

A Perspective of the Affordable Care Act during the First Enrollment Period: Serving Students at a California State University

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Introduction

The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and officially implemented on January 1, 2014. The goal of the act was to make insurance affordable and obtainable for Americans. Some provisions to reaching this goal include expanding Medicaid to individuals who are at 138% of the federal poverty level or below, banning lifetime spending limits, allowing young adults to remain covered under their parents' insurance up until the age of 26 instead of when the health insurance companies choose to cut coverage, and ending pre-existing condition exclusions (Covered CA, 2014). These provisions were created in an effort to make health insurance more affordable for those who are uninsured and also to increase the regulation of health insurance companies. For example, health insurance companies can no longer deny people coverage based on pre-existing conditions, and have to justify to the consumer any increase in an individual's premium costs. These changes would impact the millions of Americans to whom health insurance had become a luxury they could not afford or were being denied insurance due to pre-existing conditions that were outside of their control.

California Health Insurance Education Project

California adopted some of the healthcare changes prior to January 1, 2014. Before 2014, it was already illegal for insurance companies to cancel healthcare policies when an individual became ill. Also, children could not be denied coverage for pre-existing conditions, and some preventative care was already provided free of charge (California Department of Insurance, n.d.). In California, Medi-Cal coverage has been

expanded to families and individuals that fell below 138% of the federal poverty level.

According to Collins and Nicholson (2010), the number of uninsured young adults between the ages of 19 and 29 reached 14.8 million nationwide. In California, 21.2% of young adults 18-20 years old and 30.3% of young adults age 21-24 years old were uninsured (California HealthCare Foundation, 2013). Due to these high rates, targeting young adults, including college students, is crucial since many of them could benefit from the changes in healthcare. There were 446,530 students enrolled in the 2013-2014 academic school year in all California State University campuses combined (CSU, 2014).

The California State University Health Insurance Education Project (CSU HIEP) was launched on September 2013 to educate California State University students about the Patient Protection and Affordable Care Act and to assist students through the changes in healthcare. The project was funded through a \$1.25 million grant from Covered California, the healthcare exchange in the state of California. The healthcare exchange is a marketplace, like Amazon, where people can log in to compare different healthcare plans based on their income and purchase the plan of their choice. Representatives of the project were employed in 15 CSU campuses to provide outreach and education through presentations, tabling, and advocacy. All CSU HIEP representatives were trained and certified as Covered California Outreach and Education Specialists to ensure that all information disseminated was accurate and up to date. CSU HIEP ended in April 2014 and will continue with additional funding in August 2014. To date, students have been assisted with

educational presentations and resources to ensure they are prepared and aware of the changes of healthcare, and how to sign-up for health insurance if needed. I am one of two hired CSU HIEP campus coordinators at California State University, Fullerton campus. Through my work with CSU HIEP and informal interactions with students, I have gained firsthand knowledge about the impact that the Affordable Care Act has had on students. In this editorial I will share my perspective regarding the common experiences students had regarding the enrollment process through CSU HIEP.

Ease of Enrollment

I observed that students' ease in signing up for a health plan through Covered California ranged considerably. Some students expressed having no difficulties in completing the application process, while others were fraught with frustration. Students who found the application process simple said that the application did not take them very long, the instructions were clear, and that they felt comfortable and confident in completing the process on their own. CSU HIEP counselors were instrumental in facilitating student enrollment. Students who needed or wanted assistance with enrollment could provide their needed documents and paperwork to Covered California Certified Enrollment Counselor, who completed the application for him or her.

Among those who experienced difficulty completing the enrollment application on their own, one of the most common issues concerned those students who were classified as being part of a "mixed family." This term encompasses two categories of students: (1) students living separately from their parents, but are still claimed as a dependent on their parents' taxes, and (2) those whose family members are mixed in regards to their health insurance status (e.g., some members of the family have insurance while others do not). This made enrolling for healthcare confusing for some because there are enrollment options for "individuals" and "families". Students who needed to purchase insurance for just themselves, but were still financially dependent upon their parents, fell somewhere in between "individual" and

"family" status, which made the enrollment process confusing.

Family members' immigration status was one of the most common issues encountered while working on the project, and one of the greatest concerns of students. According to the Department of Homeland Security (2013), there were 11.4 million undocumented immigrants living in the United States in 2012, with 2.8 million of them residing in California. Students with undocumented immigrant family members had concerns about completing the enrollment application. Specifically, they were concerned that the enrollment process would trigger immigration investigations of their family members, despite reassurances from Covered California that their information would be kept confidential and not shared with any immigration agency. Students who were undocumented themselves were also left wondering what actions they needed to take to enroll. As of now, undocumented students will have to continue obtaining healthcare from the same source they previously have, which include free clinics or paying for needed services out of pocket.

Resources

In addition acting as a gateway to affordable health insurance, Covered California provides an abundance of information for consumers to be better prepared for policy changes. Some of these changes include the ability for individuals to remain enrolled in their parents' insurance up until age 26, the abolishment of denials due to pre-existing conditions, and loosening Medi-Cal eligibility requirements so that more individuals and families qualify for Medi-Cal. Covered California launched its own website; therefore, California residents did not have to rely on the federal website that was experiencing delays and glitches throughout the enrollment period. The Covered California website (CoveredCA.com) can be accessed in thirteen different languages. In addition to the website, print materials are also available in thirteen languages and are also available on the website (CoveredCA.com). Materials range from short and easy-to-read pamphlets, to more comprehensive booklets to

educate consumers about their options and the different changes.

California State University, Fullerton students expressed mixed emotions regarding the Covered California materials. Some students felt that the materials were not clear and did not have enough information to guide them through the enrollment process. Conversely, some students reported that they were able to sign up for health insurance on their own because the materials they were provided with gave them a clear understanding of the process. In addition to printed materials and the website, the broader Covered California effort employed Covered California Outreach and Education Specialists (OES), as well as Covered California Certified Enrollers (CE). OESs and CEs were trained and certified to provide education and assistance to individuals who needed more assistance during the enrollment process. OESs and CEs were located in various settings such as schools, nonprofits, hospitals, and other locations. Covered California made great efforts to ensure the new changes in healthcare would be clear to its residents, and that enrolling in health insurance would be attainable for everyone.

Affordability

As previously mentioned, the number of uninsured young adults has escalated (Collins & Nicholson, 2010). A primary reason for the lack of health insurance among this age group is affordability. Results of the 2009 Commonwealth Fund Survey of Young Adults indicated that 76% of them did not have coverage due to the high costs of insurance (Collins & Nicholson, 2010).

An official poll conducted by CSU HIEP showed that the primary reason why students enrolled through Covered California for health insurance was due to its affordability (CSU Health Insurance Education Project, 2014). This poll is separate from my personal observations mentioned previously. Many students are now insured and paying reasonable rates that are within their financial means. The poll also found that there was a 60% reduction in the number of uninsured California State University Students state-wide (CSU Health Insurance Education

Project, 2014). By providing affordable health care plans, insurance coverage is now a realistic option for young adults.

California State University, Fullerton students frequently expressed to us their worry about having to add an additional expense due to their tight budgets and the rising cost of tuition fees. One student was concerned that she would have to pay large premiums for health insurance coverage for her family. After applying through Covered California, her family of three was able to enroll in a “bronze plan” that would only cost them \$17 per month. Prior to being insured, she had to pay upwards of \$100 per month for generic medications. After enrolling in the plan, she currently pays only \$3 per month for prescription medications.

Conclusion

The Affordable Care Act and Covered California are both still in its infancy and it is important to continue monitoring its impact on California residents’ enrollment status as time progresses. Based on my experience working on the CSU HIEP project, there are still many glitches that need to be solved in order to make the enrollment process easier for consumers. Since this was the first enrollment period, it was completely understandable that issues would arise. Overall, I believe the Affordable Care Act is a great first step towards providing affordable and quality healthcare to as many as possible. However additional efforts are needed to achieve the goal of universal health insurance coverage. Such efforts include further streamlining the enrollment process and having clearer guidelines for individuals in situations that are out of the ordinary.

Disclaimer

The opinions in this editorial are completely my own and do not necessarily reflect the opinions of the California State University Health Insurance Education Project.

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