The Voices of Young Adults Navigating Unstable Health Insurance Coverage

“I feel very alone in this process.”

Study Overview:
Between November 2016 and March 2017, researchers at the University of California, San Francisco (UCSF) conducted case studies of young adults in northern and central California who had experienced changes in their insurance coverage, or “churning,” in the previous year. Through in-depth interviews, the young adults described their experiences with churning, including the challenges they faced and resources they utilized to access health care during their changes in coverage.

Key Findings:
• Changes and breaks in insurance coverage can disrupt young adults’ timely access to health care and contribute to poor health outcomes.

• Young adults in California need more support navigating transitions in coverage and accessing health care. In particular, young adults need more education to improve their health insurance literacy, easy-to-use resources, and personalized support to help them plan ahead for their health insurance and health care needs.

• Young adults who change between Medicaid and private insurance, who move, or who lack support from family members have the greatest need for assistance during changes in coverage.

Why is churning among young adults a concern?

Although the Affordable Care Act (ACA) expanded health insurance coverage for young adults,1–3 39% of this age group reported a coverage gap in 2011.3 Young adulthood is a period of life changes, such as moving, starting school, or gaining new jobs. These life changes can lead to gaps or changes in insurance coverage, or “churning,” requiring a change in provider and reorientation to new coverage. Research shows that churning is associated with fewer doctor’s office visits for preventative care.4 This is important because, although young adulthood is generally a healthy time, health issues in areas such as reproductive health, mental health and substance use can arise or peak during this time.5,6

This study used interviews with young adults who had experienced churning in the previous year to understand how and why churning can impede access to care. Thirteen participants in northern (9) and central (4) California were included: they were ages 18–32, female (10) and male (3), and self-identified as African-American/Black (1), Hispanic/Latino(a) (8), and White (4). Participants shared stories and ideas for the types of resources that can empower them to confidently navigate health coverage changes and encourage their health and well-being.
How can churning disrupt young adults’ access to care?

The young adults interviewed were often confused about their health insurance coverage, especially after churning. As a result, they reported ignoring or postponing care for pain, injuries, and other physical and mental symptoms.

Young adults may not understand a new plan’s provider network, covered benefits, and cost-sharing requirements:

“[After switching plans] there was a month or two when I was without prescribed epilepsy medicine. Walgreens said, ‘We can’t take your new insurance.’ And CVS couldn’t do it because they are packed with Medi-Cal patients or something. Then, thankfully, Costco took my prescription.”

Female, 23, Fresno, describing a change from private insurance to Medi-Cal.

“Mental health wasn’t really listed in the details [about my new plan]. The huge packet they gave me only included physical health-related things. Because their psychological department is separate, that’s something I would have had to have done more digging on my own to know. And actually, had I known that [mental health services were located in another town], I probably would have thought twice about picking this plan.”

Female, 24, Davis, describing a change from student health insurance to employer-based insurance.

“My concern [about going to the health center] on campus was the rates would be different, so when I hurt my foot, I waited to see the doctor at home.”

Female, 20, Berkeley, describing a change from Medi-Cal to private insurance through the state health exchange, Covered California.

Young adults may struggle to initiate care with a new doctor:

“I’d like to see an OB-GYN since I’ve had my son, but right now I am just stalking [my college’s online forum] where people ask about who are good doctors. I haven’t used my new insurance yet because I haven’t figured out how to get in contact with them. I’m going home soon and hopefully my mom can explain how to do it. Like, if I’m at home and I need to see a doctor, could I go to any Kaiser and do that? Or is it just the Kaiser I’m assigned to?”

Female, 21, Davis, describing a change from Medi-Cal to private insurance through her mother’s employer.

“I fell into the emergency room for the first time in my life… Because I got my Medi-Cal card, but it probably took me six months to establish care with my primary care doctor. Because sure, they send you this big, giant packet, and it says to choose your doctor and your health plan, but it also says to just be warned that it’s not guaranteed that the doctor will be accepting new patients.”

Female, 27, Sacramento, describing changes between two Medi-Cal plans.

“I shouldn’t have waited until I was last minute trying to figure everything out [with my plan and provider] because I was in so much pain and needed to see someone.”

Male, 27, Sacramento, describing a change from uninsured to employer-based coverage.
Since moving away for college, Ashley (age 23) tried to continue visiting her hometown doctor. But last summer, her doctor was unavailable to examine her pelvic pain before school began, so she enrolled in Medi-Cal in her new county. Mailed notices soon arrived, sparking questions she could not answer: How could she verify her income as a student? Which local health plan would she join? Which doctor did she prefer? Back home, her grandmother used to take care of these issues.

“I wasn’t clear with where I could see people and where I couldn’t. I had never really worried about it, that’s the thing. When you first move away from home, you don’t really understand everything... Insurance is like this odd cloud in my head that I don’t understand.”

Ashley’s pelvic pain was left unchecked over the next five months as she tried to work independently with Medi-Cal to establish her care. Initially, she was assigned a doctor in an unfamiliar neighborhood where she did not want to go. She also did not want to visit her school health center due to its reputation for long wait times. In order to find a new provider that she preferred, she researched online and woke up early for weeks to call the county Medi-Cal office and inquire about her options. She even created a notebook to stay organized through the process. Finally, she succeeded in scheduling an appointment with her desired doctor.

“It was just a hassle trying to get them on the phone and get everything cleared up for me, because I feel like they are speaking in another language... It was a whole list of tasks besides my homework, so it’s really stressful, especially when you are moving to a new city and don’t understand the plans. I feel like things are just starting to get cleared up, and I’m in a good place right now. But if you had asked me in August, I would have said forget health insurance... I feel like a lot should be made simpler for people... [The information from insurance companies] is always covering themselves instead of actually explaining. They make it unnecessarily complicated.”

* All names have been changed to protect the privacy of study participants.
Over the past year, Victoria (age 27) changed health insurance plans twice. First, she enrolled in a new Medi-Cal plan after moving to a new county to take a part-time job. Soon after moving, she started to experience blurred vision. She had not chosen a new provider through Medi-Cal, so she went to the emergency room. She was warned that the blurred vision could be a sign of an optic neuritis or another serious health condition, so she wanted to see an ophthalmologist and a neurologist. However, she learned that she needed a referral from a primary care doctor, who she had not yet seen.

“I felt like [the doctors] were giving me the run-around. I remember making like 15 phone calls and looking through all my packets of Medi-Cal paperwork. In order to see a medical specialist, your doctor needs to put a referral in. Well, I didn’t have a primary care doctor, so I went all these months without seeing a neurologist. I felt homeless. I wished I had a primary care physician. Nobody knows my record. My old doctor, he knew who I was, maybe I shouldn’t have transferred, maybe I should have just stayed there.”

Victoria was finally able to plan an appointment with a primary care doctor. However, while waiting for her appointment, she increased her hours to full-time and signed up for employer-sponsored private insurance. Victoria heard that she would need a renewed referral from the new doctor she would be seeing, so she set about choosing a doctor using online reviews, only to learn that the list of provider options sent from her insurance company was outdated. She called her insurance company to receive a new list, and more time passed as she researched and selected a primary care doctor. After attending her first appointment with her new doctor, she finally scheduled a visit with a neurologist, seven months after her initial trip to the emergency room.

In addition to administrative barriers, Victoria explained that feeling confused about her health insurance contributed to delays in care. She had private employer-based insurance coverage for the first time in her life. She didn’t understand the different plan options, the vocabulary of her new insurance plan, and how her provider network or costs would be impacted. This confusion also led her to visit Planned Parenthood for a birth control prescription refill, not knowing that is could be addressed by her new primary care doctor.

“I was just hoping that the new insurance covered the basics. I was scared. When I went to Planned Parenthood and they told me my insurance should cover my birth control, I was like, ‘Thank goodness’. Because I thought I was going to have to pay. That was my concern, the cost. I was scared that I wouldn’t have primary care. I didn’t know how private insurance worked. I’ve had Medi-Cal my entire life. What’s the difference between an HMO and a PPO? Does going to any provider or network or whatever, does it mean I’m not going to have an established doctor? Does it mean I’m just going to jump around and go anywhere? Cause it’s very complicated!”

After the staff at a Planned Parenthood health center explained her options for obtaining a birth control prescription, she made an appointment with her regular doctor – resulting in a gap in her birth control pills between appointments. Victoria voiced the challenge for young adults like her, who don’t know to plan for adjusting their medical care:

“It’s not knowing where to even start. Nobody is going to sit you down and explain all this stuff.”
Which young adults are likely to struggle when churning?

The case studies with young adults suggested that resources should be directed to young adults who are the most vulnerable to the negative impacts of churning on access to care.

**Young adults who move:**

“I’m not from here; I don’t know anything about the health care here. I’m trying to find something that’s close to me and a quality doctor that’s in a good location that I trust. Of course, you have to do research for yourself, because it’s your health and you take responsibility, but I felt like they threw me out and said ‘go for it’.”  
*Female, 23, San Francisco, describing a change between two Medi-Cal plans.*

“Then I moved here, I started grad school, and was like, ‘Let me figure out what insurance I have.’ And the answer was none. So that was part of the delay.”  
*Female, 30, San Francisco, describing a change from employer-based insurance to uninsured.*

**Young adults who are changing between Medi-Cal and private insurance:**

“[The materials I received] pertained to additional fees, monthly fees, what they would be taking out of my check. Or copays, whether or not they would help me pay for a prescription. Still, I don’t really fully understand insurance and what-not, and the differences between all the different kinds of them.”  
*Male, 25, Fresno, describing a change from uninsured to employer-based insurance.*

“The thing that tripped me out was, what the heck is a PPO? And who is my doctor?”  
*Female, 27, Sacramento, describing a change from Medi-Cal to employer-based insurance.*

“I didn’t know there were multiple types of Medi-Cal. What does that mean? What does it cover?”  
*Female, 30, San Francisco, describing a change from employer-based insurance to uninsured.*

**Young adults who lack support or guidance from family members:**

“This is the first time I have had insurance. Well, I had Medi-Cal when I was growing up and then lost it when I turned 18. [I was uninsured] until I was 22, when I finally got insurance. So, this is all new to me, especially because I am doing it by myself… My mom and dad do not have insurance.”  
*Male, 26, Sacramento, describing changes between uninsured and two different employer-based plans.*

“I have been able to inform myself…on the internet. My mom would not know how to do that, she’s from another country…[But] a lot of the times, I didn’t know what [insurance plans] were talking about. It wasn’t something my parents could help me with.”  
*Female, 24, Davis, describing a change from student health insurance to employer-based insurance.*

“[Navigating changing insurance was] all myself. My mom, she doesn’t really speak English.”  
*Female, 22, Fresno, describing a change from private insurance to Medi-Cal, then to employer-based insurance.*
Kristine’s story

Kristine (age 20) lost eligibility for Medi-Cal when she turned 19, so she enrolled in a health plan through the state health exchange, Covered California. She explained that her parents were ineligible for health insurance. Kristine listed her parent’s home address on her insurance plan, while attending college in another town.

Mid-semester, Kristine experienced an assault incident in her dorm. In response, her school allowed her to move to a new dorm, investigated the incident and provided her access to counseling services in compliance with Title IX of the Education Amendments of 1972. After final exams she returned home and wanted to see a doctor. However, she learned that her insurance had been cancelled.

“I think there was a letter sent home. All the bills were being sent to [my parents’ house]. It was just really messy generally…Those were months when I was dealing with other things, so I lost track of insurance payments. Then I’m pretty sure I was cut off, because I couldn’t go to the doctor in May.”

Kristine called to inquire about re-enrolling or paying past-due bills, and learned that she needed to wait until the Covered California open enrollment period. She wanted support to avoid paying a penalty for being uninsured but didn’t know where to turn.

“What I was also stressing out about during those months that I didn’t have health insurance was that I know there’s a tax penalty for any month that you don’t have insurance… I looked into it to see if there was anything I could do. It was partly irresponsibility, but I don’t think it was just irresponsibility for those months. They do have an option to declare if you’ve endured domestic violence, but I don’t know if that applies to me.”

Felicia’s story

When Felicia’s mom lost her job and her employer-based insurance, their family’s insurance plan changed to Medi-Cal. Soon after this change in coverage, Felicia (age 23) was in a car accident and wanted to visit her family doctor for back pain and anxiety symptoms. She learned on the day of her appointment that she could not see her doctor because of her new insurance status.

“After the car accident, I was under a lot of stress and I went to go to my doctor but they said, ‘We can’t cover you because of the new plan you have, you will need to look somewhere else. There is a number on the card that you have to call’. And another long process, that’s not going to work with me right now. I have school. I’m going to worry about school and then afterwards about my health… That was the doctor that [my family] had been going to, so I kind of wanted to see him.”

Felicia ended up visiting her school health center, but didn’t feel the care she received was sufficient. She wanted a prescription or chiropractor to help manage her post-accident symptoms, but the school health center’s resources were restricted because the clinic wasn’t in her insurance network either. Considering what other young adults need to know, she suggested:

“They should know what they are going to get after they lost insurance, and they should know if they need to take any steps and not wait until the last minute because that’s not going to help them if they need to see someone.”
Where do young adults turn for resources when churning?

The young adults interviewed pieced together support from a variety of sources, and generally found that comprehensive health insurance and health care resources were lacking.

- **Online**: Participants first turned to the internet, reading health plan materials and other informational websites. They sought simple graphics, not long descriptions. Many searched for online reviews of local doctors.

- **Health provider offices**: Front desk workers and primary care providers were often where participants first became oriented to their new insurance and care options.

- **Family**: Some participants were very dependent on family to navigate health care; others did not ask for health care help because they wanted to be independent or believed family members would not know the answer.

- **HR and co-workers**: Co-workers were a big source of health information for participants. Some received HR department support to select and understand plans, cost-sharing and health care options.

- **School resources**: Some participants described occasions where a school-based administrator helped students locate health care options or linked them with student health services.

### Anthony’s story

Anthony (age 25) had Medi-Cal growing up, followed by a period without insurance. After starting a job with benefits, he learned about enrollment options from his HR department and co-workers.

“I didn’t really know about having my own medical insurance, so I was just like, ‘Ok, I will wait until that comes around to figure out what I gotta do.’ [My employer], knowing that that I hadn’t enrolled yet, kind of pulled me aside and said, ‘You are eligible for this and this, and you can make your selection.’ I chose Kaiser because most of the other people around the office had Kaiser.”

He described carefully reviewing the enrollment information and learning basic health insurance concepts from his parents. He used Kaiser’s phone app to understand projected costs, choose a doctor and make appointments, alleviating his initial confusion about his new coverage.

“I figured this is my first time having health insurance on my own, so I better read it at least. There’s a lot of stuff online, but for me, I don’t take in information too well like that. An app, especially for our younger generation, is a better way to go.”

With his new doctor, Anthony finally felt at ease enough to request anxiety treatment following years without medical attention. He expressed his confidence in finding a health care home and advocating for his health after two years without a check-up:

“After my first couple visits, I’m more comfortable knowing how to go about the whole thing and set up appointments. I know now that if something serious did come up, I’m covered and can go.”
What support do young adults need when churning?

Study results suggest that young adults will need dynamic skills to navigate and self-advocate within a changing health care system. Health insurance literacy topics can help empower young adults when they experience churning.

Young adults need support to understand insurance concepts and health care rights and responsibilities:

“Co-pays were a thing that I did know people pay, but other than that, no one ever told me, if I was to see a doctor, how much it would cost. And being at school, you don’t have a co-pay, so it’s something that I have an idea of but I don’t know how much it’s going to be.” Female, 23 Fresno, describing a change from private insurance to Medi-Cal.

“I think that this whole area of life is very vague for a lot of people, which is kind of crazy to me because it’s so important. I don’t even know what to say, because I don’t know what I don’t know.” Female, 23 San Francisco, describing a change between two Medi-Cal plans.

“The most difficult thing is learning off the bat what insurance you want or need. If I were to compare benefits between Medi-Cal and Kaiser, and ask my friends, they probably wouldn’t know.” Male, 18 Fresno, describing a change from Medi-Cal to private insurance.

Young adults need support to plan for changes in coverage and health care needs:

“If I was ever interested in health insurance, it was because I had to go to the doctor. I never really looked for anything, it was more like, if I have to go, I will find out there.” Male, 26, Sacramento, describing a change from uninsured to employer-based insurance.

“Maybe my counselor knew about an option for me to get school health insurance [through financial aid], but she didn’t know enough about the process and when I could switch.” Female, 20, Berkeley, describing a change from private insurance through the state health exchange, Covered CA, to student health insurance.

“More connecting online and to seniors at schools and colleges. That’s the time when everything is changing for you, and I would be really glad if I went to [my college] and saw someone with a banner that said ‘Learn More about Your Health Insurance’.” Male, 18, Fresno, describing a change from Medi-Cal to private insurance.

“If there was an ‘Adulting 101’ class, that would be great. There’s taxes, there’s health insurance, there’s how to buy your first car, how to build up credit, even how to budget. It’s one paint brush stroke at a time that’s going to give you the whole picture, you know?” Female, age 22
What opportunities exist to support young adults when churning?

Study results suggest that there are multiple opportunities to support young adults to mitigate the impact of gaps or changes in coverage on their access to health care.

Before young adults experience a life change:

- Include health care concepts and health insurance literacy into education for adolescents and young adults.
- Encourage thinking about health care needs when planning life changes and moves.
- Build understanding of how health care is linked to institutions frequented by young adults, like schools and workplaces.

While young adults select a new insurance plan:

- Help young adults assess which local health care options are accessible within available health plans.
- Support a variety of in-person, print, online and multimedia resources to answer questions from young adults.
- Ask young adults to consider record management, such as mailing address issues and how to transfer medical records.

Before young adults need medical care:

- Encourage relationship-building with a new provider as soon as new coverage begins.
- Discuss health care and insurance options with young adults who arrive to new schools, jobs, or locations.
- Help young adults identify local sources of support for health care administrative and navigation questions.

After young adults change insurance and establish care:

- Support young adults to practice continued plan upkeep, such as monitoring bills and records and following up on personal health care responsibilities.
- Encourage young adults to learn about services covered within a health plan, self-advocate, and use resources offered by an insurance plan.
- Help young adults plan for future life changes that may affect their eligibility and access to care.

"[Health insurance literacy] would be part of school throughout, or as part of a whole life-skills type of thing. Like learning how to do your taxes or financial management or health insurance. It seems like a no brainer."

- Female, age 29

"A health navigator, it’s kind of a social worker for your health care. They would help you get your things together, help you get your insurance, help you see a doctor, how to pay, how to get your appointments."

- Female, age 27

"For example the fact that a lot of students didn’t know where they should go if the wellness center was closed. That’s something that should be taught at some point. It would be nice if the dorm resident advisers put on workshops."

- Female, age 24

"I’d like to know what you are truly entitled to with health insurance. What you can request, what do you need approval from your doctor to request. Like a ladder or a phone tree of Do’s and Don’ts."

- Male, age 26
References:


Additional resources:


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