

Enrolling Lake County: Looking Back, Moving Forward

November 2014

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For more information about HDA's work in other areas, go to HDAadvocates.org

For more information about Enroll Lake County, email Enroll@LakeCountyIL.gov

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Dear Friends,

We are pleased to share this report, Enrolling Lake County: Looking Back, Moving Forward. The report includes a profile of Lake County's uninsured residents and offers considerations for reaching specific populations in need. As the profile indicates, a large number of uninsured residents are active in the workforce; thus the report also presents information on the more than 18,000 small businesses currently operating in Lake County. Collaboration with the small business community will be essential to enrolling many of these working poor.

Importantly, the report also looks at the progress made by Lake County's network of navigators since the first open enrollment period began in October, 2013. Through September of 2014, an impressive 26,717 residents gained health care coverage. While the work is not yet done, this is more than half of all uninsured residents—a demonstration of the tremendous power of collective and targeted efforts like Enroll Lake County!

It is our hope that this report will help inform continued outreach and enrollment efforts in Lake County so that in time, all residents of the County will receive the health care and benefits that everyone deserves.

Sincerely,

A handwritten signature in black ink, appearing to read 'Barbara Otto', with a stylized flourish extending from the end.

Barbara Otto
Chief Executive Officer
Health & Disability Advocates

A handwritten signature in black ink, appearing to read 'Tony Beltran', with a stylized flourish extending from the end.

Tony Beltran
Executive Director
Lake County Health Department and
Community Health Center

1. Background and Introduction

On January 1, 2014, individuals and families across the nation gained a new path to health care insurance. The Patient Protection and Affordable Care Act (often referred to as the “ACA” or “Obama Care”) created health insurance affordability programs to help individuals and families access and pay for coverage as well as eliminate barriers to coverage. Among the beneficiaries are people with special health care needs and pre-existing conditions, low-income childless adults, young adults, seniors and self-employed individuals. The new Illinois Health Insurance Marketplace (the Marketplace) has enabled individuals and small businesses to compare health plans on a level playing field. Many middle- and low-income families are getting federal tax credits that cover a significant portion of the cost of coverage and the Medicaid program has been expanded to cover more low-income Illinoisans.

In the fall of 2013, the State of Illinois, with support from the federal government, granted \$28 million in funding to 250 non-profit organizations across the state to provide outreach, education and enrollment support to uninsured residents. More than 1,200 navigators were hired to conduct this work. According to the *Get Covered Illinois First Annual Report*, more than 622,000 Illinois residents were enrolled in health care as a result of the state’s first open enrollment efforts. Of these, approximately 65%, or 405,000 people, enrolled in the expanded Medicaid program, while 217,000 bought a plan through the Marketplace.

In Lake County, the *Enroll Lake County!* Initiative was designed to help Lake County, Illinois residents understand and apply for new health insurance options available through the ACA. During the first round of open enrollment, more than 80 certified navigators were available to assist individuals and families applying for health insurance. These services were offered at 30 locations across the county, including at the Lake County Health Department, health care centers and social service agencies. Available results of that enrollment effort are shared below in hopes of providing guidance for outreach and enrollment strategies moving forward.

Report Organization

As the second open enrollment period began November 15, 2014, the purpose of this report is to both take a step back and look forward. Following this introduction, Section 2 provides a brief overview of new insurance options in Illinois under the ACA, while Section 3 describes the significant progress made to date in Lake County’s enrollment efforts. Section 4 steps back to provide a broader profile of the uninsured in Lake County and Section 5 examines hard to reach populations and offers considerations for more focused outreach and messaging. The report concludes with Section 6 and a focused look at small businesses and the working poor, and recommendations.

Approach

Much of the data presented in this report were obtained from the most robust data set available, the U.S. Census Bureau’s American Community Survey (ACS), 2009-2011. These data are useful for understanding the characteristics of the uninsured in Lake County prior to the ACA. Information is

presented in the smallest geographical unit for which it was available – Public Use Microdata Area (PUMA). Lake County is comprised of five PUMAs, referred to in this report as regions.

Lake County Regions	
Southeast	Moraine, Shields and West Deerfield Townships
Northeast	Benton, Waukegan, and Zion Townships
Northwest	Antioch, Avon, Grant, Lake Villa, Newport and Warren Townships
Far Southwest	Cuba, Fremont, Libertyville and Wauconda Townships
Near Southwest	Ela and Vernon Townships

These five regions are home to Lake County's 703,019 residents. Located in the northeastern corner of the state, the majority of the population is White (75%), while 20% of the residents identify as Latino. Home to some of the most affluent communities in Illinois, just under 10% of Lake County residents live below the federal poverty level.

In combination with the ACS data, this report utilizes enrollment data obtained from the State of Illinois and the U.S. Department of Health and Human Services in order to provide a high level overview of Lake County residents who gained coverage under the ACA. Although the former data cover a different time period than the latter, the data presented provided the best available information at the time of this report's development.

2. New Paths to Coverage in Illinois

In Illinois, the ACA brought two new paths for the uninsured to gain health care coverage. These include the expanded Medicaid program and the Illinois Health Insurance Marketplace (the Marketplace).

Medicaid Expansion

Persons earning up to 138% of the Federal Poverty Level (in 2014, about \$16,104 for an individual and \$32,913 for a family of four) are now eligible for coverage under a restructured Medicaid program at little or no cost. Some of the covered services are noted below, while a complete list of covered services can be found at www.getcoveredillinois.gov.

Illinois Medicaid Benefits, Selected Services	
Hospital inpatient services	Physician services
Outpatient services	Prescription drugs
Emergency services	Family planning
Maternity & newborn services	Laboratory and X-ray services
Mental health services	Substance abuse treatment
Vision services	Dental health care for children

Illinois' Health Insurance Marketplace

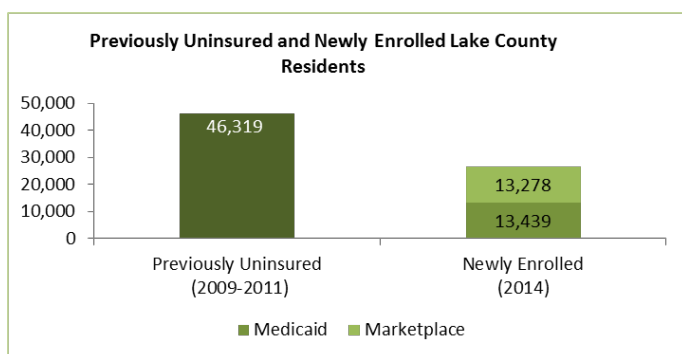
Since January 2014, coverage by commercial insurers has been offered through the Illinois Health Insurance Marketplace, an online resource operated by the State of Illinois in partnership with the Federal Government. The Marketplace offers a wide variety of health plans and consumers can compare plans side by side. All plans available through the Marketplace cover prescriptions, hospital stays, doctor visits and more. The costs of insurance premiums depend upon family income and family size, and the plan selected.

People with incomes between 139% and 400% of the Federal Poverty Level are eligible to receive assistance paying their premiums through federal tax credits, based on a sliding scale for income. Lower income families get the most help. Those whose incomes exceed 400% of the Federal Poverty Level are able to purchase insurance through the Marketplace but are not eligible for a tax credit. In 2014, 400% of the Federal Poverty Level translates to about \$46,680 for an individual or \$95,400 for a family of four.

According to the State's *Get Covered First Year Annual Report*¹, six insurance carriers offered 165 qualified health plans to Illinois residents, including 120 individual plans and 45 small group plans.

3. Enrolling Lake County: Progress Made to Date

From January through September 2014, 26,717 Lake County residents gained some form of health insurance coverage. The Illinois Department of Healthcare and Family Services (DHFS) reported that during this nine-month period, 13,439 Lake County residents enrolled in the expanded Medicaid program. According to Enroll America, between 2013 and 2014, the proportion of uninsured Lake County residents decreased from 11% to 7%.ⁱ



It is important to understand that the Medicaid data provide just a snapshot in time. For example, in Section 4 of this report, Census data reveal just over 12,600 Lake County residents were eligible for expanded Medicaid prior to the first open enrollment period. The fact that a larger number of residents actually enrolled may be due to a number of factors, including: job loss, re-enrollment of people previously on Medicaid, or a change in the number of eligible

residents which occurred after the time period for which the ACS data were available.

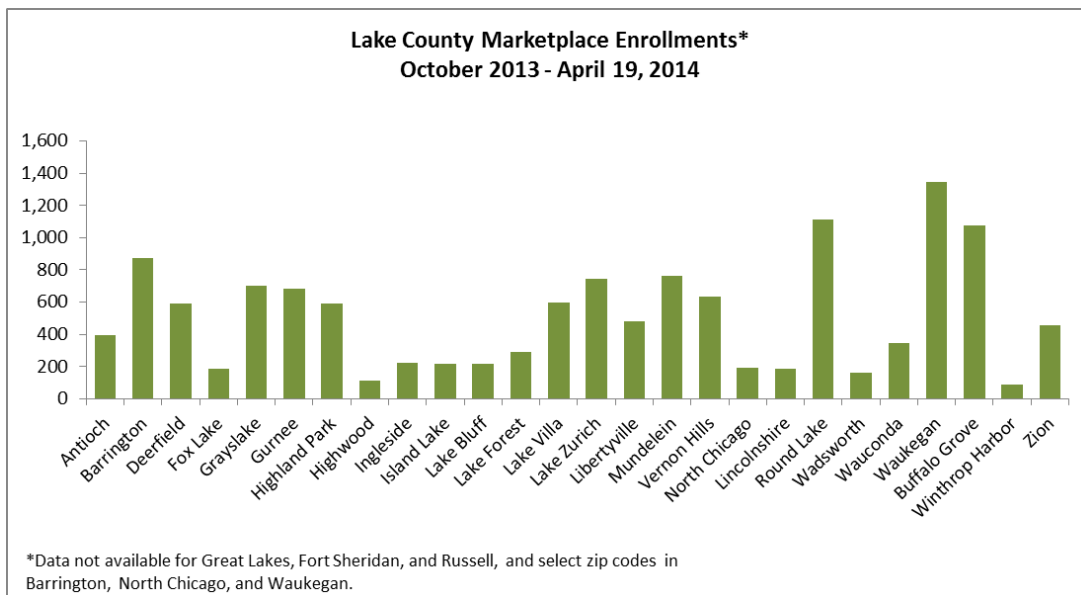
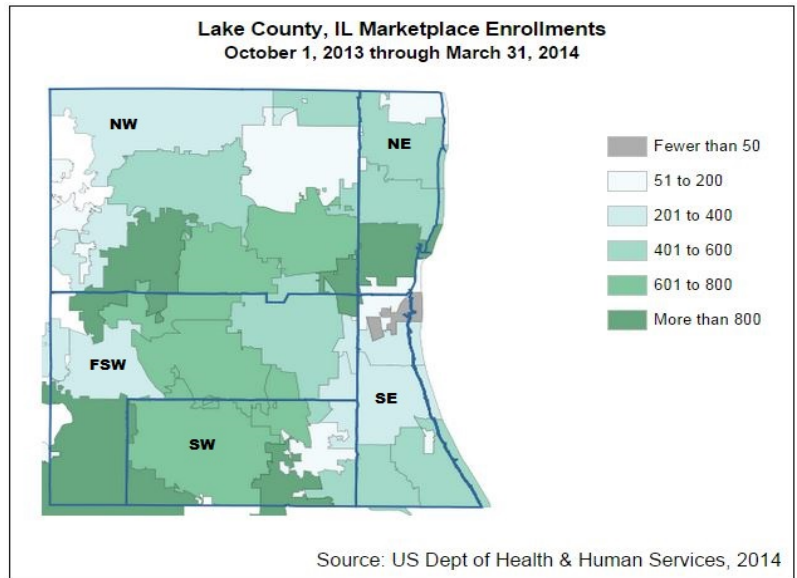
Marketplace enrollment data are available from the U.S. Department of Health and Human Services (HHS) for October 1, 2013 through March 31, 2014, including additional special enrollment period

¹ Report can be viewed at www.getcoveredillinois.gov.

activity reported through April 19, 2014. According to HHS, more than 13,278 Lake County residents purchased health insurance plans through the Marketplace.

While more specific data on Medicaid enrollment are not currently available, the map and chart that follow give insight into where, within the county, Marketplace enrollment occurred.

It is important to note that Marketplace data are not available for six of Lake County's 33 zip codes because there were 50 or fewer enrollments in these areas. HHS estimates that these suppressed data account for approximately 4% of all enrollments. Additionally, enrollments that might have occurred following the extended open enrollment period are also not reflected here. These enrollments would be due to a change in life circumstances, such as a marriage or job loss.



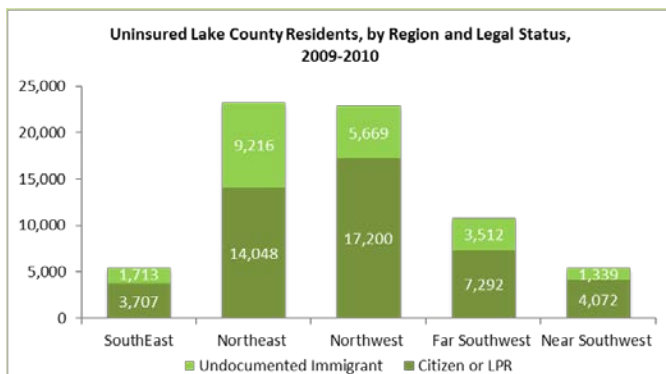
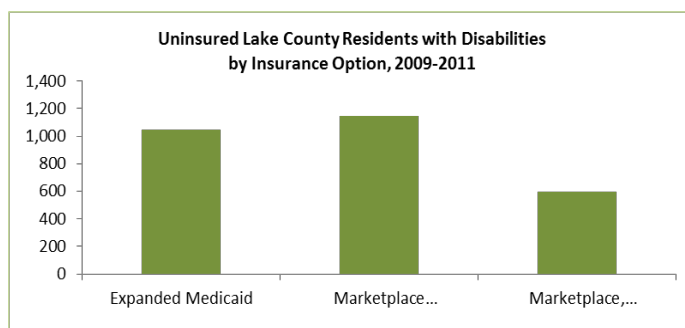
4. The Uninsured in Lake County

The DHFS and HHS data described above provide a very high level of information about Lake County residents who gained coverage during 2014. Unfortunately, there is very little demographic and socio-

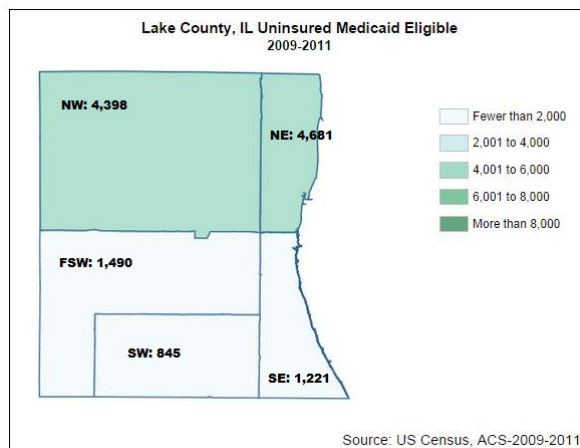
economic information available about these residents. Such information would greatly assist in targeting future outreach and enrollment efforts. In the absence of this detail, this section takes a step back to describe the county's uninsured population prior to the 2013-2014 open enrollment period. While these data are a little older, they should nonetheless provide some guidance for future enrollment work.

The 2009-2011 American Community Survey (ACS) revealed 67,768 uninsured persons living in Lake County. This includes 21,449 undocumented residents, a population group which is explicitly excluded from ACA provisions intended to increase access to health care coverage. This section of the report focuses on the 46,319 Lake County residents who were between 19 and 64 years of age and eligible for coverage under the ACA. This includes U.S. citizens and Legal Permanent Residents who were on the path to citizenship. Additional information on the 21,449 undocumented residents is included in Section 4 of this report, but not represented in the charts in this section.

Twenty-seven percent (27%) of uninsured Lake County residents were eligible for coverage under the expanded Medicaid program, while just over half (51%) were eligible to purchase their insurance through the Marketplace with support from a tax credit. The 22% of uninsured residents with incomes above 400% of the Federal Poverty Level could also get their coverage through the Marketplace, but with no financial assistance.



Geographically, the Northwest and Northeast regions had the highest numbers of uninsured ACA-eligible residents (17,200 and 14,048 respectively). Fewer, but still significant numbers of uninsured residents were found in the Far Southwest (7,292), Near Southwest (4,072) and the Southeast (3,707).

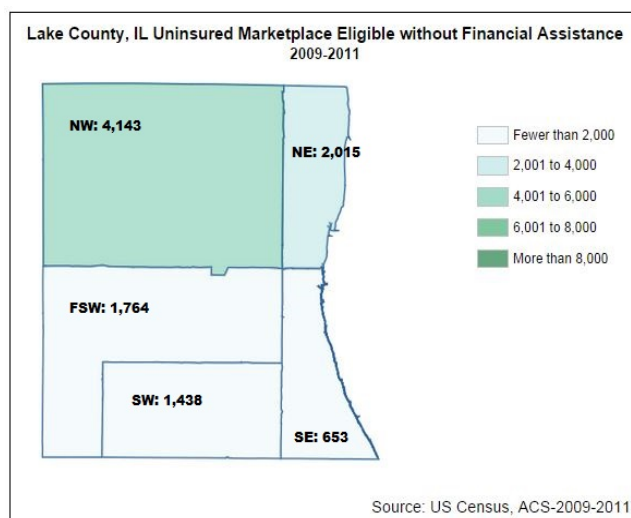
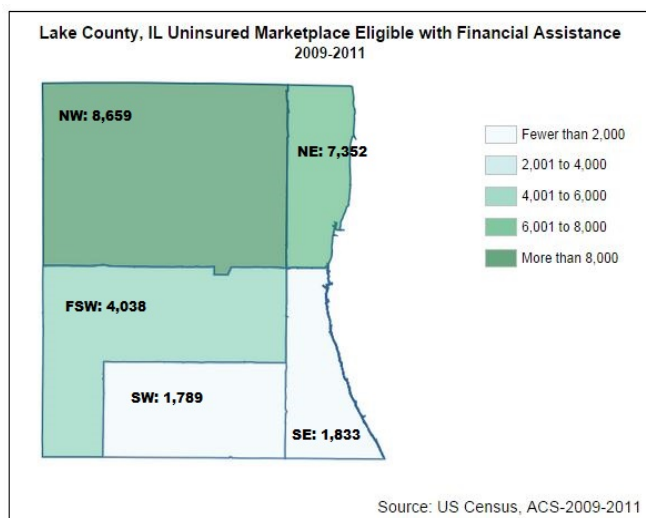


Uninsured by Coverage Option

Medicaid Eligible: The 12,635 Medicaid-eligible uninsured residents could be found in each of the five Lake County regions. The Northeast and the Northwest regions combined accounted for over 70% of Medicaid eligible residents, while the Near Southwest region is home to just 7% of such residents.

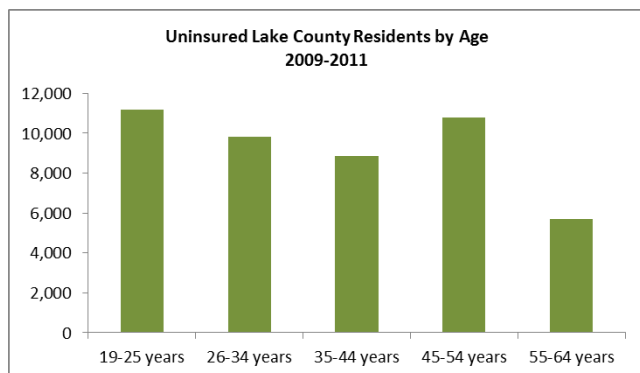
Marketplace Eligible: As noted above, prior to the first enrollment period, there are approximately 23,671 uninsured Lake County residents who were eligible to purchase insurance through the Marketplace with financial assistance through tax credits. The northern half of the county accounted for over 67% of those eligible for subsidies.

There are approximately 10,013 uninsured residents of Lake County who were eligible to purchase insurance through the Marketplace, but because their income is at or above 400% of the Federal Poverty Level (about \$46,680 per year for an individual in 2014) they do not qualify for financial help to do so. The maps below show where those eligible for the Marketplace resided.



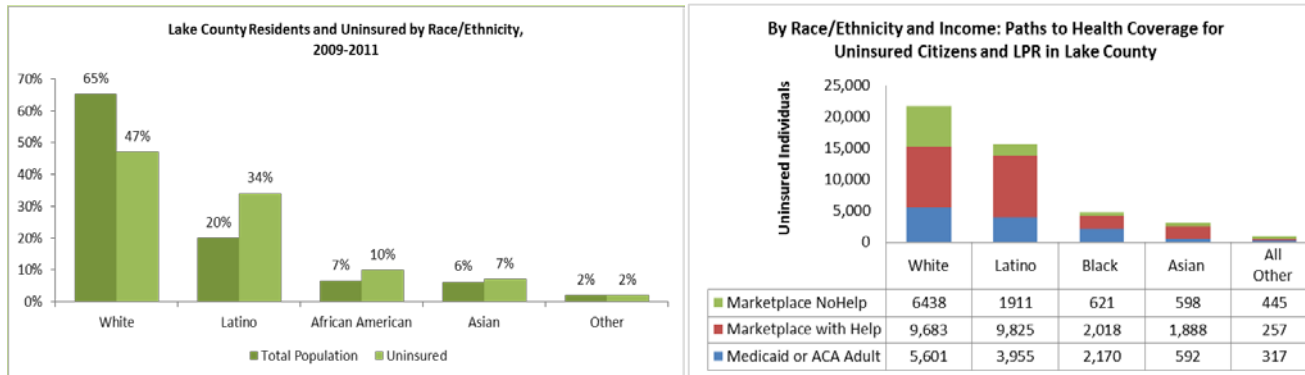
Uninsured by Age

Because different strategies may be required to reach the uninsured depending upon their age, it is important to understand the age distribution of uninsured Lake County residents. Not surprisingly, the largest numbers of uninsured across the county were between the ages of 19 and 25 years old, and accounted for about 24% of uninsured adults. Often referred to as the ‘young invincibles,’ a disproportionately high number of these people resided in the Northwest and Northeast regions. While comprising 67% of all uninsured in Lake County, nearly 8,000, or 72% of uninsured 19-25 year olds, live in these two regions. Middle-aged adults between 45 and 54 years of age represented 23% of the uninsured.



Uninsured by Race/Ethnicity

In Lake County, while the majority of uninsured adults were White (21,722), compared to the county's population as a whole, Latinos, African Americans and Asians were disproportionately uninsured. The largest groups of uninsured White (45%), Latino (45%), and Asian (61%) residents were eligible to purchase insurance through the Marketplace with a tax credit. The largest proportion of uninsured African Americans were eligible for coverage through the expanded Medicaid program.

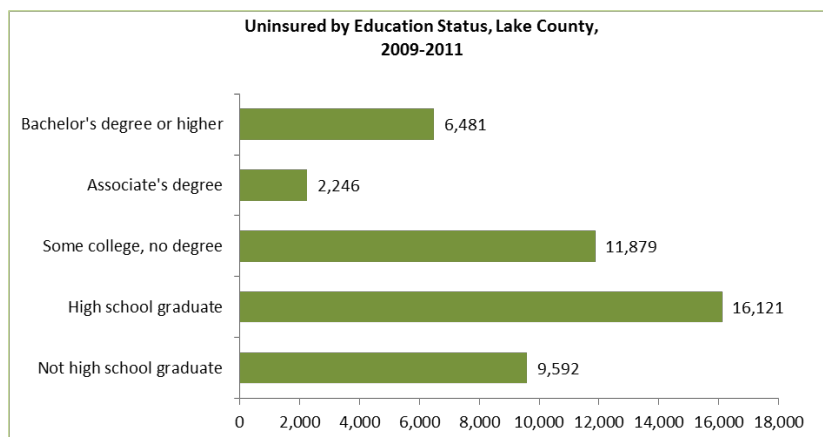


Uninsured by Educational Attainment

Educational attainment is important as it can inform the manner in which information about insurance options should be provided. In Lake County, a majority of uninsured residents have at least a high school diploma.

Approximately 20% of these residents report they did not graduate from high school. Those residents who either did not graduate from high school or graduated from high school but obtained no further education comprise 58% of the county's Medicaid eligible population, 58% of those eligible for the Marketplace with financial assistance, and 39% of those who could purchase insurance from the Marketplace without assistance.

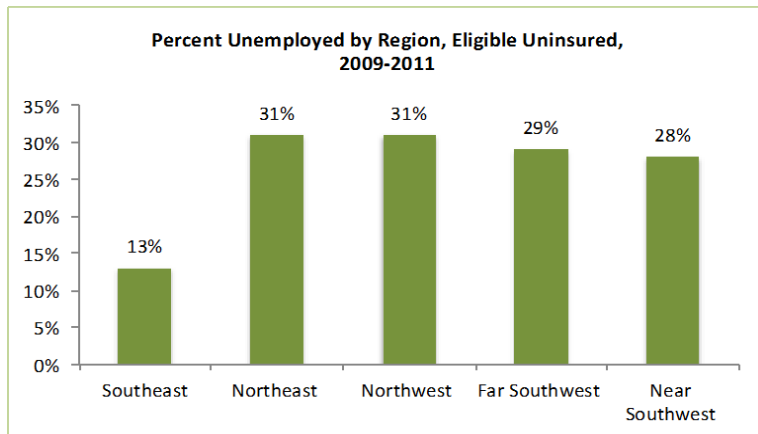
Geographically, the Northeast and Northwest regions of the county have the highest populations of uninsured, non-high school graduates: almost 27% and 23% respectively.



Uninsured by Employment Status

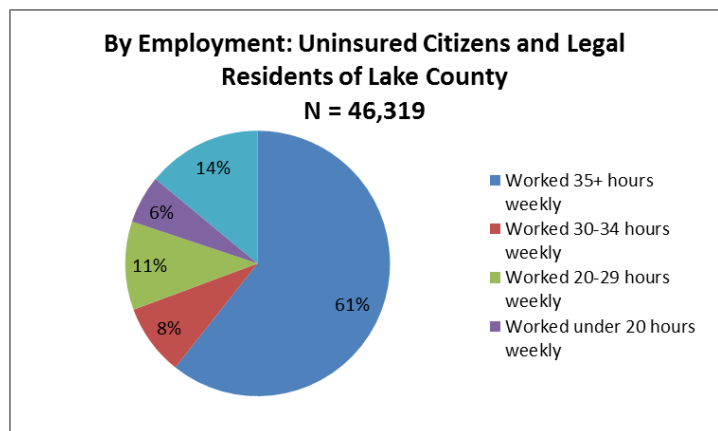
Employment status informs an understanding of ways in which to reach the uninsured, the type of coverage options that might be needed, and the value of connecting the uninsured with other valuable supports—such as job training or other employment services.

In Lake County, 81% (or 37,535) of the eligible uninsured are in the labor force, however 29% of these residents were unemployed. As reflected below, the highest rates of unemployment were in the Northeast and Northwest regions, which are home to 68% of the uninsured 45 to 54 year olds.



The data for Lake County dispels the myth that working means you automatically have a path to health coverage. The fact is that many employers – particularly smaller businesses – have never before been in a position to provide it. The ACA now creates options and opportunities for all businesses and individuals, unlocking the door for opportunity to attract new talent and remain competitive in a challenging marketplace. Considerations about strategies for reaching employees are discussed in the final section of this report.

Many residents in Lake County are the working poor. Of those who were newly Medicaid eligible, 56% were working, and 33% were working at least 35 or more hours per week (full time). Of those who were Marketplace-eligible with assistance, 77% were working, and 55% were working 35 or more hours per week (full-time). Of those who were Marketplace-eligible with no tax credit, 86% reported income from work, and 61% reported working 35 or more hours per week.



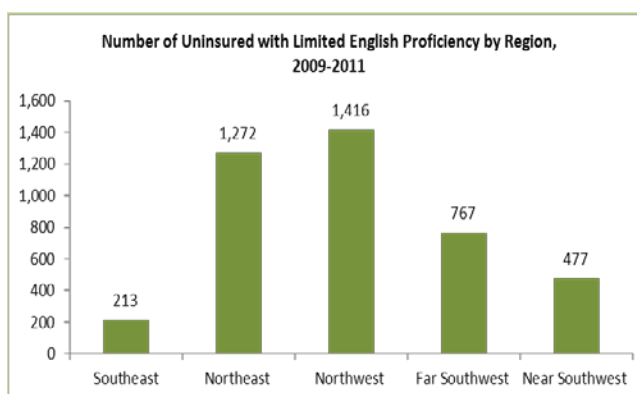
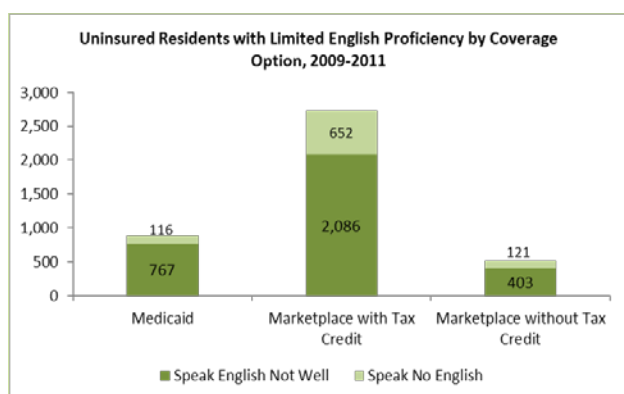
5. Moving Forward: Populations in Need

This section of the report examines populations that are traditionally either harder to reach or require special consideration in outreach and education effort.

Uninsured Residents with Limited English Proficiency

Spoken language is a critical consideration when developing outreach and education strategies to facilitate enrollment. The American Community Survey reveals that 4,145 (9%) of uninsured Lake County residents report that they speak English either “not well” (3,256) or not at all (886). The greatest numbers of uninsured residents reporting limited English proficiency are in the Northwest and Northeast sections of the county. However, the highest concentration of these residents is in the far and near Southwest regions of the county, where 10.5% and 11.7% percent of uninsured residents, respectively, report limited English proficiency.

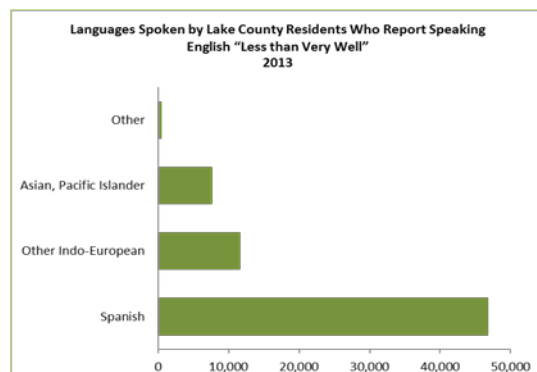
Of the 4,145 limited English speakers in Lake County, more than 21% are Medicaid eligible, 66% are eligible to purchase insurance through Marketplace with a tax credit, while the remaining 13% can get covered through the Marketplace, but with no financial assistance.



Additional Considerations: Insight into how best to reach uninsured residents with limited English proficiency comes from 2013 ACS data on all Lake County residents, regardless of their insurance status. Over 66,000 residents five years of age and older report speaking they do not speak English very well. The greatest proportion of those reporting an English language limitation, 70%, report speaking primarily Spanish or Spanish Creole. Another 17% report speaking an Indo-European language, while Asian Pacific Island and other languages are the primary spoken language by 11% and 1% of residents respectively report speaking English less than “very well.”

Limited English proficiency reduces both direct access to healthcare and the likelihood that individuals have proficient health and health insurance literacy skills. People from diverse cultures often receive less care and poorer quality of care due, in part, to a lack of understandable information.

To reach these populations, and facilitate their access to health coverage, outreach strategies must

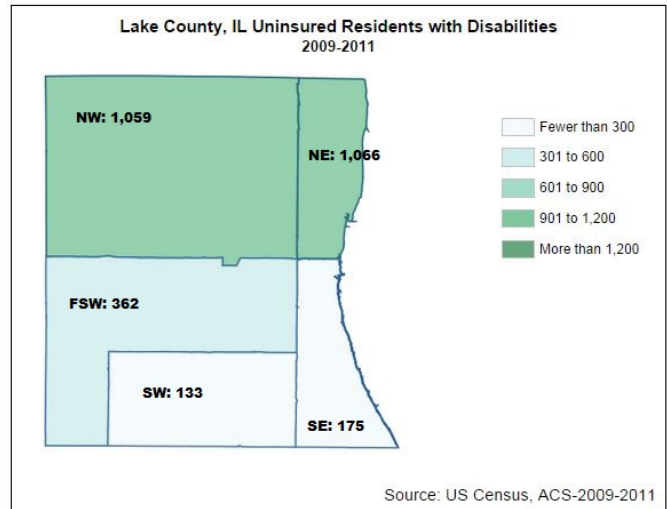


effectively address language and cultural barriers with translated materials in Spanish and other languages (such as Chinese, Russian, Arabic, Ukrainian and Polish). Translation services must also be available in communities with richly diverse populations, and be available across provider networks and health professionals.

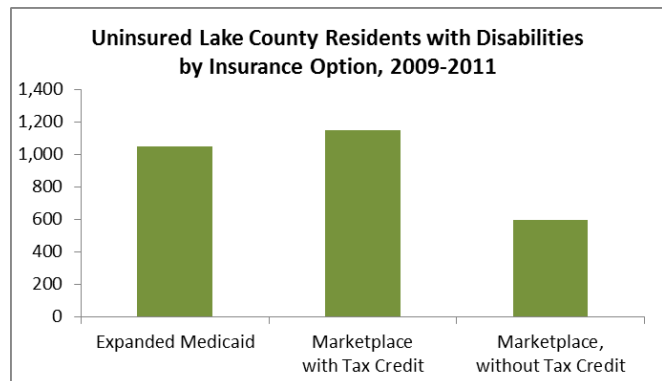
People with Disabilities

Six percent of the uninsured in Lake County, 2,795 residents, reported having a disability. Reported disabilities include self-care, independent living, visual, ambulatory and cognitive. The ACA eliminates many of the access barriers previously faced by people with disabilities, such as income, assets, pre-existing conditions and caps on coverage.

It is estimated that about 37% of the reported uninsured residents with disabilities were eligible for Medicaid under the ACA, and 41% were eligible for financial assistance to purchase a plan through the Illinois Health Marketplace. The remaining 21% could shop the Marketplace but were not eligible for a tax credit.



Additional Considerations: People with disabilities may have a significant disabling condition, coupled with additional health complications, requiring routine preventive care and access to specialists. However, people with disabilities often have limited health proficiency and less access to care, and the care they do receive is often less than satisfactory. Researchers have found patients with disabilities often perceive that their physicians did not listen to them, explain treatment options, treat them with respect, spend enough time with them or involve them in the treatment decisions.ⁱⁱ Further, people with disabilities using Emergency Departments receive substandard care.ⁱⁱⁱ



These findings underscore the need for Lake County providers to ensure that people with disabilities are enrolled in continuous health coverage by engaging the disability community and trusted community advocates in efforts to increase health insurance literacy and disability-related competencies across provider groups to improve outcomes. The advent of managed care in Lake County provides opportunities for community providers and health professionals to coordinate care

and bring more people into medical homes. Key to improved coverage outcomes will be additional disability sensitivity training for providers to raise their skill levels about how to best meet the varied needs of those living with disabilities.

While reaching people with disabilities can be a challenge, it is most effective when trusted disability partners and peers are brought in to the effort. ACA enrollment materials must be accessible in a range of formats for people with disabilities, and given the heterogeneous nature of the disability community, special attention must be paid both to how information is communicated and what channels are best suited for communicating important information about how to enroll (e.g., American Sign Language informational videos).

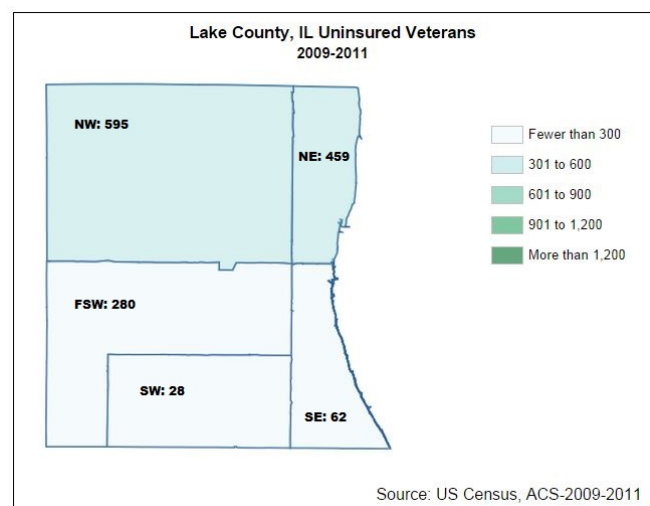
For those in the community who are newly disabled, coordinated referral and supports to existing programs, such as Supplemental Security Income (which provides cash benefits to people living in poverty who meet the Social Security Administration’s definition of disability), or supports that can keep an individual employed, may be useful.

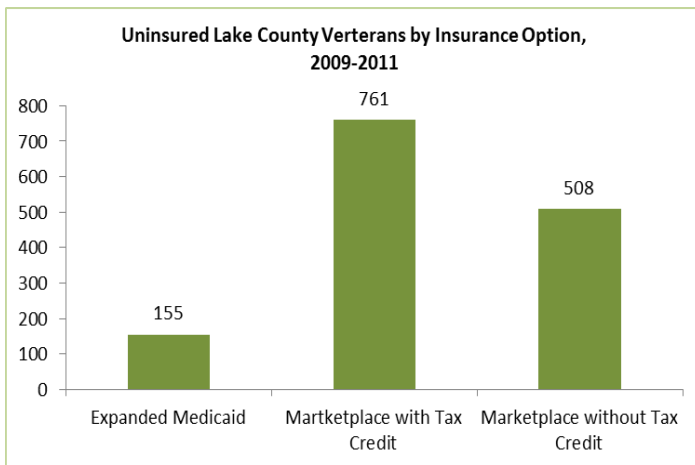
Workers with disabilities, small business owners and contractors with disabilities, and others with incomes above the new Medicaid limits may benefit from clear information about identifying and choosing a plan that includes the coverage of services that will work best for their chronic health conditions and coordinates with existing programs, such as Health Benefits for Workers with Disabilities. Engaging disability-focused advocacy and policy groups could make a crucial difference in ensuring that people have the information they need to make the best decision regarding coverage options and other considerations.

Veterans

Lake County is home to 1,424 uninsured U.S. veterans, with nearly 75% residing in the Northwest and Northeast regions. Demographically, uninsured veterans are more likely to be younger, less likely to be married and are less connected to the labor force.

As reflected below, prior to the first open enrollment period, nearly 90% of uninsured veterans (1,269) were eligible to purchase health insurance through the Marketplace, and 60% of these were further eligible for financial assistance through a tax credit.





Additional Considerations: While the ACA does not change existing military health care systems, it does provide veterans and their families with more options for coverage. Within the military health systems, veterans and their families have options through the Veteran’s Administration (VA) and TRICARE. The VA provides services onsite for eligible individuals at more than 1,700 hospitals, clinics and community living centers across the country. There is no cost to apply for VA services, but an individual does need to enroll and the individual’s income, period of service

and other factors are used to determine service priority and cost sharing. Non-veteran spouses and other family members generally do not qualify for VA health care.

TRICARE functions as regionally managed health insurance coverage for service members and their families. Active Duty, National Guard and Reserve service members are automatically enrolled in TRICARE Prime at no cost and without co-payments. Military dependents, retirees and others can choose a TRICARE coverage option that best suits their needs, but these options come with cost-sharing and co-payments. Family members and caregivers of service members may be eligible for other health insurance options through the VA.

The Veteran’s Administration encourages service members, veterans and their families to use other forms of health coverage in conjunction with VA care, as it can promote greater choice, increase access to care and more effectively connect veterans with other important benefits—such as job placement, and educational or housing assistance. In addition, more coverage can reduce challenges with location, co-pays, patient care priority systems and waiting times for services at the VA. Female service members or veterans, in particular, can increase their access to quality health care in a comfortable setting of their choice.

In order to ensure more uninsured veterans get information about healthcare options available to them, Illinois could include a single question on the ABE website (<http://abe.illinois.gov>) to identify veterans and provide referral information about military health care benefits via the VA or TRICARE systems. At a minimum, navigators should be trained to ask if an individual has ever served in the military and use that information for further connections to needed supports.

Veterans with incomes below 138% of the federal poverty level need to know that they may be eligible for health care at no cost through Medicaid and VA care. As noted above, in Lake County, this is about 155 individuals. Spouses and children not eligible for VA care may be eligible for coverage through Medicaid or Illinois’ All Kids program.

Veterans with incomes above 138% FPL need information about VA care and purchasing insurance through the Marketplace. About 761 individuals in Lake County may qualify for a subsidy to purchase insurance through the Marketplace. Individuals looking to purchase insurance through the Marketplace may need assistance with comparing cost and coverage with VA care, as those enrolling in VA care will not qualify for a subsidy in the Marketplace.

Although VA care is not ‘health insurance,’ it does meet the individual mandate under the ACA so veterans will not have to pay a penalty if they do not enroll in other coverage options.

Persons Living with HIV/AIDS

Uninsured Lake County residents with HIV can benefit greatly from both the Medicaid expansion and the next open enrollment period for the Illinois Health Marketplace because it will bring greater access to a more comprehensive set of benefits. The Ryan White Program, a federally-funded safety-net program for low-income people with HIV, provides HIV-related services without other means of accessing HIV/AIDS treatment and care. In 2010, the Ryan White program in Illinois received \$86M in funding, serving more than 29,000 clients (duplicated across service types). More than half of the funds for the Ryan White program go to AIDS Drug Assistance Program (ADAP), which is managed by the Illinois Department of Public Health (IDPH) and provides HIV medications to people who cannot otherwise afford them. ADAP served 6,447 people in Illinois in 2010.

According to the most recent IDPH Monthly Surveillance Report, as of December 2013, there were 779 people in Lake County living with HIV/AIDS.^{iv} Just over 180 Lake County residents (23% of those living with HIV) currently rely on the ADAP program for their life-saving HIV medications.

Additional Considerations: A 2012 Harvard-modeling study found that almost half of people living with HIV/AIDS in Illinois were not receiving primary care. The study also estimated an additional 8,300 people in the state had HIV/AIDS but were not yet diagnosed. Data indicate that, statewide, 68% (or 4,372 people) enrolled in the AIDS Drug Assistance Program (ADAP) are newly eligible for the Medicaid expansion and 17% eligible for subsidies to purchase private insurance.

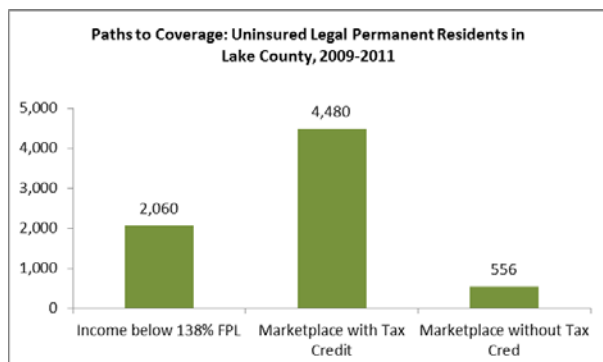
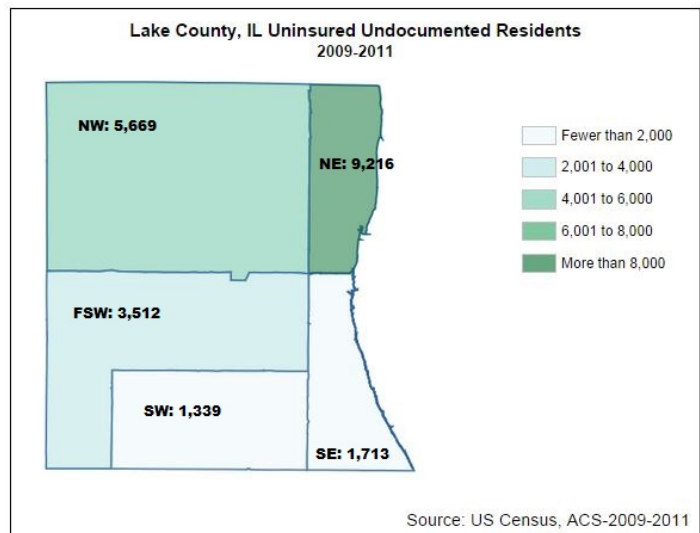
As a safety-net program and payer of last resort, both Ryan White and ADAP programs fill gaps and provide services to individuals when they have no other resources, such as Medicaid or private insurance. Individuals must apply for access to other services before applying to Ryan White. Ryan White covers some primary medical care and HIV specialty care for people with income below 300% FPL, as well as critical ancillary services—such as housing, child care and mental health services. It does not cover emergency room visits, surgery, or hospitalizations. The ACA offers much broader access to affordable coverage, including lower prescription drug costs, free routine preventive measures (such as mammograms, colonoscopies and HIV testing), and ensures coverage options for people with pre-existing conditions.

Implications of expanded Medicaid eligibility for people living with HIV/AIDS include the increased need for information and coordination around covered services to ensure continuity of care. Individuals enrolled in a managed care entity may be challenged to find experienced HIV providers in their networks and adequate pharmacy coverage. Limits on number of prescriptions, formularies and prior authorizations are critical factors. Ryan White providers may need help with a number of administrative issues, such as Medicaid certification and meeting new documentation, billing and reporting requirements. However, opportunities to support new Medicaid enrollees through case management services and coordinating non-medical benefits can assist with transitioning the uninsured to new coverage options. Further, the Lake County Health Department's focus on promoting and supporting medical homes for all populations can improve the provision of continuous care and increase prevention efforts for at-risk populations.

Undocumented Residents and Legal Permanent Residents

As previously noted, undocumented immigrant residents in Lake County are explicitly excluded from the health insurance benefits made available under the Affordable Care Act. In Lake County, this translates into 21,449 uninsured residents.

Data about uninsured, undocumented residents in Lake County reveal that a majority of people are working (77%), and more than half (56%) are working full time. A very small proportion, approximately 2%, had earnings above 400% FPL—indicating that the undocumented are yet another group representing the working poor. In the longer term, coordinated efforts to assist undocumented workers with supports, including continuous access to preventative health care and health literacy, are needed to move these working poor into greater economic and health sufficiency.



In addition to undocumented residents, there are 7,096 Legal Permanent Residents (LPR) in Lake County who are on the path to citizenship. LPRs with incomes below 138% FPL who have been in the U.S. for at least five years will become eligible for Medicaid. Lower income LPRs who have been in the country for less than five years will not be eligible for Medicaid, but like those with incomes greater than 138% of the Federal Poverty Level will be eligible to purchase coverage through the Marketplace.

Additional Considerations: People classified as “undocumented” or “Legal Permanent Resident” still need access to affordable healthcare and will ultimately cost the system more if they remain without insurance coverage. One opportunity is to target efforts at enrolling citizen children of undocumented immigrants in health coverage. Illinois’ All Kids program offers children comprehensive healthcare that includes doctor visits, hospital stays, prescription drugs, vision care, dental care and other benefits. Eligibility for All Kids is 300% FPL. Although some families pay monthly premiums for All Kids coverage, rates for middle-income families are generally significantly lower than they are on the private market. Unlike insurance options available through the ACA, undocumented residents are eligible for All Kids.

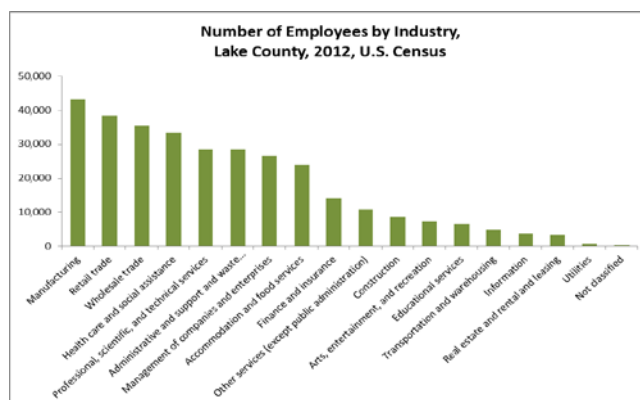
Lake County is served by 10 Federally Qualified Health Centers (FQHC) funded by the federal Health Resources and Services Administration (HRSA). Six of these are operated by the Lake County Health Department. FQHCs represent a critical resource for undocumented residents as they offer comprehensive primary care to vulnerable populations regardless of ability to pay, insurance status or immigration status. It should be noted that Lake County is also home to the Captain James A. Lovell Federal Health Care Center (FHCC), a fully-integrated federal health care facility with a single combined VA and Navy mission, which incorporates facilities, services and resources from the North Chicago VA Medical Center (VAMC) and the Naval Health Clinic Great Lakes (NHCGL).

Efforts to reach and enroll LPRs and other uninsured immigrants must take into account logistical and public education challenges, the complexity of application process and of eligibility rules and limited computer proficiency. Special efforts must be taken to overcome climates of fear and mistrust, which are particularly common among mixed status families.

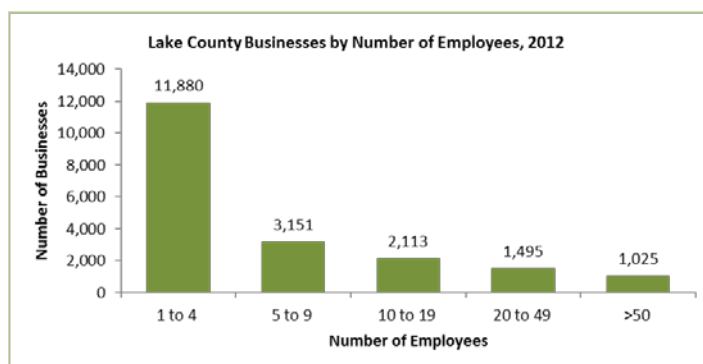
6. Moving Forward: A Focus on the Working Poor and Small Businesses

Although just 27% of Lake County’s uninsured residents were eligible for expanded Medicaid, 50% of the county’s newly insured received this type of coverage. This suggests that efforts during the first open enrollment period focused more on those with the very fewest resources and less on the working poor. As previously noted in Section 4, a large majority of Lake County’s uninsured residents are currently in the workforce, thus outreach and enrollment efforts should focus on reaching this important population.

The Affordable Care Act will require businesses with 50 or more full-time equivalent employees to offer health care coverage to 95% of their full-time employees or face a financial penalty. In Lake County, there are 19,644 businesses which collectively employ 318,400 people (U.S. Census Bureau, 2012). Over 42,000 of these employees work in the manufacturing industry and more than 38,000 of these employees work in the retail industry.

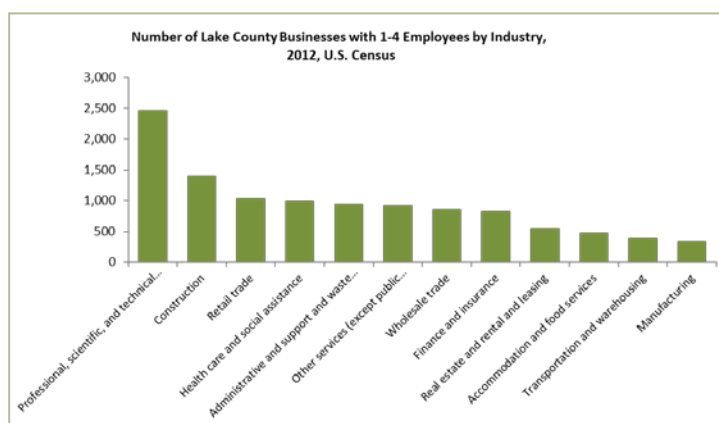


The vast majority of businesses in Lake County, 95%, employ fewer than 50 employees and are therefore exempt from the ACA insurance coverage requirements. The majority of Lake County businesses (60%) employ between one and four workers.



While these businesses should all be encouraged to purchase group coverage through the SHOP, employees of those businesses that do not choose to provide insurance should be encouraged to purchase coverage through the Marketplace.

It is worth noting that among those businesses that do employ more than 50 workers, there have been numerous examples of large retailers such as Target, Home Depot, and Trader Joe's ending health insurance coverage for part-time staff as the ACA came into effect.^v Such a move forces employees to either purchase coverage through the Marketplace (often at higher costs) or forgo health insurance altogether.



Other larger retailers, such as Forever 21, cut employee hours and reclassified some full-time workers as part-time (less than 30 hours), thereby enabling them to avoid the ACA insurance mandate.^{vi} And in other cost-saving moves, some businesses, such as UPS, eliminated coverage for working spouses of their covered employees.^{vii} Beyond the abundance of examples in the retail industry, similar experiences have been reported in other areas, including the food service, education and even local government.

A recent survey of small businesses conducted by HDA in partnership with Crain's Chicago Business, revealed that significantly more small businesses their health care information from health insurance agents and brokers (50%) than from insurance companies (10%) or any other source.^{viii} This information suggests a role for brokers in reaching both the working poor and small businesses.

7. Conclusion and Recommendations

This report is intended to provide insight into who the uninsured in Lake County are and where they can be found. In the aggregate, the information can provide guidance not only for the work of ACA navigators, but also for broader systems focused enhancement in Lake County.

■ Training and Education

- Create targeted training and relationship-building opportunities for navigators and brokers so they can best meet the enrollment and coverage needs of persons with disabilities, veterans, and persons living with HIV/AIDS.
- Provide cultural competency training for providers who serve people with disabilities and persons living with HIV/AIDS.

■ Targeted Efforts for Small Businesses and the Working Poor

- Efforts to enroll the working poor in Lake County should engage agents and brokers. Based on the composition of the uninsured working poor, best practice would indicate promoting active engagement between the State-funded navigators and brokers.
- Consider holding an Enroll Lake County Small Business Days. Targeted events can be built through partnerships with local chambers of commerce and the local chapter of the Illinois State Association of Health Underwriters. Concise messages should be provided to small businesses on how to connect employees with a path of coverage.
- Fact sheets or Frequently Asked Questions should be made available so that small businesses better understand how they can assist their employees in gaining health care coverage.

■ Leveraging Other Government Resources

- Consider partnering with other County and township agencies to reach their uninsured constituents. Partnerships with agencies that license the self-employed, such as taxi and livery drivers, may increase access to harder to reach populations.
- Engage County commissioners and other elected officials as partners in reaching the uninsured. Education and/or enrollment events in neighborhood offices will facilitate access to the working poor.

ⁱ http://www.nytimes.com/2014/10/30/upshot/a-formula-to-find-the-uninsured-around-the-country.html?_r=2&abt=0002&abg=0

ⁱⁱ www.upi.com/Health_News/11/02/09 and www.ncbi.nlm.nih.gov/pmc/articles/PMC1698151/

ⁱⁱⁱ American Journal of Psychiatry, 171:7, July 2014


^{iv} http://www.idph.state.il.us/aids/Surv_Report_1213.pdf

^v Forbes.com, 1/22/2014

^{vi} theguardian.com, 9/30/2013

^{vii} Kaiserhealthnews.org, 8/21/2013

^{viii} Health & Disability Advocates. Small businesses and the affordable care act: Findings from a 2014 survey of Chicago Area Small Businesses. November 2014



For an interactive look at the uninsured in Lake County, you can view some of the data in this report on the Visualizing Health Reform website at <http://data.illinoishealthmatters.org>. This tool allows users to see a geographic and demographic breakdown of uninsured county residents who are eligible for healthcare coverage.