



Health Connector's Equity Agenda: Program and Policy Work Update

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Overview

The Health Connector (CCA) seeks to leverage its role as the state's health insurance marketplace to the fullest extent to advance health equity and address disparities.

- The Health Connector's work centering equity manifests in both:
 - ✓ The agency's work **bringing people into health coverage**; and
 - ✓ **Ensuring that coverage is high-value and addresses the needs of diverse members.**
- Staff are identifying and addressing **elements of coverage that inadvertently perpetuate inequities** in health outcomes or financial wellbeing of members
- Staff are also evaluating whether policies and operational procedures **ensure that our services are equitably accessible by all populations**, specifically the racial and ethnic groups that have experienced structural barriers to coverage historically, as well as others who may face barriers to having their needs met
- Staff approach work to incorporate an equity focus into all of our program and policy work with **humility and curiosity**, and have a strong interest in **feedback from the Board and the communities and public we serve**
- Staff expect that CCA's equity work will be **iterative and reflect our ongoing learnings** as we progress

Current Framework of CCA's Equity Focus

	Content Area	Current & Planned Work
Coverage Status	Covering the Uninsured & Closing Racial Coverage Gaps	<ul style="list-style-type: none"> Equity-centered outreach and marketing
	Removing Abrasion and Pain-Points to Accessing and Staying in Coverage	<ul style="list-style-type: none"> Data collection on member 'pain points' Exploration of policy and process improvements
Experience Once Covered	Making Having Coverage Itself More Equitable	<ul style="list-style-type: none"> Addressing inequitable burden of cost-sharing Enhancing coverage & network parity across merged market Monitoring and mitigating discriminatory plan designs Incorporating equity work into Seal of Approval Steps to ensure member services for retaining coverage are equitable
	Enhancing Data to Better Track Equity Concerns and Dynamics	<ul style="list-style-type: none"> Improving data collection around race, ethnicity, language, sexual orientation, and gender identity

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Covering the Uninsured & Closing Racial Coverage Gaps

Closing Inequitable Racial Coverage Gaps in Massachusetts

White residents are more likely to have health coverage than communities of color, especially Latino/Hispanic and Black/African-American residents, and other communities of color and immigrant populations.

- As the ‘doorway’ to coverage for the uninsured, the Health Connector has historically focused on public awareness and enrollment assistance in these communities to bolster coverage rates
- While coverage in these communities has grown, the disparities remain, with 2019 uninsured rates among Black and Hispanic state residents nearly twice as high as among White residents*
- Other subpopulations from communities of color and immigrant populations face barriers and likely lag behind the state coverage average as a result of structural and language barriers
- As such, the Health Connector is re-evaluating how it brings people into coverage and keeps them there

* Source: 2019 ACS data indicates an uninsurance rate of 3.0 percent for White residents of Massachusetts, 5.5 percent for Black residents, and 5.8 percent for Hispanic residents.

Equity-Centered Marketing and Outreach

CCA is enhancing its efforts to ensure our ‘Get Covered’ message reaches all populations with greater effectiveness and centers equity in its efforts.

- Broadly, staff are considering ways to **bolster and grow our community presence via the Navigator network** and/or complementary networks of **community-based groups** that can further CCA’s reach into populations that continue to lag in coverage rates
- CCA’s outreach programming in 2021 and into 2022 continues to be tightly focused on making connections through grassroots activities. This includes signage in local businesses in **multiple languages, community-based event participation** and sponsorships, and a media strategy that is boosted by support from a community of **high-profile media and municipal leaders with loyal followings**
- Non-exhaustive examples: CCA is currently **running ads in ethnic media channels**, hosting “Linea de Ayuda” call-in programs, making Navigator support available through translated materials, dozens of interviews conducted in **Spanish, Portuguese, Haitian Creole and other languages** by Navigators, and bus ads placed in communities **with higher rates of uninsured and immigrant populations and communities of color**
- CCA is also working to expand **equity framing** and outreach strategies into its Health Connector for Business outreach, seeking to grow ties with **business owners of color and small businesses in minority communities or other communities with barriers**

Equity-Centered Marketing and Outreach (cont'd)

Work in Progress:

- Press releases and outreach materials focused on specific racial and ethnic groups highlighted coverage disparities in the state and linked those facts to new help available through the American Rescue Plan
- July 2021 procurement of new Navigator organization Lowell Community Health Center, which has a **high concentration of residents of color** - ~40 percent. This new Navigator will collaborate with a highly connected, boots-on-the-ground community group (Cambodian Mutual Assistance Association)
- Health Connector for Business has established new ties with the LGBTQ community via LGBT Chamber of Commerce

What's Next:

- Explicitly focus on inequities and the program and policy tools available to **address them** in outreach and press materials. Staff will also analyze enrollment impacts of those equity focused strategies
- Explore options to further grow the Navigator program's **equity focus and resources** for the 2022-2023 grant cycle
- Seek to forge partnerships with **small business owners in communities of color** re: HCB coverage opportunities
- Explore opportunities to **build relationships with community-based groups** that can spread relevant messages and calls-to-action about coverage via canvassing or other methods, drawing learnings from the Commonwealth's COVID-19 vaccine equity efforts



Removing Abrasion and Pain- Points to Accessing and Staying in Coverage

Abrasion in Getting Covered and Staying Covered

- There are many **points of abrasion and administrative burdens** associated with the process of applying for, enrolling in, and maintaining coverage. Based on review of escalated case data, these include:
 - Enrollment issues
 - Billing and payment issues
 - Request for Information (RFIs) and document processing requests
 - Duplicate HIX applications and technical issues
- Some of the features of CCA's coverage processes may be required by law, but some may be adjustable. These pain points are likely **barriers to coverage** for the populations that have the least time, resources, and capital to navigate them (e.g., time constraints, reduced web access, language barriers, etc.)
- Each additional step, point of confusion, need for documentation, and need for help functions as a **"voltage drop"** that makes it that **much harder for a person to proceed to enrollment**
- CCA staff are seeking to **"look within"** at some of these barriers that are keeping the populations we most want to enter into coverage from doing so
- Federal agencies are similarly focused on reducing administrative burdens, providing an **opportunity for state-federal collaboration** on these kinds of efforts*

*Source: Pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government". Available at: [Study to Identify Methods to Assess Equity: Report to the President \(whitehouse.gov\)](#)

Abrasion in Getting Covered and Staying Covered (cont'd)

Work in Progress:

- In 2021, CCA staff reviewed **demographic data of escalated cases** and found a higher proportion of escalated cases from White, English-speaking individuals relative to overall enrollees, suggesting that some channels intended to help support members may be **inadvertently less available to communities of color**
- Exploration of **automatic enrollment of people eligible for \$0 plans** who fail to choose a plan and enroll (*detailed in subsequent presentation*)



What's Next:

- Addressing the negative member experience associated with **excessive and confusing noticing**, and **various paperwork requirements**, which makes it challenging for people to understand their eligibility and manage enrollment, Staff plan to conduct an “audit” of these burdens
- Implementation of “**Simple Sign Up**” program (*detailed in subsequent presentation*)
- Steps in 2022 to ensure **culturally competent** channels for resolution of member issues are **readily available in the places and ways that our members request and where they live**

Ensuring Equity in Accessing Service/Supports

Member services (in person help, contact center, website) must be equitably accessible and helpful to all groups..

Work in Progress:

- HIX translated into Spanish and staff are evaluating use of Spanish-language site
- Feedback from Navigators informing translation of materials into other languages
- Upgrades to ensure content on CCA's website is accessible to visually impaired populations



What's Next:

- Full re-evaluation of how enrollees, applicants, and the public use and experience Health Connector member services (physical community presence, plus phone/virtual), with an equity focus
- Planning for an “equity audit” of member service functions to identify areas of improvement



Making Coverage Itself More Equitable

Addressing Inequitable Burden of Cost Sharing for Health Care Services

Cost-sharing exacerbates inequities, having been proven to reduce access to services particularly for communities of color, who tend to have fewer liquid assets as a result of the racial wealth gap available to finance point-of-service care costs.

Work in Progress:

- CCA required that all its health insurance products offer **pen injector insulin at Tier 1 cost sharing** for 2022 – intended to address **disproportionate impact of diabetes on the African-American/Black community**, and make more affordable a patient-centered insulin delivery mechanism
- Research on **disparities in health conditions and the racial wealth gap** to inform product/program design and Value-Based Insurance Design (VBID) to address inequities



What's Next:

- CCA is considering **VBID-driven elimination of cost sharing** for key services in ConnectorCare for 2023, particularly for **services related to conditions that are disproportionately experienced by communities of color** (e.g., asthma, COPD, SUD, etc.)
- Focus groups to **inform standard plan design with a focus on the impact of cost-sharing and deductibles** on ability to access care
- CCA is exploring in partnership with other state agencies coverage expansions that would **help address inequities in maternal health outcomes as well as access to behavioral health services**

Sources: <https://www.mass.gov/service-details/massachusetts-diabetes-data>
<https://www.mass.gov/info-details/hpc-datapoints-issue-11-insulin-price-growth-and-patient-out-of-pocket-spending>
<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2717499>

Bhutta, Neil, Andrew C. Chang, Lisa J. Dettling, and Joanne W. Hsu (2020). "Disparities in Wealth by Race and Ethnicity in the 2019 Survey of Consumer Finances," FEDS Notes. Washington: Board of Governors of the Federal Reserve System, September 28, 2020, <https://doi.org/10.17016/2380-7172.2797>.

Provider Networks & Market Equity

CCA has observed a concerning overall diminishment of network breadth and provider access in the ConnectorCare program over the years versus the rest of the individual market and merged market generally.

- Because ConnectorCare has nearly double the proportion of black and Latino/Hispanic enrollees as the employer-sponsored market, this means that residents of color are less likely to have their choice of providers, raising questions about intra-market equity

Work in Progress

- CCA adjusted its approach to ConnectorCare in 2022 to ensure that ConnectorCare members (disproportionately immigrants) can more reasonably afford access to a wider population of providers



What's Next

- CCA issuing an RFI shortly to **public and community stakeholders** to inform 2023 Seal of Approval development with a **broader array of voices and inputs**
- More structural responses to address this overall **market disparity** are actively under consideration for Seal of Approval 2023

Source: CHIA 2019 Massachusetts Health Insurance Survey (April 2020). <https://www.chiamass.gov/massachusetts-health-insurance-survey>. In 2019, 22.5 percent of ConnectorCare was comprised of Black/Latino enrollees, compared to 12.1 percent of the employer-sponsored

Enhancing Internal Capacity to Spot Discriminatory Benefit and Formulary Design

CCA has sought to enhance its capacity to identify discriminatory benefit and formulary design features that unduly burden particular populations or those with particular health care needs. CCA appreciates its partnership with DOI on these topics.

Work in Progress:

- In 2020 and early 2021, CCA evaluated its health insurance products to check for **discriminatory benefit and formulary design**, in accordance with ACA standards.
- CCA surfaced some areas of possible concern re: prior authorization for substance use disorder medications and is working with DOI and carriers to resolve and determine next steps



What's Next:

- CCA, in coordination with DOI, has improved its **technical and clinical understanding** of CMS benefit and formulary review tools to **spot and address such issues as consistent with its equity focus**
- CCA to review carrier information on **coverage of gender affirmation services** to determine whether additional SOA focus should be pursued for SOA 2023

Using CCA's Role as Market Centralizer to Promote Carrier Activities on Addressing Disparities

Work in Progress:

- 2022 Seal of Approval, asked carriers what activities they were undertaking to **better address racial inequities and health disparities**, and also sought feedback on the introduction of potential new requirements like carriers needing to meet an NCQA Multicultural Certification standard



What's Next:

- Based on the varied responses from carriers, CCA is **considering introducing more ambitious and standardized requirements around carrier participation in health equity activities** and tracking
- CCA is **studying other states' approaches** to incorporating equity into carrier contracts

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Enhancing Data to Better Track Equity Concerns and Dynamics

Improving Data Collection to Inform Equity Work

CCA has been working with MassHealth and other state partners over the last year to coordinate approaches to better data collection.

Work in Progress:

- Application enhancements to increase the quantity and quality of data reported on race, ethnicity, and sexual orientation and gender identity. CCA and MassHealth are engaging with stakeholders and experts to learn more about best practices for data collection in this space
- CCA has also flagged its interest and intention to make these updates to CMS for their awareness; CMS staff have affirmed support in the direction



What's Next:

- In December 2021, static text encouraging responses to race and ethnicity questions, as well as a “choose not to answer” response option will go live
- Additional enhancements to the placement of these questions, modifications to response options, and potential new sexual orientation and gender identity questions are being planned for a future HIX release



Looking Ahead

Recap of Framework of CCA's Equity Focus

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Looking Ahead

CCA continues to center its equity lens and goals in the policy and program work it will undertake in 2022, appreciating that we are learning and deepening our understanding of inequities and disparities that may be within our realm of influence as we proceed.

Staff invite Board and public feedback and suggestions for how to continue to best leverage its role as an exchange to ensure its work is meeting the needs of all populations and communities in the Commonwealth and is effectively addressing health coverage inequities.

Additional steps planned for 2022 include:

- Onboarding of a **Diversity, Equity, and Inclusion (DEI) vendor**, Racial Equity Group, in January 2022– while primarily focused on internal workplace topics, will lend expertise and support to agency’s equity-focused policy and program endeavors
- Broadening **stakeholder/public engagement** on equity topics and with members
- Continuing to focus CCA’s **policy voice on topics of equity in the health coverage landscape** (e.g., policy frameworks, consumer protections, non-compliant coverage)
- Centering equity in staff thinking about **future benefits and coverage expansion opportunities** potentially available to Massachusetts with possible new federal resources