



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza
Boston, MA 02108*

CHARLES BAKER
Governor

MARYLOU SUDDERS
Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, October 13, 2016
9:00 AM to 11:00 AM

One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Louis Gutierrez, Marylou Sudders, Rina Vertes, Daniel Judson, Louis Malzone, Nancy Turnbull, Michael Chernew, Roberta Herman. Celia Wcislo participated by phone due to geographic distance. Lauren Peters attended as the representative of Kristen Lepore.

The meeting was called to order at 9:03 AM.

Dimitry Petion arrived at 9:12 AM.

- I. Minutes:** A vote on the minutes of the September 8, 2016 meeting was postponed due to requests from two Board members to amend the minutes. Secretary Sudders suggested that the Board vote on the September minutes at the November 10, 2016 meeting, and the Board unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began the meeting by recognizing the departure of Ashley Hague, the Health Connector's Deputy Executive Director of Strategy and External Affairs. He praised her leadership in her seven years of service at the Health Connector and acknowledged her depth of commitment and command of detail. He added that she has assembled a strong team of policy staff. Secretary Sudders echoed Mr. Gutierrez's comments. Ms. Turnbull also thanked Ms. Hague for her service. Mr. Malzone and Ms. Wcislo also expressed their thanks and well wishes to Ms. Hague.

Mr. Gutierrez then discussed Open Enrollment preparation and the Board meeting agenda. He stated that, last fall, the Health Connector's goal was for a stable Open Enrollment 2016 with improved customer experience. He added that last year was the first time processing renewals in the Health Insurance Exchange/Integrated Eligibility System (HIX/IES). He stated that recent customer survey work yields positive responses. He stated that the goal for Open Enrollment 2017 is the same but noted that the risks this year are different. He explained that system challenges remain and that the system is undergoing extensive expansion and upgrades. He added that risks are introduced with each upgrade. He stated that testing and review of the redeterminations process identified issues requiring fixes. He stated that the system is working and will continue to work for applicants but that the path is narrow, with slim margin for error. He added that Health Connector staff will discuss Open Enrollment status in greater detail later in the meeting. He stated that the Health Connector's key message this year, developed by Health Connector staff member Beth Riportella, is "stop, shop, enroll." He explained that it will be important for members to stop and check that their application reflects their most current information. Next, he stated, members should shop, even if they like their current plan, because rates and subsidies are changing this year. Lastly, he stated, it is important to complete enrollment because the purpose of the Health Connector is to provide residents with affordable coverage. Mr. Gutierrez stated that three programmatic changes will be felt by members this year. First, he stated, new rules and data sources are being used to validate eligibility, so members may see changes in their eligibility resulting from checks against these data sources. The second change, he stated, is rate increases from some carriers, and the third is the reduction in subsidies applied to smoothing. He acknowledged the Board's concerns regarding the material member impact of reduced smoothing. He stated that a significant number of members will be impacted and noted that the Board had limited time and analysis before considering smoothing recommendations. He added that the Health Connector is doing the best it can under the circumstances. He concluded by stating that the Health Connector welcomes new members when other sources of health coverage are unavailable to them.

- III. Open Enrollment 2017 Member Supports:** The PowerPoint presentation "Open Enrollment 2017 Member Supports" was presented by Ashley Hague and Vicki Coates. Ms. Hague began the presentation by thanking the Board and stating that it has been an honor to work with the Board members. She then discussed the "stop, shop, enroll" message introduced by Mr. Gutierrez, stating that it is a succinct way to describe the lifecycle of a member in 2017. She stated that, this year, the Health Connector checked data sources, such as the Internal Revenue Service (IRS), for member information and noted that this will occur going forward. She stated that, on or around the beginning of Open Enrollment, members will receive their renewal notices, which include any eligibility and rate changes for 2017. She noted that a modification to a member's subsidies could be due to a change in eligibility or in program subsidies. She stated that members will then receive their invoice in the beginning of December, which will reflect the amount of their first 2017 premium. She added that members with an Electronic Funds Transfer (EFT) account will receive a notification in December that the amount transferred from their bank account at the end of December was for the amount of their 2017 premium. She stated that individuals are automatically renewed and if they do not pay their premiums, they may

have difficulty accessing services. She noted that, if a member switches plans, that member may need to find new providers and that, after the end of Open Enrollment, individuals will no longer have the flexibility to shop, unless they have a Special Enrollment Period (SEP).

Next, Ms. Hague echoed Mr. Gutierrez's comments regarding the challenges members will experience this Open Enrollment period. She stated that it is important for individuals to check that their eligibility is accurate. She added that if, for example, the IRS does not return any information about an individual, the individual will need to take an active role to ensure they receive the accurate program determination. Ms. Coates then reviewed the special member supports being pursued for Open Enrollment 2017. She stated that members with material premium increases will receive targeted messages outlining the ways they can shop for a new plan. She then discussed Navigators and other assisters, stating that they are identifying particular individuals to reach who may have significant premium increases. In response to a question from Ms. Turnbull, Ms. Hague replied that, for the communication being sent to members with material premium increases, the Health Connector defined "material" as an increase of 15 percent or higher, as well as any member who had a \$0 premium in 2016 and will have to begin paying a premium in 2017. Ms. Coates then outlined enhanced customer service support, stating that the Health Connector created a team at the call center specifically trained for shopping. In addition, she stated, the call center's new relationship management system allows Customer Service Representatives (CSRs) to identify members who receive the additional premium increase mailings. Next, she stated that the Health Connector plans to use geographic data on areas with the highest concentration of members with material premium increases to enhance outreach and media efforts in those areas. She discussed efforts with carriers and providers and stated that the Health Connector has met with Tufts Health Plan-Direct, BMC Healthnet Plan and Neighborhood Health Plan to discuss member transition plans. She added that the Health Connector has contacted the Massachusetts Medical Society and the Massachusetts Hospital Association to generate provider awareness about member transition for 2017. She stated that the Health Connector is interested in providers' policies around clinical transitions, case management and pharmacy transitions. She noted that two carriers have experience transitioning a large number of members quickly. She discussed Primary Care Provider (PCP) transition and stated that the Health Connector's provider search tool indicates whether a provider is taking new patients. She reviewed bill inserts with shopping messaging that will be added to the bills members will receive in November and December. She added that individuals with EFTs will receive email and robo call reminders about their new premium deduction, and that members with insufficient funds in their EFT accounts will be sent emails and letters. Next, she stated that the Health Connector is exploring policy options, such as hardship waivers or SEPs for individuals who wish to change plans after Open Enrollment ends. She stated that the Health Connector is highlighting free tax assistance and added a system enhancement allowing individuals to attest that they filed their taxes. Lastly, she stated that the Health Connector is working with external groups and sister agencies to develop strategies to assist members with escalated cases.

In response to a question from Mr. Chernew regarding other states' experiences with rate changes, Mr. Gutierrez replied that Massachusetts is unique in that, since it employs

additional state subsidies and other states work with unsubsidized rates, the loss of state subsidies for premium smoothing is a unique situation. He added that Massachusetts is among the first states to implement the new federal requirements for checking eligibility. Ms. Turnbull stated that, since 2006, no Plan Type 1 member has ever paid a premium but that half will now receive a notice stating that their premium is up to \$100 per month. She noted that this will be a completely different Open Enrollment experience for the lowest-income members. Ms. Herman commended the support strategies and inquired about the risks and pain points. For example, she asked about the reliability of IRS data and the reliability of the phone numbers on file for Health Connector members. Ms. Coates replied the phone numbers and mailing addresses are generally accurate and that the Health Connector's rate of returned mail is very low. Ms. Hague added that robo call connectivity is also high. She stated that, since the Health Connector performs billing functions on behalf of carriers, it manages several member touchpoints and therefore several opportunities to learn of updated member contact information. This is in contrast to other states, she said, in which insurance carriers perform billing functions. She stated that the Health Connector plans to provide Navigators with lists of members they can contact who may need help related to rate or eligibility changes. She discussed the IRS process and stated that the Health Connector interfaces with the IRS regularly to receive feedback and that the information is accurate and checked to the best of the Health Connector's ability. She noted that, for many members, the IRS could return legitimate information causing an individual to lose subsidies, even if it does not accurately reflect the member's situation. She noted that this will be a pain point and underscored the importance of members updating their application and sending in required documentation. Ms. Hague stated that Plan Type 1 members who will have to pay a premium for the first time in 2017 also represent a pain point for this Open Enrollment period. Secretary Sudders remarked that, while this Open Enrollment will be different, the Health Connector is building on its prior experience and applauded the Health Connector for reaching out to sister agencies and other locations where consumers could access information. She suggested that the Health Connector work with the Attorney General's Office (AGO) as well, since it is an office consumers may contact, and Ms. Hague confirmed that the Health Connector will work with the AGO. In response to a question from Ms. Wcislo, Ms. Hague answered that there is an income threshold for filing taxes, such that some Health Connector members are not accustomed to filing. She stated that this was the first year a large population in Massachusetts was subject to review of reconciliation of tax credits and added that relatively few individuals received the Failure to Reconcile (FTR) flag. She noted that states that did not pursue Medicaid expansion may have more individuals who failed to reconcile, but the vast majority complied with the requirement in Massachusetts. Mr. Gutierrez concluded in stating that, in an effort to begin planning early for Open Enrollment 2018, the Health Connector recommends a meeting of the Administration and Finance (ANF) Subcommittee in November to address the programmatic budget and smoothing. He noted that all Board members will be invited. Secretary Sudders agreed with this proposal.

- IV. Open Enrollment 2017 Status:** The PowerPoint presentation "Open Enrollment 2017 Status" was presented by Ashley Hague, Vicki Coates, Jen Bullock, Rebekah Diamond and Michael Piantanida. Ms. Hague began by stating that a lot of development work occurred

for this Open Enrollment period and noted again that this is the Health Connector's first time checking data sources as part of the redetermination process. She stated that the system updates reflect a tremendous amount of work from MassIT, MassHealth and vendors. She stated that a significant amount of testing has been done to identify system issues and that the Health Connector is well positioned for the start of Open Enrollment. She stated that members will need to pay close attention to eligibility and subsidy changes and that they may experience disruption. She noted that the Health Connector is working closely with Dell, Optum and hCentive. She stated that shopping in the system has been tested and that plan rates are accurate. Ms. Hague then displayed the Open Enrollment 2017 timeline. Next, Ms. Coates reviewed the Open Enrollment 2017 dashboard and explained the key. She noted that the Health Connector will begin sending renewal notices next week.

Mr. Piantanida then introduced several technical events being managed during Open Enrollment and noted that they are mostly batch events executed in the system. He began by discussing preliminary eligibility and stated that a major change in the preliminary eligibility process this year is the use of the Renewal and Redetermination Validation (RRV) service, a major batch service to receive and process federal information. He added that this functionality was successfully implemented and used for preliminary eligibility. He stated that approximately 385,000 preliminary eligibility records were processed and that 131,000 preliminary eligibility notices were sent. He noted that some issues requiring code fixes were identified and that the team continues to work through remaining records. In response to a question from Ms. Turnbull, Mr. Piantanida explained that the number of preliminary eligibility records processed is higher than the number of enrolled members because all members are processed during preliminary eligibility, not just those who are enrolled. He stated that the Health Connector evaluates the eligibility of the unenrolled population, even though they may not enroll for 2017 coverage. In response to a question from Mr. Chernew regarding "mixed households," Mr. Piantanida replied that a mixed household is a household in which there is at least one Health Connector-eligible member and one MassHealth-eligible member. In response to a question from Mr. Malzone, Mr. Piantanida clarified that the 385,000 preliminary eligibility determinations processed include mixed households. Ms. Diamond added that the Health Connector worked with MassHealth to ensure households with both Health Connector and MassHealth members had a streamlined renewal process. Ms. Diamond discussed preliminary eligibility and stated that the 131,000 preliminary eligibility notices were only sent to members who applied for subsidies. She noted that preliminary eligibility notices do not contain plan or rate information as that information was not yet available at the time they were sent. She reviewed a chart showing member movement between 2016 program and 2017 eligibility determination. She noted that the Health Connector is closely tracking the approximately 26,000 members who appear to be moving from the ConnectorCare program in 2016 to an unsubsidized determination in 2017. She stated that much of this movement is due to federal data evaluation rules and underscored the importance of members reporting changes to their application if their program determination does not reflect their circumstances. She stated that the Health Connector has seen an increase in member activity online, as well as an increase in Request for Information (RFI) letters, suggesting that members are actively updating their information. She added that the Health Connector

will also send communications to members, letting them know how to update their information if needed. She stated that the Health Connector is also monitoring member movement from 2016 to 2017 among different ConnectorCare plan types. Ms. Hague added that this is a snapshot and that member movement will continue to be tracked closely.

Next, Mr. Piantanida discussed the plan loading process. He stated that 2017 plans have been loaded into the system in advance of shopping opening on November 1. He stated that three rounds of testing were conducted and that both carrier and Health Connector staff confirmed plans are ready for Open Enrollment. Ms. Diamond added that plans were loaded using SERFF templates as well as Health Connector-specific templates for the ConnectorCare program. She discussed the plan comparison tool, which will be available on the website to allow shoppers to compare their 2016 plan with a 2017 plan. She added that the tool also provides definitions of health insurance terms. Mr. Piantanida then discussed the FTR check and noted that, when preliminary eligibility was conducted in August, the IRS had not yet provided Tax Year 2015 information, so an additional batch process was needed to check for FTR. He stated that the RRV was used to check approximately 274,000 records for FTR, and about 2,700 enrolled members were affected. He noted that a few error records are being researched. In response to a question from Ms. Turnbull regarding the consequences of failing to reconcile, Ms. Diamond explained that failing to reconcile has the same effect as failing to file taxes, such that the IRS will prevent an individual from receiving Advance Premium Tax Credits (APTCs) in the future. In response to a question from Ms. Turnbull, Ms. Diamond replied that if an individual under-projects their income, they may owe money. Secretary Sudders clarified that the reconciliation is between the IRS and the individual. Ms. Diamond stated that the Health Connector used a nationwide report from the IRS to project the impact of FTR in the Massachusetts market. She stated that the population impacted by FTR in Massachusetts is smaller than projected. She noted that online functionality has been added to allow members whose taxes have not yet been processed by the IRS to attest to having filed. She added that checking this box lifts a member's block on APTCs only temporarily and that the Health Connector will re-check to see whether the member has filed taxes. In response to a question from Ms. Turnbull, Ms. Diamond replied that this process does not result in a gap in coverage. In response to a question from Mr. Chernew, Ms. Diamond stated that the online FTR attestation gives an individual temporary access to tax credits, even if they need to reconcile with the IRS later. Ms. Hague clarified that reconciliation always occurs at tax time. She explained that, if an individual received APTCs in 2015, they fill out a form at tax time in 2016 that could result in them needing to make a payment to the IRS, or they may receive a payment from the IRS. She stated that if an individual failed to reconcile, the FTR indicator became available in September and the Health Connector ran its population against the FTR information to determine who failed to reconcile. She stated that a notice will be generated for individuals who receive the FTR flag, although the notice cannot reference FTR since tax information is highly protected. Therefore, she stated, the notice lists a number of reasons an individual may have lost subsidies, including failing to file and reconcile their taxes. She stated that the online functionality allows the individual to attest to having filed taxes and lifts the restriction on their access to APTCs. She added that the individual will need to reconcile later and the Health Connector will check whether they reconciled every 90 days. Mr. Chernew expressed concern about individuals' ability

to pay back subsidies if they received more than they were entitled. Ms. Herman clarified that the reconciliation occurs between the individual and the IRS. Ms. Diamond added that the Health Connector sends communications to members throughout the year encouraging them to file and reconcile their taxes and explaining the importance of the tax process for subsidy access. Ms. Hague noted that Health Connector staff can provide Mr. Chernew with more detailed information about the tax filing and reconciling process.

Mr. Piantanida then outlined the final eligibility batch process, including plan mapping and renewal noticing events. He stated that final eligibility is in progress, including calculation of members' 2017 APTC amounts. He stated that final eligibility processing and notice generation is approximately 40 percent complete and noted that system testing and fixes for final eligibility are ongoing. Ms. Diamond stated that final eligibility notices will be sent starting on Monday and that additional messaging will be sent to members with premium increases of 15 percent or higher. She stated that this population comprises 44.8 percent of the ConnectorCare population, or about 79,000 members. She stated that all members will receive prompts to shop in the form of billing inserts in November and December, in addition to emails encouraging shopping. She added that member calls will be tracked in the Customer Relationship Management (CRM) system. Ms. Hague noted that these materials are included in the member communications packet provided to the Board. Mr. Piantanida then discussed auto renewal. He stated that, to date, all processes have taken place prior to Open Enrollment but that auto renewal is conducted during Open Enrollment and creates enrollment and associated effectuations for 2017. He stated that testing for auto renewal is ongoing and that the target date to run auto renewal in production is November 18. He noted that three production-like tests for Open Enrollment effectuations are being run for auto renewal. He stated that two more cycles of testing will be run and that they will include carrier transactions and billing. He stated that the Health Connector anticipates processing approximately 210,000 renewal transactions for medical and dental policies. He noted that, while dental enrollment is rolling, dental auto renewal transactions will be executed at the same time in November.

Next, Ms. Bullock discussed the billing. She stated that the Health Connector is currently preparing for the first Open Enrollment bill run. She stated that these invoices, to approximately 200,000 households, will be sent at the beginning of December for payment due December 23. She described enhancements to the bill, including information about how the bill is calculated and details on previous payments. She stated that these bill improvements are based on feedback from walk-in center interviews and customer surveys. She stated that individuals with EFTs will be given time to opt out of EFT if they choose, and that robo calls will be issued to both new and renewing individuals who select a plan but have not paid their bill. Ms. Bullock reviewed customer support updates and stated that most hiring for call and walk-in center staff for Open Enrollment has been completed. She reviewed the expanded service center business hours for Open Enrollment and noted that six walk-in centers will be available during Open Enrollment, including three temporary sites at Community Health Centers (CHCs). She stated that the Health Connector is increasing call center staffing levels for Open Enrollment in anticipation of high call volume associated with application updates and shopping. She stated that, at peak, there will be 350 CSRs in the call center. She also stated that extensive training is

taking place to ensure CSRs are ready to assist consumers with a variety of questions. Ms. Diamond discussed additional customer support from assisters, who have received several trainings focusing on premium increases and how to support members in updating their information. She added that the new assister portal will allow assisters to better help consumers and that assisters will continue to have access to the assister phone line. She noted that six CHCs are Navigators and that the Health Connector is collaborating with CHCs at health fairs and events. She added that the Health Connector is also working with the Massachusetts League of Community Health Centers to formalize partnerships with CHCs. Ms. Coates concluded by stating that, at the next Board of Directors meeting, Open Enrollment will have started. She stated that the Health Connector feels prepared but that there is still work to be done before November 1. Ms. Turnbull stated that, even with all the efforts described, a ConnectorCare Plan Type 1 member with a premium increase who does not change plans will receive a bill for a significant premium amount. She asked what the consequence would be if the individual does not pay that bill and wondered if it would affect an individual's credit rating. She also inquired about the connection between ConnectorCare and Health Safety Net (HSN) eligibility and wondered if an individual without an affordable plan that covers their provider would be eligible for HSN. Ms. Hague stated that an individual is eligible for HSN for a short period of time upon initial determination. Ms. Diamond stated that Plan Type 1 consumers are top priority for the Health Connector this year. She stated that, if a Plan Type 1 member with a \$0 premium in 2016 receives a bill for \$165 for their 2017 premium, they will be considered delinquent in January and the Health Connector will continue to contact them, in addition to the member receiving past-due and delinquency notices. She stated that the Health Connector is evaluating hardship policy options but noted that the options are narrow under federal rules. She added that the Health Connector is working with provider groups and carriers to evaluate potential impacts. Ms. Turnbull repeated that the major pain point will be people, especially in the lowest income brackets, who will not be able to afford the plans they have had for a long time and will only be able to afford plans that do not cover their providers because of decisions the Commonwealth made about premium smoothing. She stated that she is encouraged by all of the member support efforts but stated that this needs to be the major focus since so many members will need to switch to plans that do not cover their providers. Secretary Sudders thanked staff for their work in anticipation of changes and suggested staff move to the member survey agenda item. Ms. Wcislo stated that many of the areas with significant premium increases are located in or around Boston and in communities of color. In response to a question from Ms. Wcislo, Ms. Diamond stated that the Health Connector is using its grid of premium changes to geo-target support efforts and is working with assisters and community advocates to reach affected individuals.

- V. **Member Research Update:** The PowerPoint presentation "Member Research Update" was presented by Audrey Gasteier and Marissa Woltmann. Secretary Sudders requested that Ms. Gasteier and Ms. Woltmann introduce the presentation and then review results of the member experience survey given the time remaining. Ms. Gasteier stated that the Health Connector conducts research to inform Open Enrollment preparation as well as policy and program decisions. She stated that survey work provides insight into the member experience. She stated that the Health Connector began a comprehensive member survey last year, as well as a recent online new member survey. She discussed the

comprehensive survey and stated that it is a methodologically robust survey conducted by the firm Market Decisions. She noted that overall member satisfaction increased from 68 percent last year to 77 percent this year and noted that satisfaction was lower among unsubsidized members and the recently disenrolled. She reviewed member responses to questions about the quality and provider choice of health plans. She stated that members generally reported being satisfied with the quality of care and range of services covered. She noted that unsubsidized members were less likely to report satisfaction in the range of services and that individuals with income higher than \$120,000 were less likely to think their premium amount was reasonable. She reviewed reasons why members chose to buy coverage through the Health Connector and stated that most members cited a need to have insurance. She noted that the penalty for being uninsured was not as important of a factor.

Next, she discussed respondents' coverage sources immediately prior to enrolling with the Health Connector, noting that life transitions are a common reason individuals seek insurance from the Health Connector. She added that 14 percent of respondents had been uninsured, suggesting efforts to reach the uninsured are proving fruitful. She reviewed factors in plan selection and stated that keeping monthly premiums low is the most important factor for respondents when choosing a plan. The next most important factor, she stated, is finding a plan covering the individual's providers. She noted that the gap between these two leading categories grew wider this year, suggesting rising tensions around increasing health care costs. She stated that 75 percent of respondents reported being satisfied with their choice of plans, and that unsubsidized members were less likely to be satisfied at 58 percent. Eight-in-ten respondents found the process of choosing a plan easy, she stated, and noted an increase in satisfaction in the ability to compare plans from the previous year. She suggested that this could be due to the development of the plan comparison tool and stated that the Health Connector used Google Analytics to find that the tool had 27,000 hits last year, with an average of 10 minutes spent comparing plans. In response to a question from Ms. Turnbull, Ms. Gasteier replied that there was a disparity between subsidized and unsubsidized respondents, with unsubsidized respondents less happy with the ease of choosing a plan. Ms. Turnbull noted that unsubsidized members have many more plan choices and that subsidized members have fewer plans to choose from, as well as standardized benefits. Ms. Herman remarked that, last year, 60 percent of respondents felt they were offered the right number of plans, but fell to approximately 50 percent this year. Ms. Gasteier added that members who reported a health status of fair or poor were more likely to think the Health Connector offers too few plans. Next, Ms. Gasteier discussed respondents' health insurance literacy. She stated that the Health Connector wishes to track members' understanding of health insurance terms. She stated that members generally reported a high level of confidence in understanding terms, with the exception of "coinsurance." She noted that there were ethnic disparities in levels of understanding, which will inform the Health Connector's communications and outreach messaging. Ms. Gasteier also noted that members generally had a lower understanding of APTCs. Ms. Turnbull commented that, if tested, respondents would probably have an even lower level of understanding of APTCs than reported. Ms. Gasteier stated that higher income and older members are much more likely to understand health insurance terms and emphasized the importance of improving members' health insurance literacy.

Next, Ms. Woltmann discussed respondents' awareness of financial assistance. She stated that only about half of respondents indicated they were familiar with the subsidies available through the Health Connector, even though approximately 80 percent of Health Connector members receive subsidies. She added that awareness was higher among subsidy recipients. In response to a question from Ms. Turnbull, Ms. Gasteier stated that Market Decisions studied the best way to ask the financial assistance awareness question and decided on the wording, "Do you receive financial help through the Health Connector to make premiums more affordable?" Ms. Woltmann stated that only 61 percent of subsidized members were aware they were receiving assistance and noted that they may be surprised at tax time when they must reconcile. She added that only half of respondents understood that their subsidies could change if they experienced a change in income. Ms. Gasteier then discussed member interface with the Health Connector, such as contact with a customer service center or an assister. She stated that one-in-three members did not use the Health Connector website to sign up for coverage or choose a plan. When respondents were asked why, she stated, 37 percent said they had issues with the website or wanted in-person help. She stated that 14 percent of respondents who did not use the website cited computer literacy or internet access as the primary reason they did not enroll through the website. She added that ConnectorCare members, especially those in Plan Type 1, were less comfortable using computers, as well as individuals over age 40, African American and Black individuals, and individuals with a high school education or less. She noted that individuals without access to a computer or the internet were more likely to live in Western Massachusetts and have a high school education or lower. She discussed mobile phone usage and stated that lower income respondents were less likely to own a smartphone, but if they had one, they were more likely to use it. She stated that more disenrollees contacted the call center than enrollees, which agrees with call center data indicating that members call to disenroll over the phone. She stated that enrollees were most likely to call with billing and premium questions. After leaving the Health Connector, she stated, two-thirds of individuals indicated they have health insurance coverage from another source, followed by coverage from MassHealth. Ms. Turnbull inquired whether the 11 percent who cited the cost of their monthly premium as the reason for disenrolling were unsubsidized, and Ms. Gasteier replied she would look deeper at that question. In response to a question from Mr. Chernew, Ms. Gasteier confirmed that, when an individual secures a job, they likely move to the employer-sponsored plan if offered.

Ms. Gasteier then discussed out-of-pocket health care costs and stated that approximately half of respondents spent over \$500 out of pocket in the last 12 months. She noted that individuals in Bronze or Catastrophic plans did not necessarily spend more out of pocket, perhaps because they use less care. Ms. Gasteier compared out-of-pocket spending results to those from a Center for Health Information and Analysis (CHIA) survey and noted that, in the CHIA survey, 36 percent of all Massachusetts residents spent over \$1,000 out of pocket in the last 12 months, greater than the 22 percent of Health Connector members who spent that amount. She stated that 76 percent of respondents did not have a problem paying their medical bills, down from 83 percent last year. She added that there was no statistically significant difference in responses of subsidized and unsubsidized members. She then reviewed areas of potential future interest among respondents and stated that members expressed interest in being able to select a PCP when selecting a plan, as well as

having the Health Connector recommend plans for them. She stated the survey also inquired about potential products to consider in the future and that respondents indicated the greatest interest in a vision plan for adults. She noted that other state-based exchanges, such as California, Colorado and Washington, DC, offer a vision option. In response to a question from Mr. Malzone, Ms. Gasteier confirmed that vision coverage would be optional. Next, Ms. Woltmann discussed a shorter survey to new enrollees launched in August. She stated that the survey is sent via a link in an email to new subscribers and asks about prior insurance coverage, what motivated individuals to seek coverage, and how individuals heard about the Health Connector. She added that the survey is sent in both English and Spanish and has received from 800 to 950 responses per month. She stated that 80 percent of respondents had a coverage gap of fewer than three months and that Spanish respondents were more likely to have experienced longer gaps or to be seeking coverage for the first time. She stated that approximately one-third of respondents heard about the Health Connector through MassHealth, which is consistent with findings in other surveys. Ms. Woltmann then discussed next steps in the Health Connector's research efforts, including applying for All Payer Claims Database (APCD) access from CHIA. She noted that Board member engagement in research questions is encouraged. Ms. Gasteier stated that the Health Connector's policy teams will share research findings with other teams at the Health Connector to inform decision points. She stated that findings will also be shared with MassHealth regarding member churn between the two agencies. She noted that the Health Connector also plans to launch a survey to its eligible but unenrolled population to learn more about why they do not enroll. Secretary Sudders commented on the richness of the data and noted that it should inform how outreach is targeted. She noted the importance of the Health Connector as an interim coverage source for individuals migrating between employer-sponsored coverage and remarked on the significant migration between the Health Connector and MassHealth.

In conclusion, Secretary Sudders stated that the next meeting of the Board is November 10 and that there will be a meeting of the ANF Subcommittee between November 10 and the December Board meeting. She stated that Ms. Hague is leaving at a time when Health Connector processes are strong and that she should feel a sense of accomplishment. She thanked Ms. Hague for her service at the Health Connector.

The meeting was adjourned at 10:59 AM.

Respectfully submitted,
Maria H. Joy