



---

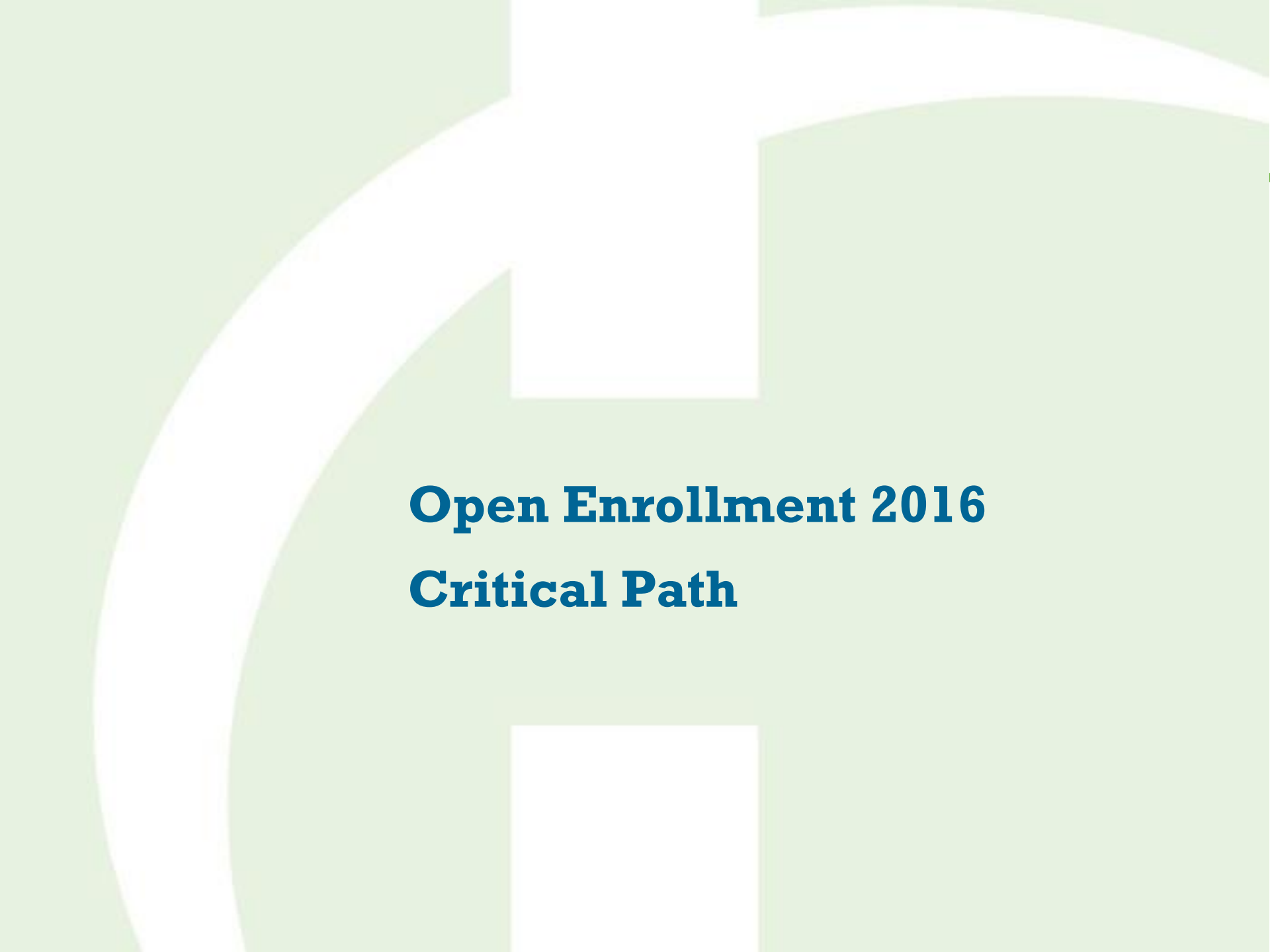
# **2016 Open Enrollment Readiness and Outreach Update**

Board of Directors Meeting, September 10, 2015

# Open Enrollment 2016 Readiness and Outreach: Update



- At the August Board meeting, we shared our plans for the upcoming Open Enrollment period, including the way in which current members will renew into their 2016 coverage, improved operational capacity and plans for broader outreach focusing on the remaining uninsured in the Commonwealth
- Today we are bringing several operational and outreach updates to the Board:
  - Progress on completed milestones along our Open Enrollment Critical path and preparation for upcoming milestones
  - Outreach strategy update, including results from focus groups with both uninsured individuals and Health Connector members as well as results from a comprehensive customer experience “meta survey”
  - Establishment of additional in-person support centers following Board approval at the August meeting



**Open Enrollment 2016**  
**Critical Path**

# Recap of Open Enrollment Redeterminations & Renewals

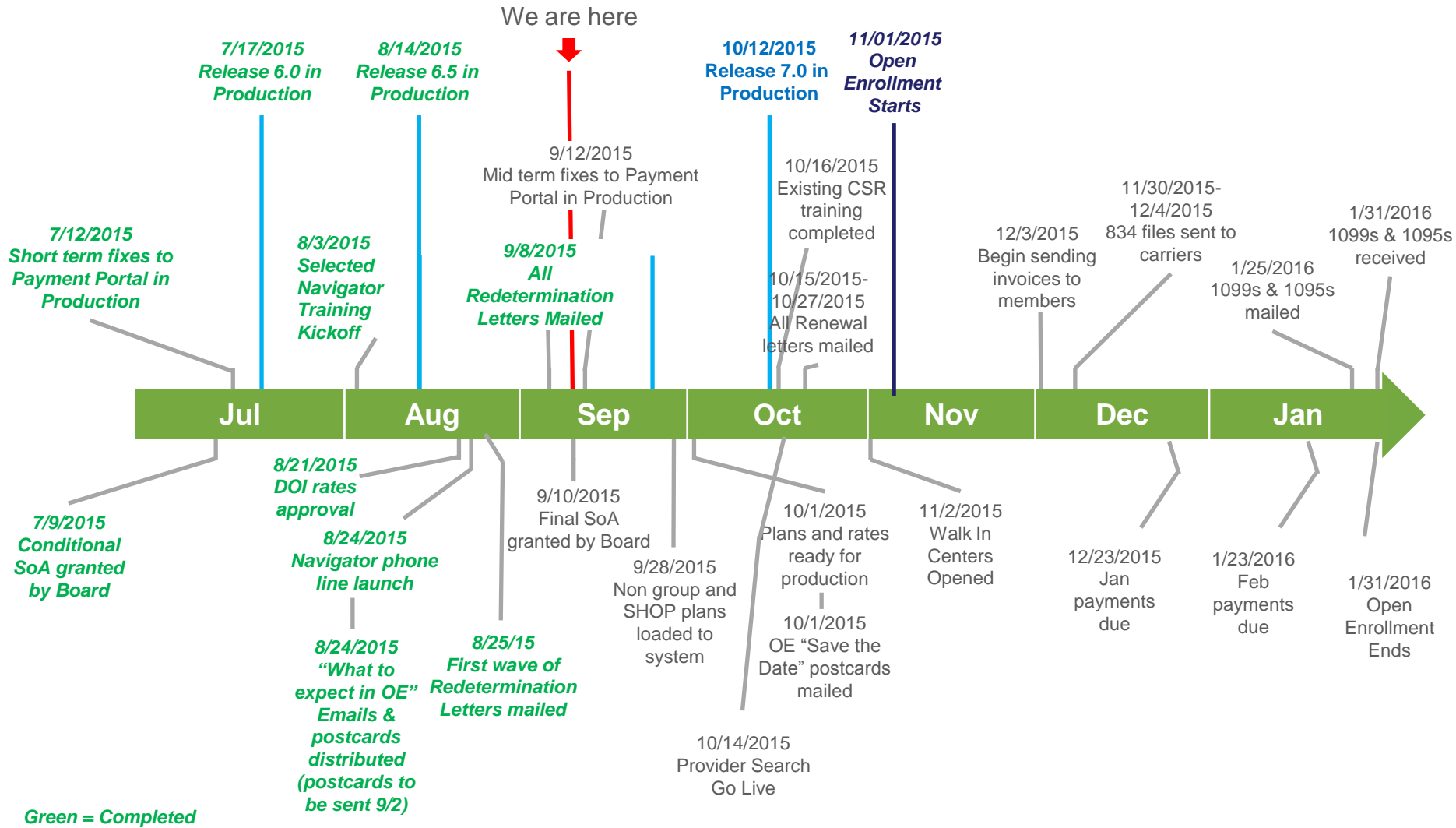
***Open Enrollment (Nov. 1-Jan. 31) is the time of year that individuals in the non-group market can switch plans for any reason or enroll in commercial market coverage without needing a qualifying event.***



- Members may want to switch plans because of changes in their eligibility or in the plans available to them as a result of the redeterminations and renewals process
- Members are currently able to update their eligibility for 2016, and we will use eligibility information to inform members about their plan options for 2016 prior to Open Enrollment
- All existing members and new applicants will be able to start shopping for 2016 plans beginning November 1



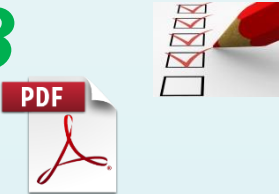





# 2016 Open Enrollment Critical Path



# Progress-to-Date: Preliminary Eligibility Process

*Since our last Board meeting, we have completed the first major milestone in kicking off the redeterminations process by sending out Preliminary Eligibility notices to our eligible population.*

Nov 2014 – July 2015		August 2015 – September 2015			
Member	Website	Notice Creation	Print & Mail	Member	
<p><b>1</b></p>  <p>An Application is Created</p>	<p><b>2</b></p>  <p>The Preliminary Eligibility Process begins</p>	<p><b>3</b></p>  <p>A Batch Process is generated to create a PDF Notice</p>	<p><b>4</b></p>  <p>Notices are printed and mailed</p>	<p><b>5</b></p>  <p>Members receive notice</p>	<p><b>6</b></p>  <p>Members take action</p>
<p>275,000 households applied for help paying for coverage and are eligible for a Qualified Health Plan</p>	<p>Dell began receiving information from hCentive/Optum to create a PDF notice on <b>August 19<sup>th</sup></b></p> <p>Dell finished processing notices on <b>September 4<sup>th</sup></b></p>	<p>Dell has produced <b>118,000 Preliminary Eligibility Notices</b> which will go out to Members</p> <p>Dell has also produced <b>2,000 Notices</b> that will go out to Authorized Representatives</p>	<p>Dell mailed Preliminary Eligibility notices between <b>August 24<sup>th</sup></b> and <b>September 4<sup>th</sup></b></p>	<p>Members will receive their notices between <b>August 26<sup>th</sup></b> and <b>September 8<sup>th</sup></b></p>	<p>Members have 30 days to take action and finalize their eligibility, if they choose</p> <p>If no action is taken, members eligibility deemed final</p>



**Open Enrollment 2016  
Outreach Strategy Update**

# Public Research

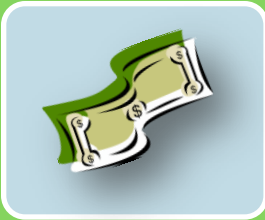


- To help inform our outreach strategies for this year, we wanted to survey our members and the uninsured to learn more about what motivates them and their knowledge of, or experience with, the Health Connector
- To that end, we conducted several focus groups and completed a comprehensive survey, aimed at the uninsured and current or former members
- For the focus groups, we met with over 50 people, evenly split in groups of uninsured residents and current Health Connector members
  - We held sessions in Lawrence, Lynn and Brockton – communities with high rates of uninsured residents
  - We wanted to learn what barriers uninsured people see in their way of coverage, and what motivated new members to go ahead and enroll in health insurance
  - We wanted to gauge the level of awareness uninsured people had of the Health Connector and available subsidies, and we wanted to see how members felt about using the Health Connector



# Focus Groups

*Hearing directly from residents and members was valuable in helping us think through our messaging strategies for this year.*



## Perceptions of cost and affordability vary

- Perceived restrictions in cost remain the biggest barrier for uninsured residents
- Members of similar income levels, however, find their coverage to be generally affordable



## Perceived value of health insurance varies

- Uninsured individuals are willing to risk not having coverage and have an inherent distrust or lack of faith in the health care system
- Individuals with families (e.g., children, a spouse) were more interested in enrolling in health insurance
- Current members highlight the safety and security of having coverage



## Need for help consistent across groups

- Current members are unaware of upcoming renewals process but are keen for information guiding them through it
- Both groups noted need for help with the application or picking a plan
- Members said the application process was confusing, and some uninsured said they started, but it was too difficult to complete

*"It's like a security blanket. The most important thing in life is health. Period."*

*–Uninsured Lawrence participant*

*"Just real simple. It's cheap, and it covered everything I've needed."*

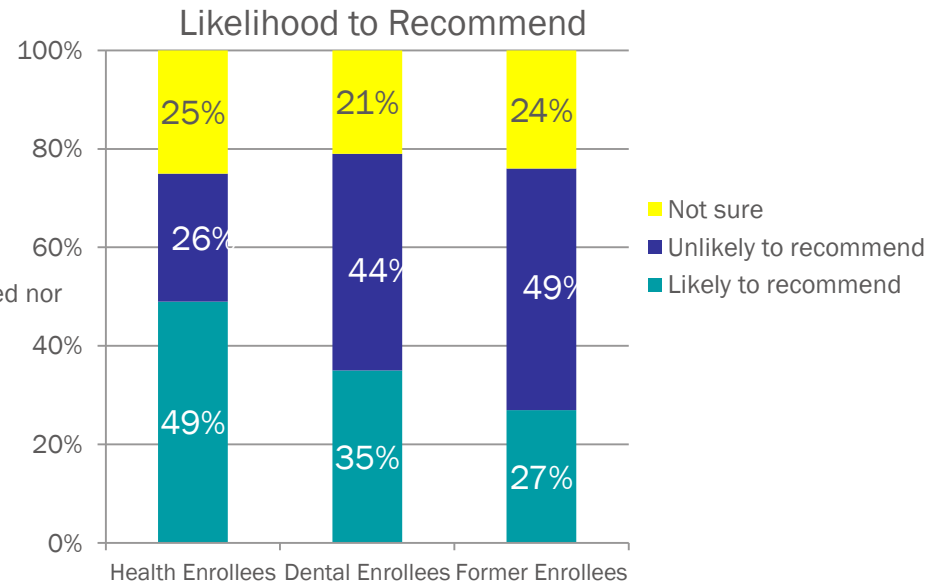
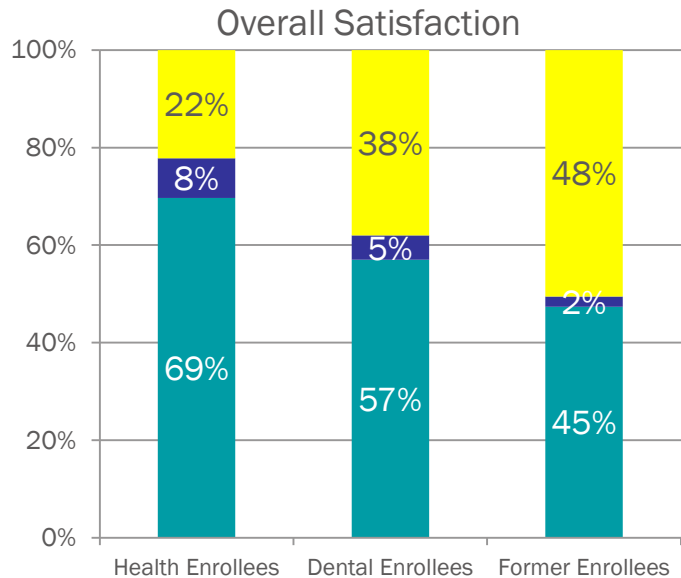
*–Enrolled Brockton member*

# Survey Research: Background and Overview



- For our comprehensive consumer survey, fielded in July, we worked with market research firm Market Decisions
  - 1,086 respondents completed survey (target sample for survey = 1,000)
  - Survey participants included current health (both subsidized and unsubsidized) and dental enrollees, as well as a group of former enrollees
- Purpose of survey research was to better understand the full end-to-end experience of consumers across the Health Connector's non-group book of business on topics ranging from overall satisfaction, plan options, quality of care, enrollment experience, utilization of customer service and enrollment support services
- Objective of this research is to inform program, policy and operations as we head into the 2016 Open Enrollment period and to serve as a baseline for annual surveys going forward

# Satisfaction and Loyalty

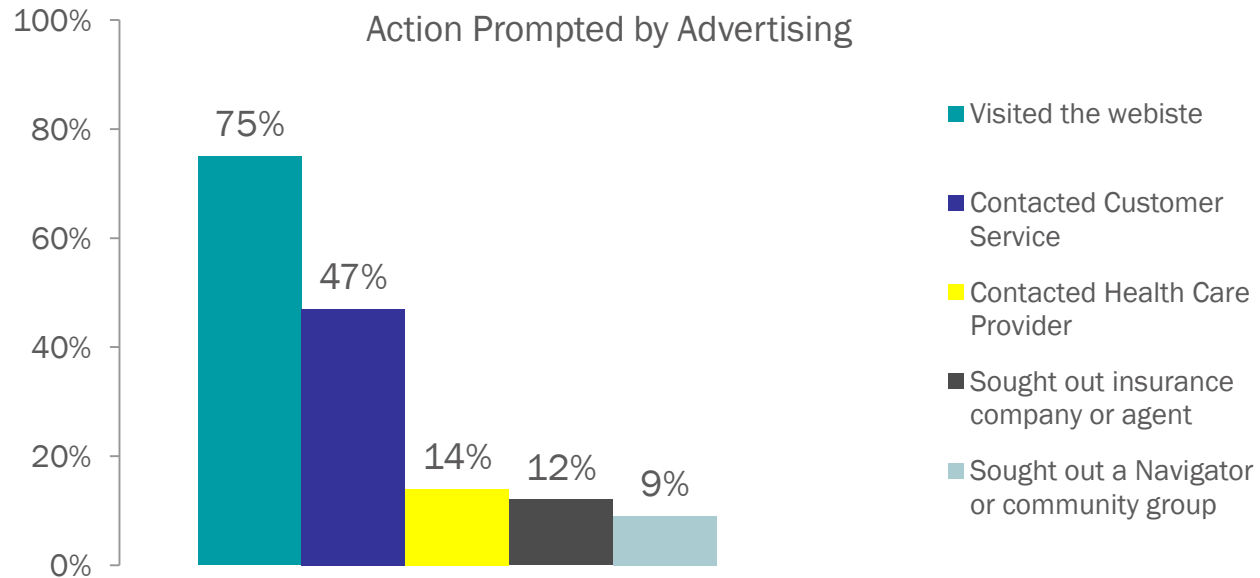


- Overall, majority are satisfied with their experience as Health Connector members, although room for improvement exists
- Health plan enrollees are the most likely to be satisfied, compared with dental enrollees and recent former health plan members
- Satisfaction rates are highly skewed between lower income subsidized members and upper income unsubsidized members – lower income enrollees more likely to be satisfied

# Sources of Information about the Health Connector



- Advertising and outreach about the Health Connector was effective in reaching customers and prompting action
- 58% recalled seeing or hearing advertising and 67% of those respondents took action as a result of it

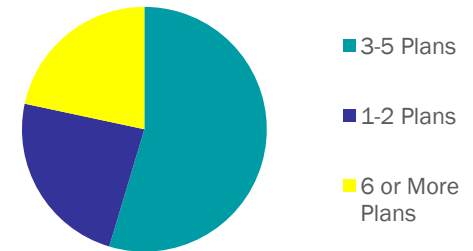


- Satisfaction ratings of Navigators are relatively high compared to those of the website or customer service (82% of health plan customers who worked with a Navigator reported satisfaction with the experience)

# Plan Selection & Enrollment

- The top reasons why people select the plan they enrolled in are keeping premiums low (43%) and having a plan with their doctor or a provider (36%)
- More people report not understanding their benefits (38%) than understanding them (35%)
- Most enrollees (73%) only considered shopping through the Health Connector
- Majority of customers found enrollment process easy (76% of health plan enrollees, 73% of dental enrollees and 69% of former enrollees)
- When asked how satisfaction with enrollment process could be improved, top reasons included better website design (13%), better-trained Customer Service Representatives (CSRs) (10%), simpler web navigation (8%) and ability for more plan comparisons (8%)

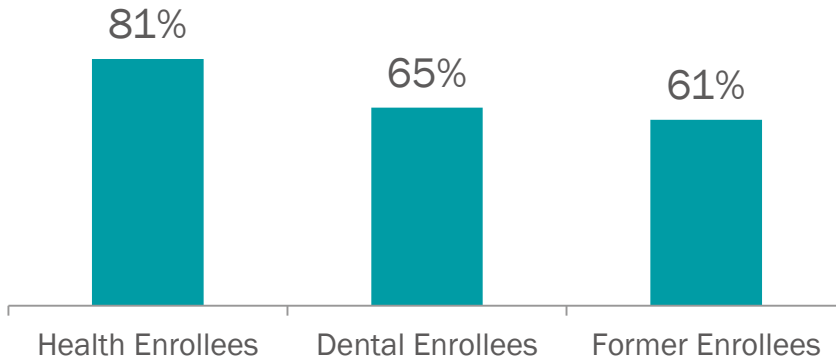
How many plans did you compare when shopping?



# Website Experience & Customer Service



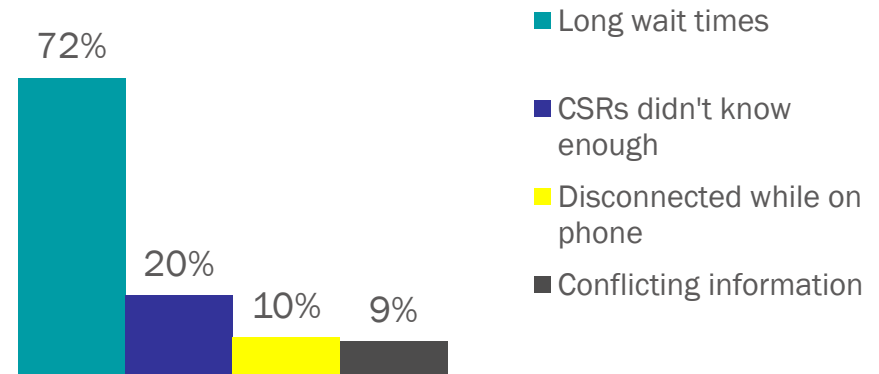
## Was Health Connector website helpful?



- Majority of respondents found the website helpful
- When asked what could have been done to make the website more helpful, top responses included: simpler navigation (42%), make more individual plan information available (21%), better website design (20%) and fix or improve payment systems (13%)

- Many respondents had experienced issues with the call center
- 50% of health plan enrollees and 66% of former enrollees experienced problems when they contacted customer service

## Top Customer Service Issues



# Using Findings to Inform Outreach & Operations Efforts



*The feedback from our members and the communities we are trying to serve was in line with our expectations; solidifying key outreach and operational improvement strategies.*

- To attract the **uninsured**, we are increasing our use of examples; letting them know exactly where they can go to get help, and reinforcing the value of being covered
- For **new members**, we are supporting their ability to compare and shop for plans with additional decision support tools, including provider search; changes to the shopping screens; a printed shopping guide; new glossaries of terms in materials; and much more
- For **existing members**, we are working to improve the customer experience with changes to the payment portal and payment processing, better trained and more empowered CSRs, and better hours to access help over the phone
- And for **all residents** of the Commonwealth, both members and potential applicants, we are working to provide access to in-person assistance throughout the state through additional Navigators, Certified Application Counselors, Issuer Enrollment Assisters, Broker Enrollment Assisters, and new locations for in-person support with trained Health Connector CSRs

The background is a light green color with large, white, curved shapes that resemble stylized letters or abstract forms. The text is centered in the middle of the page.

**Open Enrollment 2016  
Operational Update**



# Operations Update: In-Person Support



- Additional locations to obtain in-person help from Health Connector trained CSRs will be co-located at:

**SPRINGFIELD**  
MassHealth  
Enrollment  
Center

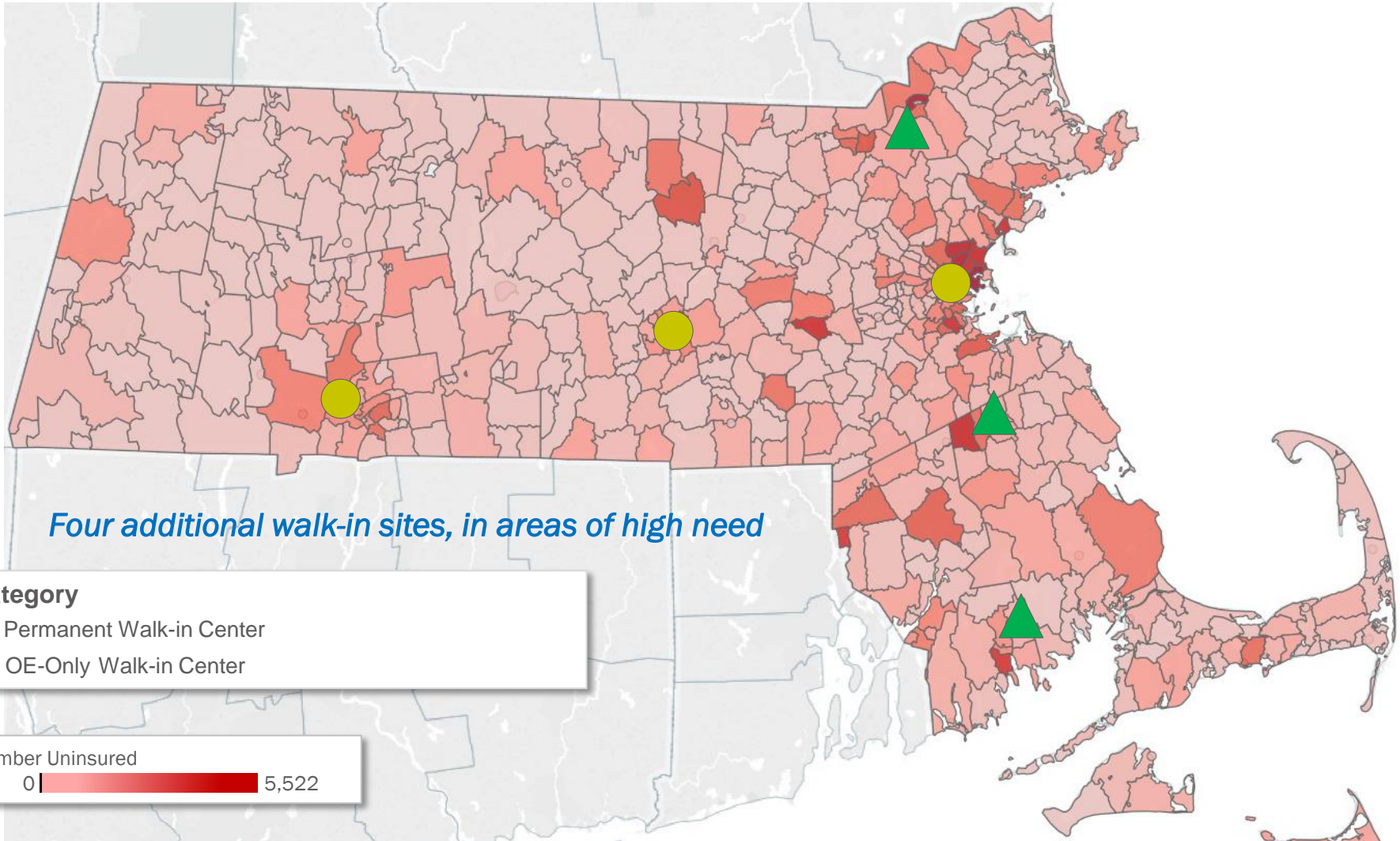
**FALL RIVER**  
HealthFirst  
Family Care  
Center

**BROCKTON**  
Brockton  
Neighborhood  
Health Center

**LOWELL**  
Lowell  
Community  
Health Center

- Boston and Worcester Centers will have evening and weekend hours\*
- Customer service staff that will be assigned to these locations are being recruited with multi-lingual skills to match surrounding neighborhoods
- Members will be able to receive help with the following activities:
  - Completing an application, making account changes, checking on eligibility, enrolling in a plan and paying monthly premiums

# Enrollment Assistance: Expanded Walk-in Center Locations



# Enrollment Assistance: All In-Person Assistance

