

# Challenges Facing Health Care Exchange Enrolment

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## ABSTRACT

Health care is the major issue in present situation. It is a challenging issue to see the health care maintenances. One of the ways is to maintain a health care enrollment. In this paper one such enrollment method is proposed called as Affordable Care Act (ACA). This is achieved by proper support from government and also from society and creates a win-win situation.

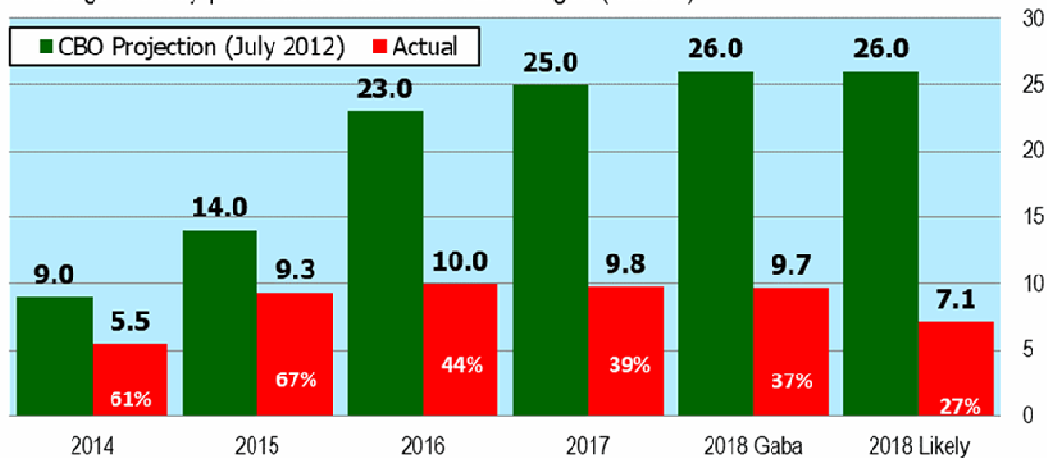
**KEYWORDS:** Health care, ACA.

## INTRODUCTION

The future of the Affordable Care Act (ACA) has its success shaped by the extent to which state and federal administrators sign up residents, especially during the open enrolment. In situations, where high re-enrollment is high, the implication would be that the number of new households signing up might be high. The implication would also be that the majority of citizens are likely to exhibit positive experiences with the enrolment process. For the new Congress and 2017 President, high re-enrollment (as contended by Martinez (2013)) would make it politically difficult to introduce and implement major changes to the basic structure of ACA. However, in situations, where many enrollees drop out, most of the potential enrollees would perceive the program (enrolment process) as confusing and one that is frustrating. The latter state would then make the ACA vulnerable to changes; regardless of the winner of elections. From these insights, it is evident that the proportion of households without insurance

coverage has reduced significantly, but more than 10 million ACA-eligible individuals have not signed up for the program. Even for those who are already covered, retention has faced hurdles in the form of simple ignorance – regarding the need to re-enroll, the plans' provision of limited provider choices, dissatisfaction with coinsurance or high deductibles in some of the plans, and rising premiums (Martinez, 2013). Apart from the challenges reported regarding those who are already covered and only require re-enrollment, dilemmas have also been reported regarding new sign-ups. From Martinez's (2013) story, some of the factors limiting new sign-ups include perceptions fanned by rhetoric campaigns that either ACA might disappear or it is problematic, difficulties faced during navigation in the sign-up procedure, and lack of adequate information regarding the subsidies and plans available.

Average monthly paid enrollments in ACA Exchanges (millions)



Note: percentages shown represent actual as a percent of projected.

Indeed, it is evident that ACA supporters and beneficiaries (and the Obama Administration) had a huge stake in ensuring that they are successful during the enrolment period. To address the dauntingly complicated nature of health insurance (such as the dynamics surrounding enrolment and re-enrollment for ACA), health care practitioners have several roles to play. For instance, Minkler (2004) observed that for new sign-ups, health care practitioners ought to help the members of the community in assessing or analyzing the jungle of insurance technicalities before allowing the members to discern the most appropriate plan with which they are satisfied. Personal assistance to the uninsured is also necessary due to health insurance-related terms that the ACA and other plans' websites use (Martinez, 2013). Some of these terms include co-payments, deductibles, and premiums. Another area that requires health care practitioners to provide personal assistance to members of the community, especially the uninsured, involves awareness about the availability of enrollment assistance and health insurance subsidies. In so doing, Minkler (2004) contended that the healthcare personnel might enable the community members to overcome knowledge gaps. Despite this promising nature of the health care practitioners' intervention in addressing challenges facing the uninsured, Minkler (2004) cautioned that the process requires substantial resources; complicating the problem of health care exchange enrolment even further.

Regarding the retention challenge, the problem has emerged in such a way that initially, some households opted for certain plans due to low premiums with which they were associated; only to end up realizing that those plan exhibited high deductibles (Martinez, 2013). As such, the households have ended up receiving little help from health care coverage (other than situations involving expensive illnesses). In other situations, some providers have found that their plans' associated network providers fail to include their preferred providers. Dissatisfied, such households have shopped around for alternative and perceivably cheaper plans that also prove suitable to their needs. Based on the ACA dilemmas noted above, healthcare organizations and practitioners have a role to play in community outreach programs. These roles range from advocacy efforts seeking to increase enrolment to the quest for cross-sector collaboration, market research, and developing and using fast-track enrolment. Regarding fast-track enrolment, it is expected that the practitioners and organizations assess the eligibility of individuals such as patients and their families before informing them about ACA eligibility. Also, the organizations and practitioners could make calls and remind the selected household represents to enroll. To ensure that they are complementary (rather than competitive), healthcare organizations and their personnel are also expected to collaborate in partnerships towards supporting enrolment and

outreach. Particularly, the institutions and individuals ought to educate the public via training in communities and town meetings across the states. They could also create citizens guides to ACA enrolment; besides providing grantees with technical resources and assistance. Overall, solutions to the challenges facing healthcare exchange enrolment lie in inter-professional and multi-disciplinary collaboration at the local, state, and federal government levels; with healthcare organizations and practitioners expected to play a complementary role via community sensitization about ACA's provisions and the most appropriate plans ideal for the respective households. In so doing, win-win outcomes might arise among the major stakeholders; including patients and their families, the grantees, the state and federal government, and the healthcare industry in the entirety.

## References

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## Appendices

APPENDIX A: RECENT TRENDS IN ACA ENROLMENT