

ACA Implementation—Monitoring and Tracking

The Launch of the Affordable Care Act in Selected States: Small Group Marketplaces

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With support from the Robert Wood Johnson Foundation (RWJF), the Urban Institute is undertaking a comprehensive monitoring and tracking project to examine the implementation and effects of the Patient Protection and Affordable Care Act (ACA) of 2010. The project began in May 2011 and will take place over several years. The Urban Institute will document changes to the implementation of national health reform in Alabama, Colorado, Illinois, Maryland, Michigan, Minnesota, New Mexico, New York, Oregon, Rhode Island, and Virginia to help states, researchers, and policy-makers learn from the process as it unfolds. This report is one of a series of papers focusing on particular implementation issues in these case study states. Cross-cutting reports and state-specific reports on case study states can be found at www.rwjf.org and www.healthpolicycenter.org. The quantitative component of the project is producing analyses of the effects of the ACA on coverage, health expenditures, affordability, access, and premiums in the states and nationally. For more information about the Robert Wood Johnson Foundation's work on coverage, visit www.rwjf.org/coverage.

INTRODUCTION

This brief is one in a series examining what a selected set of states are likely to accomplish in terms of expanding health insurance coverage; providing outreach, education, and enrollment assistance; increasing competition in individual and small group insurance markets; reforming insurance market rules; and addressing issues related to provider supply constraints. We have chosen to compare eight states: five that have chosen to aggressively participate in all aspects of the Affordable Care Act (ACA; Colorado, Maryland, Minnesota, New York, and Oregon) and three that have taken only a limited or no participation approach (Alabama, Michigan, and Virginia). This brief focuses on the implementation of the Small Business Health Options Program (SHOP) Marketplaces, which are new structured markets for the employer purchase of small group insurance for their workers.

In this series of analyses, the study states were chosen from among those participating in a multiyear project funded by the Robert Wood Johnson Foundation (RWJF). The project provides in-kind technical support to assist states with implementing the reform components each state has chosen to pursue; the project also provides funds for qualitative and quantitative research to monitor and track ACA implementation at the state and national levels. RWJF selected these states based on their governments' interest

in exploring the options related to state involvement in ACA implementation. Some states pursued implementation aggressively, but in others varying degrees of political opposition to the law prevented full involvement. The result is that the variation in state commitment to health reform among the RWJF states reflects the larger nationwide variance.

Five of the states included in this series of briefs have been actively pro-reform. They were quick to adopt the ACA, including engaging stakeholders and investing in consumer outreach and education. They contracted early on with information technology vendors to develop eligibility and enrollment systems, though not all of them have seen a smooth rollout of their websites. These states have created State-Based Marketplaces (SBMs) and have adopted the Medicaid expansion.

In the other three states, at least in some quarters, there has been strong opposition to ACA implementation. Because of their current circumstances (e.g., lower rates of employer-sponsored coverage and higher uninsurance rates), they have more to gain from health reform than do the other five states. All three rely on the federal government to develop and run their Marketplaces—Federally Facilitated Marketplaces (FFMs)—although Michigan and Virginia have

taken on the Marketplace responsibilities associated with plan management. Michigan has done so through a formal partnership agreement with the federal government, while

Virginia is doing so outside a formal federal partnership. Two of the three—Alabama and Virginia—have not adopted the Medicaid expansion.

STATUS OF THE SHOP MARKETPLACES

The ACA introduces SHOP Marketplaces as a tool to provide structure and oversight to the small group insurance market. Lacking the purchasing power of large employer groups, having fewer individuals over whom to spread health care risk, and facing higher per-enrollee administrative costs, small employer groups have historically faced higher premium rates and fewer health insurance options than have large groups. The SHOP Marketplace is intended to decrease administrative burdens and costs as well as increase affordable coverage options to small businesses across the country.

Based on our past work, the three aspects of SHOP that hold the most value for employers are employee choice, low-cost plans, and administrative relief. We also found that brokers are a key component of the small employer market, mediating insurance coverage for up to 80 percent of small employer groups in some states.¹ Five of our study states—New York, Colorado, Minnesota, Maryland, and Oregon—have SBMs and thus are in charge of the online SHOP Marketplace. The other three states—Virginia, Michigan, and Alabama—elected some form of an FFM; as a result, consumers in those states must use the healthcare.gov SHOP portal. Overall, due to a combination of federal delays, compressed timelines, and prioritization of the nongroup portion of the Marketplace, the SHOP Marketplaces have been much slower to evolve compared with their nongroup counterparts in both groups of states.

While the SBMs have the design discretion to administer unique variations of employee choice menus, the federal SHOP announced it will delay employee choice until 2014 due to technical setbacks and allowed SBMs to delay this design element as well.² Separately, Maryland announced that it would delay opening its SHOP Marketplace from October 1, 2013, until April 1, 2014, although its SHOP website will not launch until January 1, 2015. Starting April 2014 and prior to 2015, employers can purchase Qualified Health Plans (QHPs) directly from carriers, third party administrators, and brokers.³ Facing technical problems of its own, the Oregon SHOP has also been delayed, although small employers have already been able to purchase QHPs directly from carriers and brokers in that state. The state anticipates providing employee choice through the SHOP once it is fully operational, but a definitive date for that launch has not yet been announced. The other three SBM states studied here, Colorado, New York, and Minnesota, do provide a form of employee choice in their SHOP Marketplaces in 2014.⁴ Most recently, the federal government has delayed online enrollment in the SHOP for one full year.⁵ In the interim, consumers in a federally facilitated state can enroll through a broker or a navigator, or by mailing in a paper application. While this is sure to lead to lower enrollment in the federal SHOP, state-based SHOPS have moderate to full functionality and provide a great resource for small-business owners looking to offer their workers more plan options at an affordable price. This paper will compare and contrast the platform, premiums, and consumer experience in state-based SHOPS and their federal counterparts.

EMPLOYER VERSUS EMPLOYEE CHOICE

Historically, small employers have seldom been able to provide a choice of health insurance plans to their workers. In 2012, for example, only 15.4 percent of employers in firms of fewer than 10 workers that offered health insurance to their workers provided a choice of two or more plans to their workers.⁶ In contrast, 79 percent of employers in firms of 1,000 or more workers that offered health insurance provided a choice of two or more plans; many employers recognize that one size does not necessarily fit all, and they welcome the opportunity to provide their employees with a choice of different health insurance options. However,

as noted above, the federal government announced that it would delay the implementation of employee choice in the states where the federal government is responsible for operating the SHOP.⁷ This was a major setback for the federal SHOP Marketplaces, as most employers see the potential of employee choice as the most significant value-added of the SHOP relative to the non-SHOP small group market. According to a recent study, more than 60 percent of surveyed small employers not currently offering coverage to their workers noted that a greater

choice of plans is a very important factor in deciding whether to start offering coverage.⁸

Small employers purchasing coverage through the SHOP in any of the 34 FFM states will select one plan from an array of locally available choices and provide that plan as a single option to their employees; this is otherwise known as traditional employer choice. Once available, employee choice models will allow employers in FFM states the same opportunity given to their state-based counterparts—to offer flexibility in determining how many options to give their employees from among the array of plans offered in the SHOP. Examples of the employee choice options available to employers in our SBM study states that already implemented choice in their SHOP Marketplaces include:

1. Full employee choice, wherein an employee may choose any plan at any actuarial-value (AV) tier level;
2. Choice within a tier, wherein an employer chooses a tier level and an employee may choose any plan available at the selected tier level;
3. Single plan across all tiers, wherein employers select a specific qualified health plan (QHP) and allow employees to select that QHP at different tiers of coverage;

4. Adjacent tier choice, wherein employers may select a reference tier level and an employee may choose among all plans in that tier or adjacent tiers; and
5. Full employer choice, wherein employers select a single QHP at a specific coverage level (this option does not allow for any employee choice).

The SBM states studied with full SHOP functionality will provide some variation of employee choice in 2014 in order to attract employers to the SHOP and provide flexibility to employees. For example, the Colorado SHOP provides employers with options 2, 3, and 5; Oregon will allow employers to choose from options 2, 3, 4, and 5 once their system is ready. SHOP directors found that both employers and employees value choice and they see the menu of SHOP options as a way to provide choice to both groups. In the absence of employee choice, it remains unclear whether the federal SHOP Marketplaces will be successful at attracting a significant share of the small group market in our FFM study states as well as in the other 31 states where the federal SHOPS operate. Absent employee choice, the level of enrollment in the FFM SHOP is expected to be a function of SHOP premiums compared with the non-SHOP small group market premiums.

BROKERS AND AGENTS

As noted above, brokers and agents are crucial in connecting small employers to health coverage. Therefore, brokers, agents, and community partners—collectively known as “assistors”—are given a clear role in all of the SHOP online portals. Although our study states anticipate developing a separate portal for all the assistors—allowing them to easily view information on their clients—the websites currently lack this function. However, in all the SBMs included in the study, assistors do have a separate page that often has the steps necessary for certification, fact sheets on the SHOP and assistors’ roles, and a link to state and federal rules that govern the roles of various assistor types.

Beginning October 28, users of the federal SHOP website are now able to search for an application assistor or navigator by city or zip code. The site even includes links to Google Maps in order to locate the navigator. A filter lets users search for navigators able to provide SHOP-specific information. The feature, however, does not yet allow employers to locate a broker certified to sell SHOP-based plans: the website instructs consumers to contact the broker they have traditionally used for help with applying to the SHOP

Marketplace. The site does provide employers with contact information for agent/broker associations, but the websites for these associations do not provide directories of SHOP certified brokers either. Thus, it remains unclear how many brokers operating in the 34 federally facilitated states have appointments with the carriers on the SHOP Marketplace. Given the importance of third parties to small employers purchasing coverage in the SHOP Marketplace, another useful website update would be a search engine to locate brokers in the federally facilitated states.

Similar to the federal government’s website, Oregon’s SHOP website currently relies entirely on assistors because online enrollment is not yet available. As employers log into CoverOregon, they are immediately taken to a page that guides them in searching for a broker, agent, or navigator. New York and Colorado have similar tools to search for assistors, although those SHOP Marketplaces allow small employers to purchase coverage directly through the website if they so choose. After identification has been verified, employers are asked if they want a broker or navigator. If the employer selects “yes,” then a window

allowing the employer to search for a broker or navigator by name, affiliation, or region appears. Letting employers search for brokers by name may help link employer groups to brokers with whom they have had a past relationship, ensuring continuity of service.

While the language displayed on Minnesota’s broker/navigator page reflects the same language used on the

New York and Colorado sites, Minnesota does not have an online feature that allows the employer to search for a specific broker. Rather, the consumer can view an Excel spreadsheet—either online or via download—and use the alphabetical filter option to facilitate finding a broker by name, county, zip code, or city.

PLANS AND PREMIUMS IN THE STATE-BASED SHOPS AND THE FEDERALLY FACILITATED SHOPS

Plan Offerings and Premiums in the SBM SHOPS

In general, there are many plan options for employers and employees at each AV level in the state-based SHOP Marketplaces included in the study. Oregon has the largest number of plan offerings, with 23 bronze-level plans, 28 silver-level plans, 19 gold-level plans, and 3 platinum-level plans. In all the study states, the platinum-level tier has the smallest number of available options. Although Oregon allows consumers to see the plan options, premium rates are not yet displayed on the website. Colorado’s and

Minnesota’s systems allow consumers to see the premium rates only after the small-business owner has verified his or her tax identification number—a potential barrier to casual shopping for some small employers. New York’s system is the most transparent: it grants without log-in identification full access to plan options, premium rates, and benefit details.

An example from New York offers a look at the range of premium prices and benefit structures available in the SHOP Marketplaces.⁹ Health Republic Insurance, a co-op plan, is a new entrant into the New York small group

Table 1: Monthly Premium Ranges for Silver Plans in New York State of Health’s SHOP Marketplace by Insurer in Three Counties, Single Policies

Location	Issuer Name*	Range of Premium Prices, Lowest and Highest	
		Lowest	Highest
Manhattan	Health Republic (3)	\$385.10	\$408.44
	MetroPlus (2)	\$384.45	\$387.23
	United Healthcare (2)	\$554.71	\$612.25
Erie County	Health Republic (2)	\$290.07	\$290.28
	Independent Health (4)	\$355.88	\$381.47
	Univera Healthcare (2)	\$373.11	\$408.40
Hamilton County	Health Republic (3)	\$276.48	\$293.24
	MVP Healthcare (1)	\$378.32	\$378.32
	Excellus BCBS (2)	\$384.02	\$420.33
	CDPHP (3)	\$414.61	\$422.10

*Numbers in parentheses show the number of plans offered by each carrier in the silver tier of coverage

market and generally has the lowest premium rates among the participating carriers in the state. For example, in Erie County, western New York, where the co-op is competing with two other carriers at all AV levels, Health Republic offers the lowest-cost silver plan with a monthly premium of \$290 (see Table 1). The next-lowest-cost silver plan comes from Independent Health, which had 35 percent of the small group market share in western New York, pre-ACA. Independent Health offers a monthly premium of \$356 in Erie County—23 percent higher than Health Republic.

These two competing plans are good examples of the different premium and cost-sharing trade-offs available to consumers. While charging a higher premium, the Independent Health deductible for a single policy is \$500 lower—\$1,500 compared with the Health Republic’s \$2,000 deductible. Health Republic, however, requires no patient cost-sharing for generic drugs or for primary care visits, even before the deductible is met. Table 1 below provides more examples of premium ranges at the silver AV level in three New York counties, including Erie County.

Although some plans have lower premiums, which will make them attractive to consumers, it is the premium in combination with the underlying plan details—deductible, co-payment/coinsurance, out-of-pocket maximums—that determine the overall value of the plans to consumers. Thus, easily accessible information on plan details was made a high priority by SBMs in order to improve employer and employee shopping experiences. Technical glitches, however, have caused some states to be slower to display this information. States are working to overcome technical challenges in order to give consumers a high-quality customer experience with the SHOP Marketplaces.

Manhattan’s SHOP Marketplace is dominated by new entrants; two of the three participants are new to the area’s small group market. One of the new entrants, MetroPlus, is a previous Medicaid managed-care plan, and the other new entrant, the co-op Health Republic, is also participating in upstate New York. Premiums for the lowest-cost plans offered by MetroPlus and Health Republic are nearly identical; however, the plan with the most experience in the county’s small group market, Oxford—United Health Care, offers its lowest-cost silver plan premium at a rate approximately 44 percent higher than those of corresponding premiums from the two competitors. Traditionally, Emblem Health and Empire Blue Cross have

been significant players in the region’s small group market; their lack of participation in the SHOP Marketplace limits available options and may decrease attractiveness of the SHOP for those firms previously offering coverage.

Plan Offerings and Premiums in the Federally Facilitated SHOP Used by the FFM States

Although premium data and plan benefit details were absent from healthcare.gov—and thus from the federal SHOP Marketplaces—in the first few weeks of open enrollment, the website has benefited from numerous updates, one of which displays premium information as well as benefit details to the consumer. By default, the new premium estimator orders the available plans by premium cost in ascending order, regardless of AV level or carrier. While there is a filter option to narrow the search field, this method of presentation could potentially steer consumers toward the lowest-cost plan, overlooking the importance of benefits and cost-sharing incorporated in that particular plan.

The SBMs have many plan options available, but not all of the FFM SHOPS follow suit. Michigan has the most plan options available, with 68 plans and 8 carriers; Virginia has the second most, 25 plans and 4 carriers; and Alabama has the fewest number of options available, 17 plans and 2 carriers.¹⁰ Despite the fewer plan options in the FFM SHOPS, there are still choices for employers; however, due to the delay of employee choice, employees will only have access to the single plan selected by the employer. Table 2 shows a range of plans available in the FFM study states.

Although Blue Cross Blue Shield has traditionally dominated Michigan’s small group market, table 2 shows that new market entrants are bolstering competition in the state’s SHOP Marketplace. There are eight participating carriers in Detroit, more competition than what exists in some of the state’s SBM counterparts. In Alabama, however, where Blue Cross has also traditionally dominated the small group market, there appears to be little competition, with only two participating carriers in the state’s largest metropolitan area. Although Virginia’s individual market benefits from strong competition, the SHOP Marketplace does not reflect as healthy a level of competition in all areas of the state. As shown below, the Richmond area has only two participating carriers that offer silver plans. Northern Virginia, however, has more competition than other parts of the state (e.g., four different carriers are offering plans in Fairfax County).

Table 2. SHOP Marketplace Insurers and Monthly Premiums for Single Coverage in Example Metropolitan Areas in Alabama, Michigan, and Virginia

State	Location	Issuer Name*	Premium Age 27		Premium Age 50	
			Minimum	Maximum	Minimum	Maximum
AL	Birmingham	Blue Cross Blue Shield of Alabama (1)	\$236.53	\$236.53	\$403.09	\$403.09
AL	Birmingham	United Healthcare (4)	\$250.57	\$273.70	\$427.01	\$466.45
MI	Detroit	Blue Care Network of Michigan (2)	\$222.88	\$244.25	\$379.83	\$416.25
MI	Detroit	Blue Cross Blue Shield of Michigan (1)	\$282.09	\$282.09	\$480.74	\$480.74
MI	Detroit	Consumers Mutual Insurance of Michigan (3)	\$343.40	\$365.84	\$585.22	\$623.46
MI	Detroit	Health Alliance Plan (5)	\$286.21	\$329.45	\$487.75	\$561.44
MI	Detroit	McLaren Health Plan, Inc. (1)	\$237.37	\$237.37	\$404.53	\$404.53
MI	Detroit	Priority Health (6)	\$262.19	\$326.23	\$446.82	\$555.96
MI	Detroit	Total Health Care USA, Inc. (2)	\$156.93	\$159.75	\$267.44	\$272.25
MI	Detroit	United Healthcare (1)	\$277.55	\$277.55	\$473.00	\$473.00
VA	Richmond	Anthem Blue Cross Blue Shield (1)	\$222.83	\$222.83	\$379.74	\$379.74
VA	Richmond	Optima Health (6)	\$288.54	\$398.10	\$379.74	\$678.44

**The parenthetical number refers to the number of silver plans offered by the specific carrier.*

ONLINE EXPERIENCE FOR THE FFM SHOPS

The federal SHOP website and its operators were under intense scrutiny and pressure from both the media and politicians alike after the highly publicized launch of healthcare.gov. As part of a substantial update on December 3, 2013, several new features were added. While online enrollment in the SHOP Marketplace has been delayed until November 2014, many of the functionality glitches previously experienced by users have been resolved, allowing consumers to use the website as a source of information even if they cannot use it to enroll in coverage at this time.

The December 3 update helped improve consumer experience and also added important information to the portal, increasing its overall value. After entering required

information—state, county, employees, and their ages—a list of available plans is generated alongside a snapshot of plan details, which includes the plan’s premium, deductible, out-of-pocket maximum, and an overview of additional cost-sharing requirements. If a consumer wants to know more detailed information about a specific plan, he or she simply clicks on that plan to view full benefit details, provider networks, covered medications, as well as a plan brochure for every available plan. After an employer has decided which plan he or she would like to offer, the website displays purchasing instructions and a brief guide on how to locate a broker. Because the SHOP site does not currently have a broker search engine, the guide instructs employers to contact their state’s Department of Insurance in order to receive a list of licensed producers.

This update marked a milestone in the process of improving the efficiency and value of the healthcare.gov SHOP.

Together, the updates save employers substantial time and effort when researching plan options. Although consumers in the FFM states cannot enroll through the online SHOP Marketplace, the site now serves as an effective “window shopping” tool to be used during the enrollment process.

The FFM SHOP website was at first difficult to access due to high traffic volume and programming flaws, but it has

since been upgraded and its utility improved. However, the site’s value-added remains limited. As online enrollment is unavailable until the next plan year, the website’s main purpose is to provide information, requiring consumers interested in purchasing coverage to download, fill out, and mail back a paper enrollment application. Failing to meet two of the main objectives—employee choice and significant administrative relief—could seriously affect enrollment levels in the SHOP Marketplaces administered by the federal government.

ONLINE EXPERIENCE FOR THE STATE-BASED SHOP MARKETPLACES

Websites built for the SBM SHOP Marketplaces offer consumers a user-friendly source for searching for and enrolling in health coverage. Some of the state SHOP sites studied are easier to navigate than others, but most of them provide a wealth of knowledge for the consumer, facilitate plan comparisons, and utilize state-specific branding to help personalize the consumer experience. Colorado even allows small businesses to upload their company logos so that when an employee signs in to the SHOP Marketplace system, he or she will be sure to recognize that they are buying insurance through their own company. Small touches like this one have the potential to assuage consumers’ fears about enrolling in health insurance online and also provide some level of ownership for the employer.

Among the states studied, New York and Colorado lead the way in SHOP consumer experience. Both sites are user friendly, work fast to get a consumer’s identity verified, and offer to translate the page into different languages. New York’s SHOP website has the largest number of language options of any of the studied states. In addition, New York remains the only state of the studied group that allows consumers to “window shop” without first registering with the Marketplace. Furthermore, the premium comparison section of New York State of Health site provides tools to help employers consider the trade-offs of different contribution levels, displaying the costs faced by employers versus employees for different plans and contract types under different contribution choices. The site also transparently displays how to calculate family versus

single premiums, helping employers and employees alike determine the difference between the two.

Colorado is the only one of the study states that does not require employers to register using their personal Social Security number, a simplification which may encourage employers to move through the application process, as people tend to be reticent to share this information, particularly over the Internet. The Colorado page also allows employers to manage all their employees through one centralized portal where they can manually add employees to the system or e-mail employees a link to the application.

Oregon was one of the first states to begin work on their Marketplace website, known as CoverOregon, but it has fallen behind New York and Colorado. CoverOregon provides a great resource for information on the SHOP and has a wealth of knowledge to help business owners determine whether they might be eligible for tax credits. However, due to serious technical problems, the site does not allow consumers to enroll in and/or apply for coverage online. The delays have hampered the site’s ability to serve a significant portion of the small-employer market in 2014.

While Minnesota requires employers to be registered users of the Marketplace before comparing plans, its website is seamless and easy to use, with very few glitches and technical problems. MNSure has the most straightforward explanation of employee choice models among the states studied. MNSure’s staff also worked hard to develop clever commercials and communication strategies to attract potential consumers to the new Marketplace.

CONCLUSION

Overall, the SHOP Marketplaces, both the SBMs and FFM, have been slower to make progress compared with their nongroup Marketplace counterparts. In many SBM states, however, the SHOP portal is functioning and does allow consumers to apply for coverage as well as tax credits, select a plan or develop an employee choice model, and enroll in coverage. Limited 2014 functionality in the federally facilitated SHOP Marketplace—no online enrollment and no employee choice options—may well lead to lower

enrollment among small employers in the FFM states, compared with at least some of the SBM states. However, technical glitches continue to be worked out, and states as well as the federal government are well on their way to providing consumers with an online portal that at the very least is a great resource for information on the value added of the SHOP Marketplace as well as the benefits of the ACA overall.

ENDNOTES

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9. As New York is the only state releasing premium rates to individuals without a business tax ID, the premium data we were able to collect is inherently limited in scope.
10. These numbers were taken from healthcare.gov and are based on the largest metropolitan area in the state.

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