

Connecting Consumers to Care

As of early 2015, more than 16 million Americans had gained access to health insurance, many of them for the first time. Reducing the number of uninsured Americans was a basic goal of the Affordable Care Act (ACA); accordingly, early implementation efforts focused heavily on enrollment. Encouraging these newly insured Americans to take an active role in their health care—helping them connect to routine primary care and preventive services—is crucial to the broader goals of the ACA: better health and lower costs. The challenge going forward is to make sure that consumers not only understand their health insurance policies but also use them to access primary care and preventive services.

In 2013, in partnership with the Centers for Medicare and Medicaid Services (CMS) and the MITRE Corporation, RAND supported the development of *From Coverage to Care*, an initiative designed to help people with new coverage understand their benefits and navigate the complexities of the health care system. To inform the future direction of *From Coverage to Care* and to further catalyze thinking about how best to educate and support the newly insured, RAND researchers in spring 2015 interviewed stakeholders from three sectors—payers, providers, and consumer support organizations—to capture their insights about the challenges the newly insured currently face and the challenges these sectors themselves face in supporting consumers as they connect to care.

Stakeholders identified low health insurance literacy as a key barrier to consumers successfully accessing and navigating the health care system:

- In particular, consumers struggle to understand basic concepts of insurance, especially those related to costs, such as copays (the amount of cost sharing due at the time of treatment), coinsurance (the percentage of a given treatment’s cost that the consumer must pay for), deductibles (the amount consumers must pay before insurance coverage kicks in), or out-of-pocket costs (the sum of the previous three things).
- Many consumers are also not fully aware of the value of preventive care.
- Consumers often select plans based solely on premiums, which can mean that they are not selecting the plan that offers the best value for their specific circumstances or best meets their needs.
- When plans do not meet consumers’ needs or expectations with respect to covered benefits, costs, or provider availability, consumers are less likely to connect or stay connected to care.

Helping the newly insured become smart and active health care consumers is a critical next step in realizing the long-term goals of the ACA. Addressing identified barriers to care—strengthening and translating educational materials, emphasizing the importance of regular primary and preventive care, offering in-person assistance in the plan selection process, even simplifying plan benefit and cost-sharing designs—may make it easier for consumers to navigate the health care system and may thus minimize the likelihood of the newly insured becoming disengaged in the process.

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