

Obtaining Information on Marketplace Health Plans: Websites Dominate but Key Groups Also Use Other Sources

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At a Glance

- Websites were the most common source of information used by adults looking for information on health plans in the Marketplace, but they were less likely to be used by Hispanic and lower-income adults.
- Despite relying heavily on websites for Marketplace plan information, half of all adults who looked for information used other sources.
- The majority of adults who looked for information found the available sources to be very or somewhat helpful, with insurance agents/brokers (83.9 percent) having the highest consumer ranking and call centers (58.1 percent) having the lowest ranking.

After the highly publicized troubled start,¹ enrollment in the Affordable Care Act's (ACA's) health insurance Marketplaces exceeded 8 million by April 19th of the extended open enrollment period (Office of the Assistant Secretary for Planning and Evaluation 2014).² Despite many early problems, by the end of December 2013, the vast majority of people who looked for Marketplace information had either used or tried to use a website to find it, and most had found the website they used very or somewhat easy to use (Blavin et al. 2014).

But not everyone used a website to obtain information on Marketplace health insurance plans during the open enrollment period. In this brief, we explore how different groups relied on many sources—website, direct assistance (e.g., call center, navigator, insurance broker, Medicaid agency office), the media, or indirect or informal channels—to find information on Marketplace plans. While Healthcare.gov and the state-based Marketplace websites are often viewed as the cornerstone of the ACA, consumers have used, and will likely continue to use, other sources of information on health insurance plans.

What We Did

This brief draws on data collected from the Health Reform Monitoring Survey (HRMS) in March 2014, the end of the ACA's open enrollment period. We oversample those who reported visiting the Marketplace in the December 2013 round of the HRMS to provide sufficient sample size for subgroup analyses, and we adjust the weights to maintain a nationally representative sample of nonelderly adults (age 18–64). All estimates in this brief are based on the subsample of those adults (18.5 percent of the total) who, at the time of the late March survey, said they had looked for information on Marketplace health insurance plans. This group was asked which sources they had used or tried to use to obtain information on Marketplace plans. They could select multiple sources and list other sources in a write-in response. For each source used, respondents were also asked how helpful these sources were.

For this analysis, we group 10 information sources used into the following four categories:

- websites, including online chat options
- direct assistance (from call centers; navigators, application assisters, certified application counselors or community health workers; Medicaid or other program agencies; or insurance agents/brokers)
- indirect or informal assistance (from family or friends; employers; tax preparers; or hospitals, doctor's offices, and clinics)
- Media, including radio, TV, and newspapers

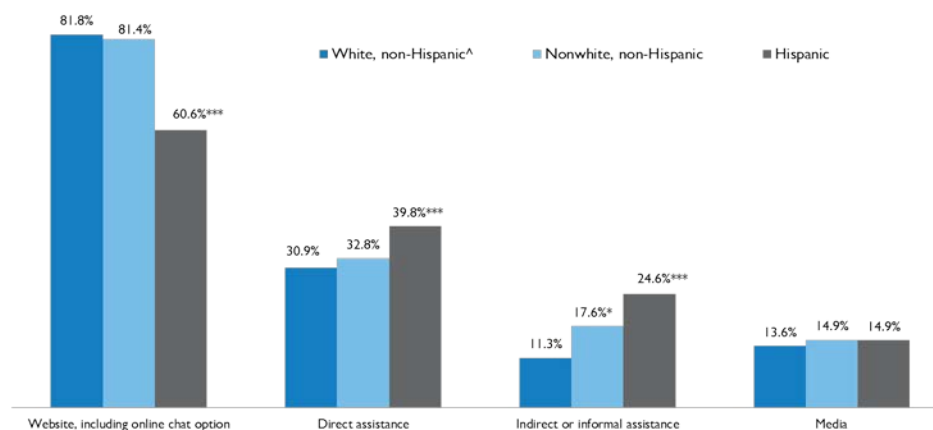
We analyze responses overall and by race and ethnicity, age, gender, and income. We create three categories of family income: (1) lower-income, or those with incomes at or below 138 percent of the federal poverty level (FPL); (2) middle-income, or those with incomes between 138 and 399 percent of FPL; and (3) higher-income, or those with incomes at or above 400 percent of FPL. We also compare responses among adults in states operating their own Marketplaces to those in states relying on the federal Marketplace.

What We Found

Websites were the most common source of information used by adults looking for information on health plans in the Marketplace, but they were less likely to be used by Hispanic and lower-income adults.

Roughly 61 percent of Hispanic adults used a website to obtain Marketplace information compared with over 81 percent of white and nonwhite non-Hispanics (figure 1). Hispanics were also more likely to use some form of direct assistance (39.8 percent) compared with white non-Hispanics (30.9 percent). And nearly 25 percent of Hispanics used indirect or informal assistance, compared with only 11.3 percent of white non-Hispanics and 17.6 percent of nonwhite non-Hispanics.

Figure 1. Sources Used to Obtain Information on Marketplace Health Plans among Adults Age 18–64, by Race/Ethnicity



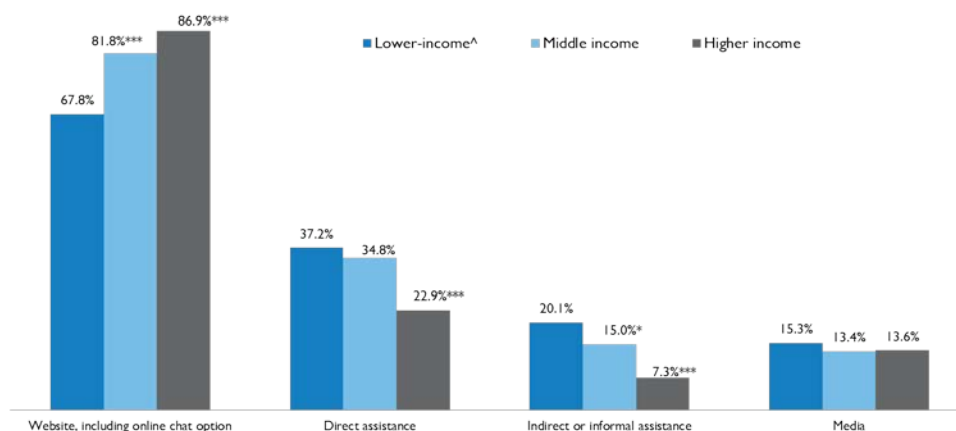
Source: Health Reform Monitoring Survey, quarter 1 2014.

Notes: Percentages do not total 100 because respondents could identify multiple sources. Direct assistance includes call centers; navigators, application assisters, certified application counselors, or community health workers; insurance agents or brokers; and Medicaid or another program agency such as TANF, SNAP, or WIC. Indirect assistance includes family and friends; employers; tax preparers; or hospitals, doctor's offices, and clinics. Three percent of respondents who visited the Marketplace reported using other sources or did not report a source of information.

*/**/*** Estimate differs significantly from those in the reference group, denoted by [^], at the 0.10/0.01 level, using two-tailed tests. No estimate differed significantly at the 0.05 (***) level.

Low-income adults are less likely to use a website but more likely to use both direct and indirect or informal assistance compared with higher-income adults (figure 2). Over 80 percent of adults in the middle-income and higher-income groups used a website to obtain information compared with two-thirds (67.8 percent) of lower-income adults. However, compared with those in the higher-income group, adults in the lower-income group were 14.3 percentage points more likely to use direct assistance and nearly three times as likely to rely on indirect or informal assistance. There are no statistically significant differences in media use across racial and ethnic groups and income groups.

Figure 2. Sources Used to Obtain Information on Marketplace Health Plans among Adults Age 18–64, by Income



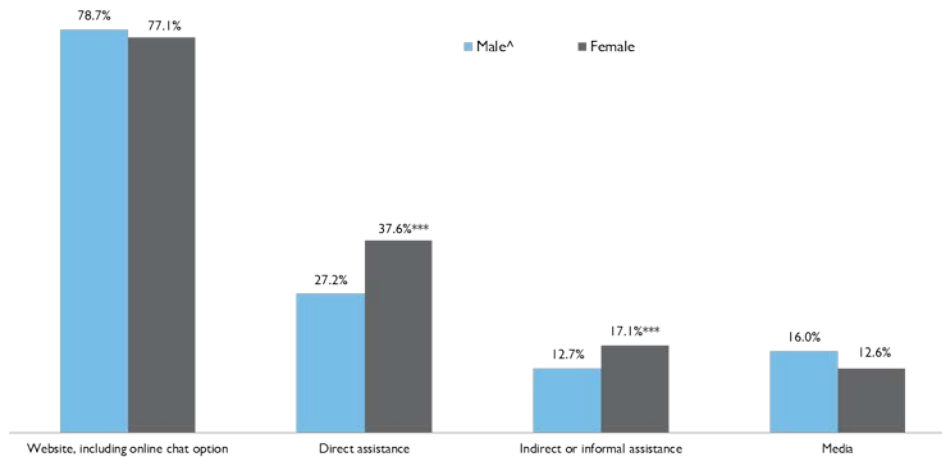
Source: Health Reform Monitoring Survey, quarter 1 2014.

Notes: "Lower-income" are those with incomes at or below 138 percent of the federal poverty level (FPL), "middle-income" are those with incomes between 138 and 399 percent of FPL, and "higher-income" are those with incomes at or above 400 percent of FPL. Percentages do not total 100 because respondents could identify multiple sources. Direct assistance includes call centers; navigators; application assisters, certified application counselors, or community health workers; insurance agents or brokers; and Medicaid or another program agency such as TANF, SNAP, or WVIC. Indirect assistance includes family and friends; employers; tax preparers; or hospitals, doctor's offices, and clinics. Three percent of respondents who visited the Marketplace reported using other sources or did not report a source of information.

*/**/*** Estimate differs significantly from those in the reference group, denoted by ^, at the 0.10/0.01 level, using two-tailed tests. No estimate differed significantly at the 0.05 (***) level.

Men and women were about equally likely to obtain Marketplace information through a website, but women relied more heavily on direct assistance and indirect or informal assistance. Nearly 80 percent of men and women used a website to obtain information on Marketplace health plans (figure 3). There were also no significant differences in the share of men and women who used the media to obtain information. But women were more likely to use other types of assistance than men—37.6 percent of women used direct assistance compared with 27.2 percent of men, and 17.1 percent of women used indirect or informal assistance compared with 12.7 percent of men.

Figure 3. Sources Used to Obtain Information on Marketplace Health Plans among Adults Age 18–64, by Gender



Source: Health Reform Monitoring Survey, quarter I 2014.

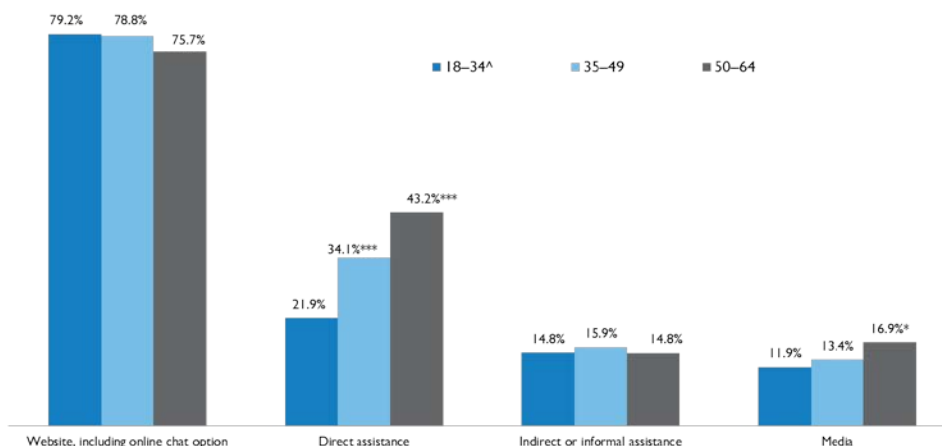
Notes: Percentages do not total 100 because respondents could identify multiple sources. Direct assistance includes call centers; navigators; application assisters; certified application counselors; or community health workers; insurance agents or brokers; and Medicaid or another program agency such as TANF, SNAP, or WIC. Indirect assistance includes family and friends; employers; tax preparers; or hospitals, doctor's offices, and clinics. Three percent of respondents who visited the Marketplace reported using other sources or did not report a source of information.

*** Estimate differs significantly from those in the reference group, denoted by [^], at the 0.01 level, using a two-tailed test. No estimate differed at the 0.10/0.05 ([^]/**) levels.

The share of adults who obtain Marketplace information through a website is similar in all age groups, but older adults rely on direct assistance more heavily than younger adults.

Over three-quarters of adults in all age groups used websites as a source of information on Marketplace plans (figure 4). But adults age 50–64 were almost twice as likely to use direct assistance as a source of information as adults age 18–34 (43.2 percent versus 21.9 percent); adults age 35–49 were between these two age groups in their use of direct assistance.

Figure 4. Sources Used to Obtain Information on Marketplace Health Plans among Adults Age 18–64, by Age



Source: Health Reform Monitoring Survey, quarter I 2014.

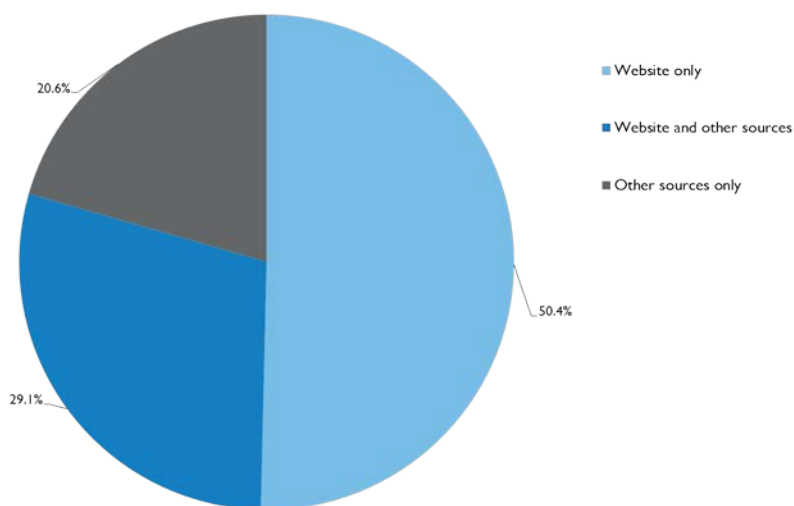
Notes: Percentages do not total 100 because respondents could identify multiple sources. Direct assistance includes call centers; navigators; application assisters; certified application counselors; or community health workers; insurance agents or brokers; and Medicaid or another program agency such as TANF, SNAP, or WIC. Indirect assistance includes family and friends; employers; tax preparers; or hospitals, doctor's offices, and clinics. Three percent of respondents who visited the Marketplace reported using other sources or did not report a source of information.

*/**/*** Estimate differs significantly from those in the reference group, denoted by [^], at the 0.10/0.05 level, using two-tailed tests. No estimate differed significantly at the 0.05 (***) level.

While most adults in the sample visited a website to obtain information on Marketplace health plans, half used some other type of source to obtain information.

Half (50.4 percent) of adults who obtained information on Marketplace health plans only used a website (figure 5). Nearly one-third (29.1 percent) used other sources in addition to a website, and one-fifth (20.6 percent) used other sources instead of a website. Subgroup estimates of these data are consistent with the findings from figures 1–4. Those subgroups that were more likely to use sources other than the websites were less likely to use the website exclusively. For example, 38.6 percent of Hispanics used nonwebsite sources only, compared with just 16.1 percent of white, non-Hispanics (data not shown).

Figure 5. Sources Used to Obtain Information on Marketplace Health Plans among Adults Age 18–64



Source: Health Reform Monitoring Survey, quarter 1 2014.

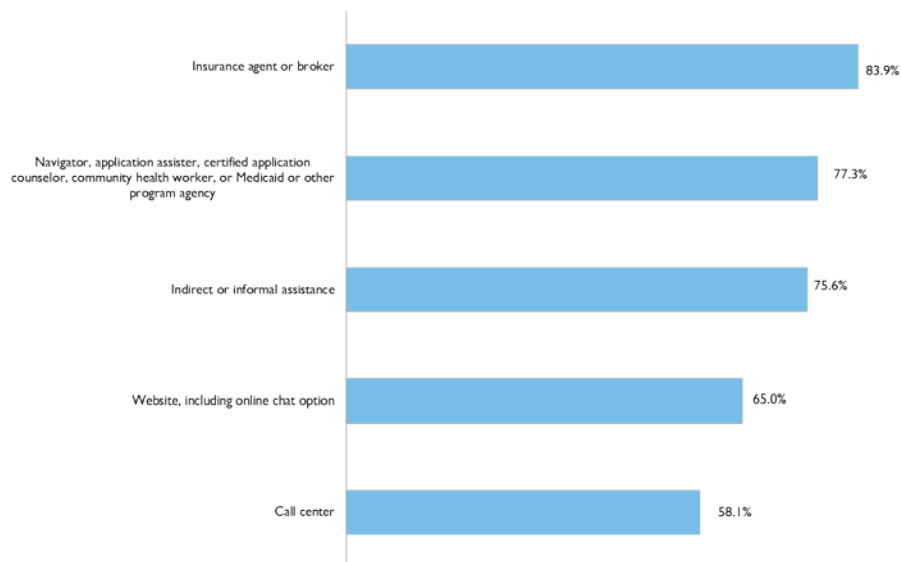
Notes: Those who did not report a source of information (2.0%) are excluded from these estimates. Other sources include direct assistance, indirect assistance, and media. Direct assistance includes call centers; navigators; application assisters; certified application counselors; or community health workers; insurance agents or brokers; and Medicaid or another program agency such as TANF, SNAP, or WIC. Indirect assistance includes family and friends; employers; tax preparers; or hospitals, doctor's offices, and clinics.

Websites, though considered helpful by almost two-thirds of users, are not generally considered as helpful as most other information sources, though adults who live in states that operate their own Marketplace websites are more likely to consider them helpful than their counterparts in states that rely on the federal Marketplace.

Most respondents found each source to be very or somewhat helpful in obtaining information on Marketplace plans (figure 6). Insurance agents and brokers had the highest rating; over 80 percent of adults who used them found them very or somewhat helpful. About three-quarters of adults who used any form of assistance involving a person, other than the call centers, found them to be very or somewhat helpful. Websites and the call center had slightly lower ratings: nearly two-thirds (65.0 percent) of nonelderly adults who used a website and 58.1 percent of those who used a call center found these sources to be very or somewhat helpful. At least 60 percent of those who used a website, in all subgroups, found it to be very or somewhat helpful (data not shown).

Although there were notable technical failures in some of the states that operate their own Marketplace websites, adults in these states were still more likely to report that the website they used was very or somewhat helpful (71.6 percent) compared with adults in states that relied on the federal Marketplace (61.4 percent; data not shown).

Figure 6. Adults Age 18–64 Who Found Source Very or Somewhat Helpful to Use



Source: Health Reform Monitoring Survey, quarter 1 2014.

What It Means

Despite the technical flaws with Healthcare.gov and state websites in the first three months of Marketplace open enrollment, the vast majority of adults who looked for information on health insurance plans in the Marketplaces used a website. But about half of adults used a source other than a website to obtain Marketplace health plan information. Among this half, roughly 60 percent used other sources in addition to a website and around 40 percent used nonwebsite sources only.

Because sources of information other than the website are widely used by many groups, it is important that these sources not be overlooked in continuing efforts to expand health insurance coverage for all. Hispanic and low-income adults, for example, were less likely to rely on a website and more likely to rely on direct assistance. Because of the relatively low rate of website usage among Hispanics, internet-based outreach efforts may need to be combined with bilingual call centers and in-person assistance to maximize enrollment among this group.³

The strong message from this evidence is that reaching the groups that the first open enrollment period failed to reach effectively will require targeted education strategies for different racial and ethnic groups, as well as for people of different ages. This does not mean that websites have become less important—because most adults who used a website to look for information on Marketplace health plans found it to be very or somewhat helpful, the websites will continue to be an important part of enrollment efforts. In this context, the most successful state websites and other structures for providing information and assistance should be used as models by the federal and less successful state websites for improving website performance.

References

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About the Series

This brief is part of a series drawing on the Health Reform Monitoring Survey (HRMS), a quarterly survey of the nonelderly population that is exploring the value of cutting-edge Internet-based survey methods to monitor the Affordable Care Act (ACA) before data from federal government surveys are available. The briefs provide information on health insurance coverage, access to and use of health care, health care affordability, and self-reported health status, as well as timely data on important implementation issues under the ACA. Funding for the core HRMS is provided by the Robert Wood Johnson Foundation, the Ford Foundation, and the Urban Institute.

For more information on the HRMS and for other briefs in this series, visit www.urban.org/hrms.

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Notes

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1. See Courtot et al. (2014) for examples of technical problems faced by HealthCare.gov and some state-based Marketplaces. The following 15 states operated their own Marketplaces at the time of this analysis: CA, CO, CT, DC, HI, KY, MD, MA, MN, NV, NY, OR, RI, VT, and WA. ID and NM also have state-based Marketplaces, but were relying on the federal Marketplace website at the time of the survey.
 2. Consumers in the 36 states with federally facilitated marketplaces who started to apply for coverage but did not finish before March 31 had until April 15th to finish the enrollment process; most state-based Marketplaces followed federal guidelines, and a few (Colorado, Nevada, Oregon, and Maryland) gave consumers additional time beyond April 15.
 3. Blavin, Fredric, Stephen Zuckerman, Michael Karpman, and Lisa Clemans-Cope. “[Why Are Hispanics Slow to Enroll in ACA Coverage? Insights from the Health Reform Monitoring Survey.](#)” *Health Affairs Blog*, March 18, 2014.