Administrative Burdens in Access to Health Insurance- Pilot Year

Providence College and the University of Pittsburgh

Jessica Mulligan, Kori Jones, Sophia Callahan, Emma McCumber, Kayla Doyle, and Reese Polking

Background

This qualitative research project investigates consumer experiences accessing health insurance in Arizona, Connecticut, and North Carolina. Administrative burdens are the psychological, compliance, and learning costs users encounter when trying to access public services. Many uninsured people in the United States are eligible for generous public subsidies that could make their coverage more affordable. In open-ended consumer interviews and meetings with stakeholders, we explore the following research questions: How are administrative burdens preventing US residents from obtaining health insurance coverage? What policies assist consumers in navigating these barriers?

Purpose

•Assess how administrative burdens affect Marketplace health insurance enrollment and retention in three states with different Marketplace models: Arizona, Connecticut, and North Carolina.
•Identify and analyze the types of administrative burdens encountered by potential enrollees, including:
   -Learning costs (e.g., understanding eligibility and options),
   -Compliance costs (e.g., navigating systems, paperwork),
   -Psychological costs (e.g., stress, frustration).
•Inform state and federal policy by identifying cost-effective interventions to reduce administrative burdens and increase Marketplace coverage take-up.
•Build partnerships with community organizations to support participant recruitment and gain insight into on-the-ground enrollment challenges.

Methods

• Develop project materials including flyers, social media ads, and website.
• Meet with stakeholders and community partners to collect background information and facilitate access to enrollment sites.
• Conduct 15 pilot consumer interviews. Interviews conducted in English and Spanish, both in person and remotely.
• Explore experiences with administrative burdens, including learning, compliance, and psychological costs.
• Utilize Dedoose software to analyze data and create graphics to visualize trends.
• Revise interview materials and recruitment methods as needed to prepare for baseline data collection in 2025.
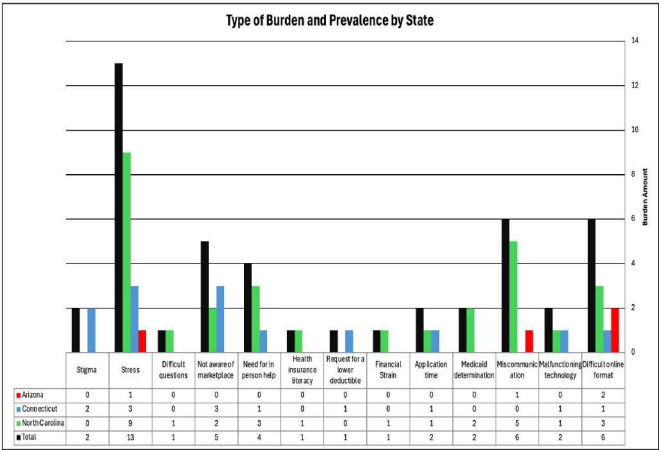
Results

In North Carolina, we observed four enrollment events and conducted multiple interviews, identifying significant burdens such as lengthy enrollment processes, issues with logins/passwords, and difficulties in plan selection. Connecticut's unique broker dynamic was noted, with brokers playing a crucial role in the state's enrollment approach. Arizona faced challenges, including the digital divide and lack of trust in state programs, compounded by immigration-related chilling effects. Across all states, common issues included plan turnover, coordination between exchange and Medicaid, and the need for improved identity verification processes. These findings highlight the diverse challenges and opportunities in optimizing health insurance enrollment systems.

Results Cont.

The graph below shows that in all three states, stress was the leading burden identified by all participants. The next two leading burdens were miscommunication and difficulty managing the online application. A lack of awareness of the marketplace was also a leading burden. It was interesting to see that Arizona only identified stress, miscommunication, and difficulty with the online format as their only administrative burdens. The other two states, CT and NC, had more variability. Yet, North Carolina does show to have significantly higher levels of stress than both Arizona and Connecticut.

Conclusion and Implications

In this pilot year of a five-year-long study, we used qualitative data methods to uncover the many challenges people face when trying to get health insurance coverage. These include technical issues, confusing eligibility questions, unpredictable income, and difficulty getting required documentation. Many interview participants reported that they could not complete the enrollment process without the help of trained navigators or brokers. However, with federal funding cuts, these support roles are at risk, which would make it significantly harder for people to access coverage. Our findings highlight the need for improved accessibility and support available in the enrollment process.

Type of Burden and Prevalence by State

	Stigma	Stress	Difficult questions	Not aware of marketplace	Need for in person help	Health insurance literacy	Request for a lower deductible	Financial Strain	Application time	Medicaid determination	Miscommunication	Malfunctioning technology	Difficult online format
Arizona	0	1	0	0	0	0	0	0	0	0	1	0	1
Connecticut	2	3	0	3	1	0	1	0	1	0	0	1	2
North Carolina	0	9	1	2	3	1	0	1	1	2	5	1	3
Total	2	13	1	5	4	1	1	1	2	2	6	2	6

References

Galewitz, P. (2024, March 27). *Trump's new health care proposal rekindles fears about consumer protections.* KFF Health News. https://kffhealthnews.org/news/article/trump-health-care-proposal-aca-consumer-protection-enrollment-burdens/
Kaiser Family Foundation. (2024). *Health policy 101: The uninsured population and health coverage.* https://www.kff.org/health-policy-101
Martinez-Hume, A. C., Baker, A. M., Bell, H. S., Montemayor, I., Elwell, K., & Hunt, L. M. (2017). "They treat you a different way:" Public insurance, stigma, and the challenge to quality health care. *Culture, Medicine, and Psychiatry, 41*(1), 161–180. https://doi.org/10.1007/s11013-016-9513-8
Mulligan, J. M., & Castañeda, H. (Eds.). (2017). *Unequal coverage: The experience of health care reform in the United States.* New York University Press.
Weixel, N. (2024, March 26). *Trump administration funding slashed Obamacare navigators.* The Hill. https://thehill.com/policy/healthcare/5146096-trump-administration-funding-slashed-obamacare-navigators/

Providence College
School of Nursing and Health Sciences
nursing-health-sciences.providence.edu
@FriarHealth

NURSING AND HEALTH SCIENCES
PROVIDENCE COLLEGE