



BeWellnm Market Forum

Friday August 26, 2016

8:00am to 4:00pm

Embassy Suites

1000 Woodward Pl NE,
Albuquerque, NM 87102

Moderator: **Joseph Sanchez, Ph.D- UNM School of Nursing**

Breakout Discussion: **How to retain those with insurance**

Highlights / Theme of Conversation

- Two types: People that value insurance vs. people that are required to have it.
- Subsidies are forcing people into the Exchange
- Holders who value coverage will probably know what kind of plan they need and re-enrol
- Holders who are compelled and mandated are less likely to choose the right plan on their own because it does not hold a high enough intrinsic value has been set..
- Who is responsible to get them on the right plan so that the value is increased through proper use?
- Auto Re-Enrollment is essential to retention
- How do we even measure retention numbers?
- Challenges of the consumer as relates to retention: Language, money, education, rural vs. urban.
- Demographic for people who may not understand the value of health insurance or have a checking account.
- The exchange should work more directly together with the commission to help create a higher value through understanding
- 50K Native American market share and are a demographic which more often than not don't have insurance because they rely on Federal Aide
- Most people do not understand the right questions to ask to get the real benefits offered. The healthcare field and plan levels can be very frustrating to understand and holders wanting to be in the exchange are not on the right plan.
- Retention is closely related to follow-up communication



- Stakeholder committees reaching out into the community directly can have huge contributions.
- Assessments end up costing the consumer in premium rates
- State Government has a lot of our target demographic population as employees of the state.
- Carriers have gotten more lax and they are not using the technology like the target demographic is today (i.e. Cell Phone Providers)
- ACA coverage is difficult to use when the Exchange tells them it was going to make their lives easier. However, when they get online and it is actually more cumbersome. Holders become frustrated and are overwhelmed with the idea of having coverage.
- Holders need to understand more about what co-pays are vs. co-plans etc.
- Basic literacy in our market leads to low understanding health insurance premiums and coverage
- No real consistency across the board.

Action Items/ Take Away's

- Need more advanced preparatory information to know what to ask for, how to ask , and where to ask it
- The exchange should work more directly together with the commission to help create a higher value through understanding
- Outline how it was beneficial “What am I going to get out of it?”
- Follow up with them find out how their needs are lining up with the benefits of their plan.
- Partnering between brokers other carriers to create comprehensive plans
- Find out who is doing it right and maintaining their retention levels and model after them
- First Payment and First Re-enrollment VITAL
- Initial payment starts your coverage is essential (i.e. Molina)
- Notify holders of their grace period is ending or when they are no more than 31 days late, instead of 60-90 days overdue.
- Allocate resources to hand-hold people thru the process
- CODING as “preventative” from the provider
- Create a customer experience where holders do not feel they will just fall through cracks in the system.
- Help people through each step of obtaining, maintaining, using and re-enrolling in their coverage.



- The exchange should work more directly together with the commission to help create a higher value through understanding
- CHW follow up calls and emphasizing preventative health.
- Become culturally competent, reaching out into the market properly can result in more retention
- An investment should be made and certainly the ROI will pay off through reduction in ED admissions
- Focus groups could be very informative.
- Health Sherpa is in all 50 states and seems to provide a liaison function in the system.