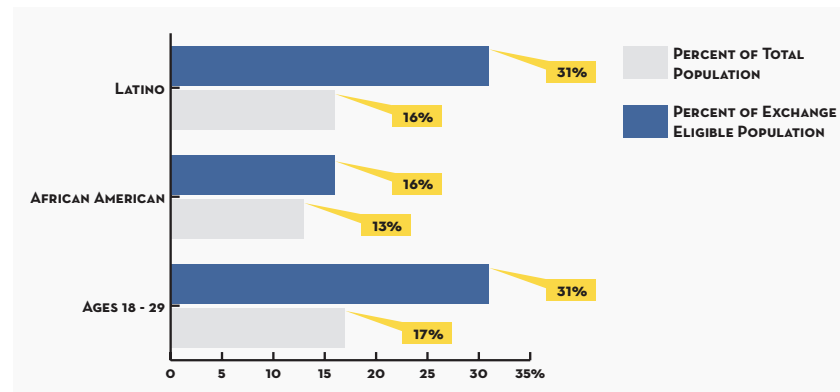


THE HEALTH BENEFIT EXCHANGE: Will Web Portals Work as Planned?

figure 1 | BAR GRAPH SHOWING PROPORTION OF ALL AMERICANS THAT ARE YOUNG, LATINO, OR AFRICAN AMERICAN, COMPARED TO THE PROPORTION OF ALL ELIGIBLE FOR THE EXCHANGE THAT FALL INTO EACH SUBGROUP.



Source: Young Invincibles analysis of Current Population Survey, March Social and Economic Supplement (2011). Population eligible for exchange subsidies are assumed to be uninsured with incomes between 133% of the Federal Poverty Level and 400% of the Federal Poverty Level.

The Affordable Care Act (ACA) marks a historic expansion of access to health care. Thanks to the law, an estimated 32 million previously uninsured Americans will purchase health insurance in 2014.¹ Fulfilling the reform’s potential, however, depends on successful outreach to those without coverage. Ideally, low and middle-income consumers will buy insurance with subsidies through Health Benefit Exchanges (Exchanges), where they can compare the price, quality, and benefits of competing plans. Web portals will serve as the primary access point to the Exchanges, but could prove less effective than anticipated if states do not pursue proper outreach and enrollment strategies.

Perhaps surprisingly, young people, and particularly young people of color, may have a difficult time enrolling online. Communities of color have less reliable Internet access than whites, and young people of color disproportionately use smart phones to access the Internet – in fact, smart phones often act as their sole means to get online. Yet mobile devices may not sync well with Exchange web portals, an ad-

ditional barrier to access for the most frequently uninsured Americans. Removing that hurdle is vital for successful implementation of the ACA.

Those Eligible for Exchange Subsidies are Disproportionately Young and People of Color

Roughly one in three currently uninsured individuals who would qualify for Exchange subsidies are between ages 18 and 29. One in three are Latino. Both ratios are far greater than for the population as a whole (figure 1).

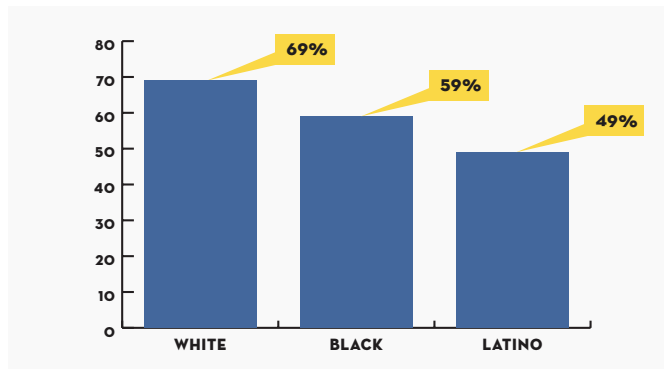
People of color and low-income individuals are less likely to have broadband Internet access

There are sharp racial and economic disparities in access to high-speed Internet, and those without high speed internet are less likely to access government websites. As a result, the populations expected to enroll in the Exchange are least likely to have reliable access to the web portals.

- Only 49% of Latino homes have broadband access compared to 59% of black households and 69% of white households (figure 2).
- 93% of people with a household income above \$75,000

1. CBO’s Analysis of the Major Health Care Legislation Enacted in March 2010. 111th Congress (2011). (Douglas W. Elmendorf).

figure 2 | BAR GRAPH SHOWING PERCENT OF AMERICANS WITH BROADBAND INTERNET ACCESS BY RACE.



Source: Horrigan, John. *Broadband adoption and use in America*.

have broadband access compared to 59% earning between \$20,000 and \$40,000, and only 40% of those making less than \$20,000.²

- 91% of those in households making \$50,000 or more have used the Internet to get information or complete a transaction on government website, compared to 70% of those making under \$30,000.³
- A recent survey of Californians showed that 64% of whites used the Internet to access government resource compared to 39% of African Americans and 35% of Latinos.⁴

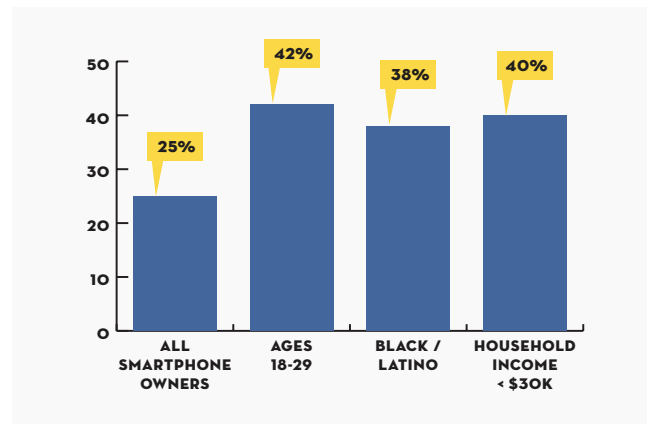
Certain populations disproportionately use smartphones as their primary Internet access point

Smartphones such as Androids, Blackberries, and iPhones have increased dramatically in popularity.⁵ Overall, owners tend to have higher incomes than average, however, certain groups likely to enroll in Exchanges more often own smartphones and use those phones as their primary mode for accessing the Internet. These include people of color and young adults. Low-income individuals with a smartphone also frequently use it as their primary method for going online.

2. Horrigan, John. *Broadband adoption and use in America*. Federal Communications Commission, 2010.
 3. Smith, Aaron. *Government Online: The internet gives citizens new paths to government services and information*. Pew Research Center, 2011.
 4. Baldassare, M., et al. *Californians and Information Technology*. Public Policy Institute of California. San Francisco, CA (2011).
 5. Smith, Aaron. *35% of American Adults own a Smartphone: One quarter of Smartphone owners use their phone for most of their online browsing*. Pew Research Center, 2011.

- 39% of young people ages 18 to 29 own a smartphone, slightly more the national average of 35%.⁶
- African Americans and Latinos are more likely to own a smartphone than whites by a margin of 44% to 30%.⁷
- 42% of smartphone owners ages 18-29 use it as their primary internet access point (figure 3).
- 38% of black and Latino smartphone owners access the internet primarily through their cell phone (figure 3).

figure 3 | BAR GRAPH SHOWING PERCENT OF SMARTPHONE USERS IN EACH GROUP WHO GO ONLINE MOSTLY USING THEIR CELL PHONE.



Source: Smith, Aaron. *35% of American Adults own a Smartphone: One quarter of Smartphone owners use their phone for most of their online browsing*. Pew Research Center, 2011.

Recommendations for Providing Access to the Online Exchange

Although the traditional online option will work for many Exchange participants, creative alternatives can help enroll low-income consumers, communities of color, and young people. They include:

- **Designing A Smartphone Enrollment Application** – States and the federal government should consider developing a smartphone application that allows for easy comparison of and enrollment in health plans sold through the Exchange. Some have suggested that having an application that allows for the full enrollment process is unworkable on a smart phone, but we strongly recommend that Exchanges explore the possibility further.⁸

6. Id.
 7. Id.
 8. See “Enroll UX 2014.” Enroll UX 2014 . <http://www.ux2014.org/> (accessed October 25, 2011).

• **Mobile Integration** – Even if a smart phone application is not developed, functionality should be created for exchanges to interact with mobile devices through actionable alerts, enrollment status updates, customer support services, and uploading documentation. The UX2014 project has explored some of these ideas and suggests innovative uses.⁹

• **Mobile Outreach** – Policymakers should integrate mobile devices into their outreach campaigns. For example, bus stop signs asking potential Exchange applicants to send basic contact information over text message. The Exchange could then follow up by phone and email. The text4baby campaign is one possible model that has provided health information to over 175,000 pre-natal moms.¹⁰

• **Social Networking** – Young people and people of color are disproportionately active on social networking sites.¹¹ Although people of color use government websites less frequently than whites, they are much more likely to value government outreach and distribution of information through social media. 60% of blacks and 52% of Latinos think this is important compared to only 41% of whites.¹² The data suggests that outreach over social media could be a key way to enroll young people of color in the Exchange.

• **Kiosks** – The Exchange should create Kiosks for placement in public areas - libraries, community centers, etc. - that directly connect to information about the Exchange and enrollment forms. This would provide an easily accessible place to enroll for those with limited Internet access.

• **Multiple Languages** – The ACA requires health insurance issuers to provide information about their plans in a culturally and linguistically appropriate manner.¹³

Pursuant to the law, proposed exchange regulations require issuers to provide meaningful access to individuals with limited English proficiency.¹⁴ We recommend that states ensure compliance with the ACA and, in addition, provide any and all information, enrollment opportunities, and help available over the phone in multiple languages so that people with limited English proficiency are not inhibited in their efforts to enroll.

• **Regional Needs Assessment** – Conduct a needs assessment to understand the differences between consumers that will enroll through the web portal, over the phone, in person and by mail. Understanding the differences in various populations will help state to better focus their outreach and infrastructure investments.

• **Navigators** – The ACA requires that states develop a Navigator program to disseminate information about health insurance options and to facilitate enrollment.¹⁵ HHS recently sought comment on whether it should require that at least one official navigator in each state to be a non-profit or consumer focused organization.¹⁶ We believe this would be good first step and strongly encourage further involvement of organizations with connections to communities most in need of help and information. The input of CBOs and health advocates is crucial to removing barriers such as digital inequality that may prevent eligible individuals from enrolling in the exchange.

9. Id.

10. "text4baby - Home." text4baby - Home. <http://www.text4baby.org/> (accessed October 28, 2011).

11. 55% of Facebook users are 18-34. And 25% of blacks and 19% of Latinos compared to 9% of whites use Twitter. "Inside Facebook · Tracking Facebook and the Facebook Platform for Developers and Marketers." Inside Facebook · Tracking Facebook and the Facebook Platform for Developers and Marketers. <http://insidefacebook.com> (accessed October 28, 2011).

12. Smith, Aaron. Government Online. Pew Research Center, 2010.

13. ACA § 2715(b)(2), see also ACA § 1311(i) (navigators must meet this standard as well).

14. Notice of Proposed Rulemaking: *Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans*. Federal Department of Health and Human Services. P. 133 & §155.230(b). 15. ACA § 1311(i).

16. Notice of Proposed Rulemaking: *Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans*. Federal Department of Health and Human Services. P. 46.