



MINUTES

Informal Brainstorm on the High Risk Pool

Monday, Jan. 10, 2011
10 a.m.

Here are the minutes from the Monday, Jan. 10, meeting on the high risk pool or the pre-existing condition insurance plan.

I've attached the informal agenda for the meeting, and encourage you to visit this link on the DHCF's website on the District's uninsured.

<http://newsroom.dc.gov/show.aspx/agency/dhcf/section/2/release/19885/year/2010/month/4>

We've used much of the findings from the report to sift out the characteristics of the targeted uninsured residents who'll qualify for the high risk pool. Please feel free to read the report.

- 1) **In terms of the name**, since **pre-existing condition** is something that is recognizable by most, without a stigma attached to it, the consensus of the group was that all marketing materials should refer to it as such. We may not be using the word, "high risk pool," because of the accompanying negativity associated to it; and two, people may not recognize themselves in a group that's called high risk. For certain pre-existing conditions, people may not consider themselves as high risk and we don't want to eliminate anyone. But by using pre-existing condition, it'll let people know it's about having a particular illness or disease that will pre-qualify them for the program.
- 2) **With respect to the audience**, we began looking at the 6.2 percent, or 37,000 uninsured residents to target. According to the demographics from the DHCF report, the uninsured are more likely to be male, Black, a citizen and a high school graduate or college graduate. Most are below 200 percent of FPL, almost 50 percent were not working, about 85 percent were in good health, and Ward 1 had the highest percentage of uninsured. Cost was frequently the reason given for being uninsured. Since 85 percent reported to be in good health, then our numbers got even smaller at we looked at the 15 percent we needed to target. As you know, to qualify for this benefit, one has to have been uninsured for six months prior, be a US citizen or immigrant, and have a pre-existing condition.
- 3) **So in trying to find that audience**, the group discussed several avenues including partnering with faith-based organizations, medical providers, health-related associations (diabetes, cancer, asthma, HIV, lupus, etc.), social services associations, ERs, free clinics, pharmacies, churches, social workers, radio and TV ads, social media, unemployment services, and any other area where PCIP-eligible residents may be found. The discussion centered around us providing key materials to the groups, as well as having the opportunity to do presentations in front these groups.

There is a possibility of DISB hosting a stakeholder meeting where the info will be disseminated there. And there was some discussion about hospitals providing uninsured persons' names to DISB. Alternatively, it seemed more feasible for us to provide the info to the hospitals and to have them provide it to the insured. Note that from Jan. 15 and 16, DISB will have a table at the NBC4 expo, where we'll use the opportunity to roll some of the materials out. If any of you would like to start preliminary conversations with any of your contacts within any of the above named groups, please let me know. It'll be good if we can give them a heads up on what we're working on. We would like to have materials in hand before the end of the month, so you can begin to provide materials. So far, we have the general flyer that DISB has begun to use so far. I've reattached them for you.

- 4) **In terms of a message**, there are two key messages we saw. 1) Show people how they're eligible for the PCIP, and the benefits. And 2) a tutorial or direction on how to join. I'll work on creating something within these lines so we can have materials for the NBC 4 event. I'll let you see it before. If there's another message you think will resonate even further feel free to let me know.

- 5) **Other notes**, we discussed how other states were dealing with the PCIP, and one member offered to do more research on the states with much larger PCIP enrollments. We want to keep our messaging simple, highlighting the newness of this program, offer the website and phone number, and try our best to offer flyers, brochures and information in the five languages that are part of the language access program.

If there's anything additional that you think would help in this aggressive outreach for the high risk pool, please feel free to email the group. Certain folks have emailed me. I may forward your notes along. Thanks so much for your work on this as we continue to serve the residents of the District of Columbia.

Consumer Outreach Sub-Committee: *The dissemination of relevant and accurate information into the community regarding legislative and program changes is critical to successful implementation of Federal Health Care Reform. This Sub-Committee will be responsible for developing a strategy for the District to provide information about how reform may affect the various stakeholders, and how they may participate in the implementation process. Additionally, the Sub-Committee is charged with developing a program to assist stakeholders in educating consumers about the future of health care in the District to counter misinformation and provide access to accurate, concise, and comprehensive information from multiple sources and perspectives.*

Characteristics of the Uninsured, the Target Market

Characteristics of the uninsured, according to the report, "Health Insurance Coverage in the District of Columbia—Estimates from the 2009 DC Health Insurance Survey, April 2010.

Adults

- 6.2 % of the District of Columbia residents or 37,000
- 10.2 % report being uninsured some time during the past 12 months
- Report did not include institutionalized and the homeless *
- Non-elderly adults more likely to be uninsured
- Two-thirds non elderly had employer-sponsored insurance
- Non-elderly women less likely to be uninsured; more likely to have public coverage
- Hispanics most likely to be uninsured; followed by blacks
- Black non-Hispanics most likely covered by public program
- White non-Hispanic least likely uninsured
- Higher incomes less likely to have public coverage or be uninsured
- Non elderly in poor health less likely covered by employer-sponsored insurance (PEC)
- Disabled adults more likely to have public coverage
- Non elderly in Wards 1, 4, 5, 7 were uninsured at rates higher than elsewhere
- Three of the wards had lesser rates of employer-sponsored insurance
- Increased level of education equates decreased likelihood of being uninsured or on public coverage
- Full time job, least likely to be uninsured or on public coverage
- Part time worker, with no full time worker, family most likely uninsured
- Workers in small firms more likely uninsured than those in large firms—those with 50 or more employees
- Uninsurance is rare among elderly as most become eligible for Medicare at 65

Children

- 3.2 % or 3,700 children were uninsured
- 5.6 % or 6,600 children uninsured at some time in past 12 months
- Black non-Hispanic children more likely uninsured and least likely on employer-sponsored insurance
- Children with family income between 201 to 300% of FPL likely uninsured
- Children of poor health less likely insured than those in better health