of years, particularly as the penalties under the individual mandate ramp up substantially, will be telling as to whether those remaining uninsured can be reached [inaudible 00:18:52].

**CRAIG PALOSKY:** Alright, our next chat question from Barbara Anderson, do you have any breakout of undocumented percentages by region?

**MOLLYANN BRODIE:** Bianca, do we have that? I know [interposing] little bit, but—

**BIANCA DIJULIO:** Yes, a little bit. We are limited to some extent by sample size, but there are some regions that we were able to look at, I do not [inaudible 00:19:23].

**MOLLYANN BRODIE:** Yes, so we are happy to answer that question; if somebody will send us a separate email, we can do it when the call is over.

**CRAIG PALOSKY:** Okay, and Barbara [inaudible 00:19:36], I do not know if that helps.

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**MOLLYANN BRODIE:** Figure out, which region she is particularly interested in? Yes, we got it.

**CRAIG PALOSKY:** The next question from Roger Smith, do you have any information on how the new insured enrollees are in the metal tiers of those saying they still have trouble meeting healthcare cost, how many have Bronze plans versus other types of plans?

**MOLLYANN BRODIE:** That is a great question. We asked about plan type. Bianca, do you remember what those results were?

**BIANCA DIJULIO:** Our results are actually fairly similar to what Covered California reports overall; I can pull it up, most have Silver plans if I remember correctly, let us see if I can find it.

**MOLLYANN BRODIE:** As she is looking for the numbers, the one thing I would say is you just cannot forget the initial demographics of this group. The vast majority of the previously uninsured in California are very low income group of people so even if they are now getting subsidized care and subsidized premiums it still can be a burden for them in their budgets to be paying for care and so I think that is [inaudible 00:20:50] we are picking up in the survey. There is another thing that we saw in the survey is that for people who understand their new plans, they were a little bit less likely

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to tell us that they were having trouble affording the plans; I think they might be navigating them better.

For people who did not understand their plans, they were more likely to tell us that they were having trouble getting care because of the cost or having trouble affording care, so some of it might be the fact that, we are talking about a group who was for the most part uninsured for a long time prior to these expansion and new to insurance and perhaps new to navigating it and to figuring out how they can really try to protect themselves financially.

**BIANCA DIJULIO:** Yes, and so just to add the numbers, like I said most people have Silver plans, about 4 in 10 of those with individual coverage and about quarter have Bronze plans, so we also find that about a quarter say they do not know and so I think when you remove that group that says they do not know it matches very similar to our Covered California reports [inaudible 00:21:56] the plan distribution.

**CRAIG PALOSKY:** Alright, the next question, I think is from Paul DeMicco, how many uninsured were part of the original 2000 sample, is it a statistically significant sample stuff you can classify—

**BIANCA DIJULIO:** Thank you for reminding me to go through the message. Yes, we started with an initial

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representative randomly selected sample of Californians who were insured before the ACA options went into place—

**CRAIG PALOSKY:** Uninsured.

**BIANCA DIJULIO:** Who were uninsured, sorry, before the ACA options went into place. The sample was 2001, just because we got that extra person, non-elderly uninsured California adults, and we have been able to re-contact, I think in the latest survey we were able to recontact 1100 of those 2000, and when we did some analysis looking at who we were able to re-contact and who we were not, there is no suggestion that we have any skewed results as a result of the inability to recontact all 2000. I would say, in my opinion, it is significantly and [inaudible 00:23:11] large enough sample and the project was created in a way such that we could be drawing these quantitative conclusions about what was happening to people as the ACA rolled out and that we could follow them over time and still have statistically valid results.

**CRAIG PALOSKY:** Alright. The next question is how does the number of people who struggle to find a provider, 16-percent, compare to that number in previous waves of this survey, what still needs to be done to reduce the provider gap?

**MOLLYANN BRODIE:** Bianca, do you want to take that one?

**BIANCA DIJULIO:** Yes, I do not actually believe that is a question that we asked in previous waves, although from Wave

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1 we know that this was a group who was having significant issues accessing healthcare, affording healthcare from some of the results that Molly presented with the [inaudible 00:24:06] shared thing, that their health needs were being met, were too much higher in Wave 1 and they are among the people who got insurance this wave, so I do not think we asked that specific question because it was more about the people who have insurance now and whether they were having issues actually using that insurance, but from some of the other measures we know that in Wave 1 they were a group that was having a harder time accessing care and affording care.

**MOLLYANN BRODIE:** I would just say that this is in a sense that newly insured group or the recently insured group as we call them in the report is now exhibiting the same responses as we have always seen from the insured group. Insured Americans often report having trouble getting access to doctors and getting into see providers and in a sense it is now a new, but perhaps good problem to have that now that they actually have the means to potentially pay for care, we are now seeing them starting to report some of the challenges that just exist in our healthcare system more generally. Larry, if you have anything else to add to that?

**LARRY LEVITT:** No. [Inaudible 00:25:22].

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**CRAIG PALOSKY:** Alright, another question. This is David Groningen [misspelled? 00:25:29] about the change in the culture. What I meant is that people have talked about changing the culture and creating a culture of coverage particularly among the Latino community. Have we reached that point?

**MOLLYANN BRODIE:** Larry you want to start that one and maybe I will [inaudible 00:25:54], do you have any response—

**LARRY LEVITT:** Yes, if you look at the topline numbers that Molly presented, roughly two-thirds of people who are uninsured before the ACA went into effect now have insurance, so insurance is now close to the norm among those previously uninsured Californians, particularly for those who are actually eligible for coverage, so I would say that the ACA has created a new norm when it comes to health insurance where there is an expectation that you will be covered. There are, I think, particular challenges in the Latino population in California because of the ineligibility of undocumented immigrants and fear of how family members might be affected in applying for coverage and I think it will be interesting to watch what happens in the next year when the individual mandate gets fully phased in. I mean the penalties have been relatively modest up until now, but that changes significantly in 2016 when the penalties become quite substantial. We are in uncharted

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territory here as to how that affects peoples' thinking and behavior around buying insurance.

**CRAIG PALOSKY:** Alright, I do not see any more questions so if reporters have questions please chime in, or otherwise it is time to wind up. Any final thoughts?

**MOLLYANN BRODIE:** If there are no other questions, you can reach us, you all know how to reach us, we are happy to talk one-on-one if that is helpful. Really want to thank you for taking the time today. Our plans are to do another wave of this project and to go back to the same people and find out what is happening to them in their lives. I think it is one unique way to really shed light on what is happening with this big change in our healthcare system. Again, thank you for joining us.

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