



Health Connector 2020-2022 Strategic Plan: Year 1 Update & Proposed Racial Equity Framework

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Overview & Background

In late 2019, the Health Connector finalized its strategic plan for 2020-2022. Today, we will apprise the Board of Directors on foundational progress towards key objectives in the first year of implementation.

- The Health Connector's 2020-2022 Strategic Plan was developed based on:
 - Discussions with its Board of Directors and cross-functional agency staff
 - Analysis of member experience data and perspectives
 - Solicitation of stakeholder feedback across public and private sectors
 - Evaluation of the health policy and market landscape (state and federal)
 - Lessons and opportunities evident as the Health Connector marks a decade and a half of serving as a state-based health insurance marketplace through various stages of state and federal health reform

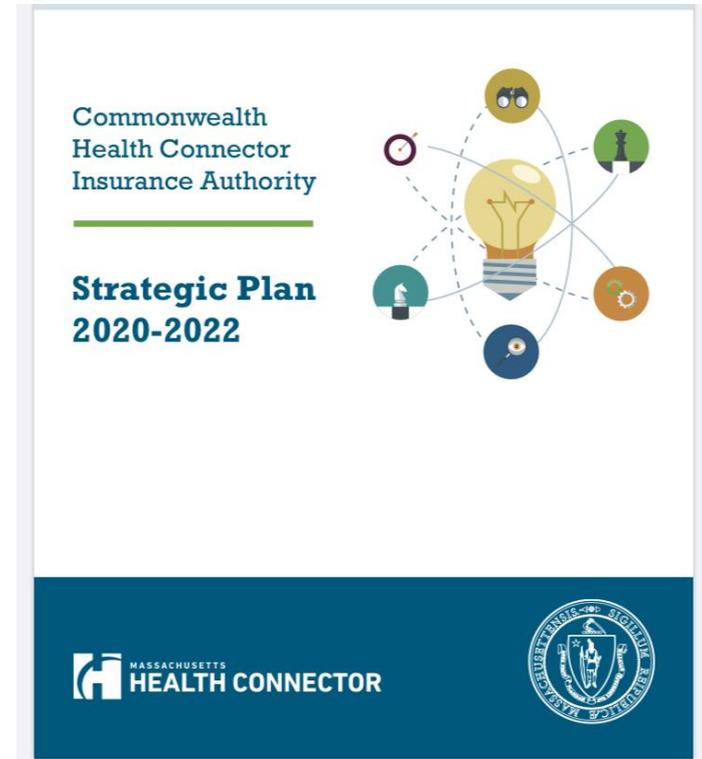
Overview & Background (Cont'd)

- Staff's objective for the first year of the strategic plan's implementation was to take steps towards foundational readiness for further advancement towards the plan's goals
- While COVID and other circumstances of the year required us to exercise flexibility and prioritization, staff have remained focused in pursuit of the strategic plan's overall goals
- Our discussion today intends to:
 - Apprise the Board of 2020 progress and share intentions for 2021
 - Invite Board feedback, input, and new perspectives on how the Health Connector can best advance towards these objectives, particularly in light of emerging dynamics in the economy, the health care arena, and areas of heightened public interest focus (e.g., equity considerations)

Overview of Strategic Plan as a Whole

The Health Connector's Strategic Plan for the period between 2020-2022 covers five key areas of focus, and staff recommend adoption of a sixth: an equity framework for CCA's work going forward.

1. Improve coverage and experience for our unsubsidized and APTC-only members
2. Strengthen the ConnectorCare program
3. Improve our overall member experience
4. Better serve the small group market in Massachusetts
5. Cover the remaining uninsured
6. *Also, new for discussion today: Adoption of an equity framework to underpin this work*



Plan available at: <https://www.mahealthconnector.org/wp-content/uploads/MA-Health-Connector-Strategic-Plan-2020-2022.pdf>

(1) Improving the Unsubsidized Experience

Goals Ensure access to the full Massachusetts health insurance market and ensure availability of affordable plan options

Expand and leverage scale of Health Connector unsubsidized non-group membership in the broader insurance market

Offer tools that help members make informed choices about their coverage

Progress so far:

- Preserved low cost coverage options for price sensitive shoppers
- Sought to ensure unsubsidized membership derived new value (Rx) from coverage
- Evaluated options to improve shopping experience frustrations of unsubsidized enrollees

What's to come:

- Will take steps to make unsubsidized membership's coverage experience with the Health Connector as affordable and easy-to-navigate as possible

(1) Improving the Unsubsidized Experience (Cont'd)

Action Steps	2020 Progress to Date
Promoted Affordable Insulin Access	<ul style="list-style-type: none">Utilized the 2021 Seal of Approval process to provide at least one major form of insulin for a \$30 copay or less at all metallic tiers to encourage affordable Rx access for all nongroup members
Evaluated Options to Provide Enhanced Shopping Supports to Unsubsidized Market	<ul style="list-style-type: none">Developed a set of recommendations around shopping assistance and supports tailored to the unsubsidized nongroup market (e.g., using brokers and/or special versions of Navigators focused on unsubsidized market)
Maintained Relative Affordability of Plan Options	<ul style="list-style-type: none">Retained lowest average Exchange premiums in the nation for the 4th year in a row in 2020 at \$403 PMPM (\$147 less than the average premium in healthcare.gov states)
Monitoring Federal Policy	<ul style="list-style-type: none">Analyzed impacts of future national policy direction on unsubsidized nongroup market and the potential for expansion of subsidies up the income scale (e.g., subsidies available to cap premium contribution at 8.5% income)

(1) Improving the Unsubsidized Experience (Cont'd)

Planned 2021 Actions

- Move towards **enhancing shopping supports** for the unsubsidized market, per staff recommendations, potentially starting with a **pilot program**
- Analyze **carrier formularies** to confirm adherence to 2021 **insulin access initiative** and strengthen requirement in the 2022 SOA if needed
- Identify opportunities to **align with the state's behavioral health roadmap** aimed at expanding coverage for behavioral health services across the state's public and commercial payers
- Ensure that any adjustments made to program design of ConnectorCare **do not result in loss of lowest cost options** for unsubsidized membership
- Conduct **focus groups** to learn more about **unsubsidized membership's needs and preferences**
- Explore any new opportunities for **federal flexibility to minimize harms of "silver loading"** on the unsubsidized population (e.g., potential Section 1332 waiver to convert excess APTC resulting from silver loading back into Cost Sharing Reductions)
- To the extent possible, design standard plans in a way that **mitigates cost-sharing increases required by federal actuarial value calculator**, particularly on the **bronze tier**

(2) Strengthening ConnectorCare

Goals

Provide members with affordable premiums and choice of carriers across the state

Ensure members can easily access the health care and providers they need

Maximize stability and predictability in the design and financing of the program

Progress so far:

- Deepened internal understanding of network dynamics in ConnectorCare
- Opened conversations with carriers about opportunities to stabilize and strengthen program structure
- Kept an eye towards potential federal changes and ways to preserve the features of ConnectorCare that work well.

What's to come:

- Incorporate into 2022 Seal of Approval:
- Learnings from enhanced network monitoring
- Program stability considerations
- Enhanced understanding of ConnectorCare membership needs and market context (state and federal)

(2) Strengthening ConnectorCare (Cont'd)

Action Steps	2020 Progress to Date
Establish ConnectorCare strengthening workgroup	<ul style="list-style-type: none"> ▪ Cross-functional internal workgroup engaged with carriers, consumer advocates to identify opportunities for strengthening ▪ Developing suite of potential program approaches to address any areas of concern and preserve what's working
Broaden understanding of ConnectorCare as a bridge between Medicaid and ESI	<ul style="list-style-type: none"> ▪ Incorporating equity perspective to ConnectorCare program strategy, particularly in considering the role of ConnectorCare as a bridge between Medicaid and the employer-sponsored market
Conduct initial programmatic network access evaluation	<ul style="list-style-type: none"> ▪ Reviewed academic literature, survey results, and carrier-reported data regarding network breadth, member satisfaction, and quality ▪ Identified key areas of further inquiry with particular carriers and program-wide (e.g., member access to medically necessary out-of-network coverage)
Enhance data and reporting infrastructure to monitor ConnectorCare networks	<ul style="list-style-type: none"> ▪ Obtained aggregate provider data from provider search vendor ▪ Building reporting infrastructure to better assess and monitor compliance with ConnectorCare network access requirements, including mapping
Monitor federal policy	<ul style="list-style-type: none"> ▪ Tracking potential direction of post-election national ACA policies (e.g., design of federal subsidies, federal market policy, etc.) and potential impact on ConnectorCare

(2) Strengthening ConnectorCare (Cont'd)

Planned 2021 Actions

- Continued focus on **ensuring strong provider access in ConnectorCare** using enhanced information from carriers and internal geomapping tools
- Considering greater **engagement with provider community** to increase understanding of ConnectorCare population and program
- Continue to closely monitor and analyze potential implications of the **proposed Tufts/Harvard merger**
- Continued collaboration with carrier partners as staff consider any changes for the 2022 Seal of Approval that would
 - (1) balance **cost efficiency without compromising access/provider breadth**; and
 - (2) generally **stabilize and strengthen the program**
- Increasing program focus on the experience of **people “arriving” in ConnectorCare from ESI or MassHealth** re: provider, program, and operational experience
- Close monitoring of **federal policy on subsidies and rulemaking** that will affect market dynamics undergirding ConnectorCare

(3) Better Serving Small Groups

Goals

Make it easier for groups to shop and enroll through Health Connector for Business (HCB)

Drive down average premium costs for small businesses through on-Exchange competition and choice models

Work with other agencies and small business community on policies and efforts to ensure stability and affordability of small group insurance market

Bring new groups into the merged market that have not offered group coverage before

Progress so far:

- Improved user experience, deepened internal understanding of HCB groups/experience, and engaged statewide and nationally to learn how CCA can best to serve small businesses

What's to come:

- Steps to further grow HCB enrollment, HCB platform even more attractive to employers and brokers, and steps to ensure platform offerings (products and savings opportunities) are as high-value and accessible as possible

(3) Better Serving Small Groups (Cont'd)

Action Steps	2020 Progress to Date
Grew Small Group Enrollment	<ul style="list-style-type: none"> ▪ Increased small group enrollment by 15% in 2020 ▪ Adapted program to support small groups as they go through changes/challenges
Enhanced UI/UX for Small Employers and Brokers	<ul style="list-style-type: none"> ▪ Implemented anonymous browsing for small group plans, which was a priority request from brokers and employers
Conducted Primary Research on HCB Membership Experience	<ul style="list-style-type: none"> ▪ Commenced member experience surveys and found 86% of small businesses using HCB are satisfied with their experience
Evaluated Other States' SHOPS for Comparison	<ul style="list-style-type: none"> ▪ Evaluated other states' SHOPS to understand best practices and impacts of particular SHOP approaches
Supported Statewide Evaluation of Opportunities to Strengthen Merged Market	<ul style="list-style-type: none"> ▪ Participated in Governor's Merged Market Advisory Council to understand and respond to the affordability and stability dynamics in the merged market, including for Massachusetts's small businesses.
Promoted Level Playing Field Access to Small Employer Coverage	<ul style="list-style-type: none"> ▪ Continued to ensure the diverse carrier/product offerings of the merged market are equitably available to on-Exchange small groups and their employees ▪ Ensured all carriers offer PPOs on-Exchange

(3) Better Serving Small Groups (Cont'd)

Planned 2021 Actions

- Support small businesses enrolled in HCB going through **economic challenges**
- **Increase awareness** among small businesses not yet aware of unique benefits of HCB: **comparison shopping, choice models, ConnectWell, or availability of lower cost plan options**
- **Incorporate learnings** from first HCB survey into HCB action plans for future
- Continue to **build broker relationships** to foster awareness of unique HCB features
- Implementing **user experience improvements** for 2021 such as employer/employee role linking, displaying-deductible in the shopping experience, adding the ConnectWell link for employers and employees, and automatically attaching late payment notices into the employer's account
- Ensuring via Seal of Approval that HCB product offerings provide **maximum value and appeal to Massachusetts small businesses** and reflect **parity with off-Exchange market**
- Consider ACA Section 1332 waiver to obtain **federal small business tax credit funding** to **directly administer** and make available to Massachusetts small businesses

(4) Improving the Overall Member Experience

Goals

Conduct a stable transition to new customer service vendors

Design our web experience to be on par with other Marketplaces and e-commerce sites

Look for ways to change policies, systems, and operations in ways that can improve the user experience for our diverse membership

Ensure member perspectives are at the forefront of all teams' work

Take a holistic approach to making notice improvements

Progress so far:

- Undertook major vendor transition with goal of improved customer service experience
- Deepened staff awareness of types of CCA users
- Became more supportive to Spanish members

What's to come:

- Continued work to stabilize customer service functions and taking steps to make agency more member-focused in product design and member communications.

(4) Improving Overall Member Experience (Cont'd)

Action Steps	2020 Progress to Date
Stabilized new customer service vendors	<ul style="list-style-type: none"> Significant portion of staff devoted majority of 2020 to transitioning to and stabilizing new customer service vendors, Faneuil and Softheon.
Improved member experience for Spanish speakers (9% of members)	<ul style="list-style-type: none"> Began offering online non-group application in Spanish Softheon member portal is now in Spanish Introduced Spanish versions of all member notices, including premium bills Translated webinars for newly unemployed residents in need of coverage Half of CCA ombudsperson team now speaks Spanish
Made “self-service” easier for members	<ul style="list-style-type: none"> Enhanced member payment portal features under Softheon Deployed member dashboard in HIX, allowing members to more intuitively take common actions or find information
Enhanced staff understanding of CCA member types	<ul style="list-style-type: none"> Created research-driven member “personas” outlining composite attitudes and decision-making habits of different kinds of members Trained staff on how to incorporate personas into member-centric decision making across agency functions

(4) Improving Overall Member Experience (Cont'd)

Planned 2021 Actions

- Continued stabilization of customer service functions
- Establish new internal process for organizing various sources of member feedback (e.g., comprehensive fielded surveys, quick snapshot polls, feedback via social media and through contact center) so full range of agency teams has regular inflow of member voices to shape and inform work
- Review notices to ensure clear content and as much coordination with MassHealth as possible

(5) Covering the Remaining Uninsured

Goals Explore new opportunities for outreach and enrollment assistance for the uninsured

Find ways to avoid unnecessary disruptions to our members' coverage

Identify ways to better use the individual mandate for increasing coverage levels

Navigate federal policy changes with an eye on maintaining coverage levels

Progress so far:

- Enriched knowledge about the uninsured and how to reach them while engaging in active data-driven outreach

What's to come:

- Planned expansions for outreach, communications and supports to the uninsured, and internal evaluations to identify and address CCA practices that may disrupt coverage continuity

(5) Covering the Remaining Uninsured (Cont'd)

Action Steps	2020 Progress to Date
Drafted meta-analysis on the uninsured	<ul style="list-style-type: none"> ▪ Synthesized existing research and CCA and state data on the demographics, characteristics and barriers of the uninsured ▪ Drafted report reviewing the impact of the ACA on coverage through the lens of individual mandate compliance
Reviewed new opportunities to enroll the uninsured	<ul style="list-style-type: none"> ▪ Engaged with other states to learn about creative efforts, such as Maryland’s “easy enrollment” program ▪ Explored opportunities in Massachusetts to coordinate with other agencies
Prevented members from falling out of coverage during pandemic	<ul style="list-style-type: none"> ▪ Prevented coverage terminations at pandemic onset by amending hardship waiver materials, creating temporary premium loan program, and offering “COVID” special enrollment period
Reacted nimbly and creatively reach the newly uninsured	<ul style="list-style-type: none"> ▪ Worked with DUA and other agencies to provide information to unemployed on finding health coverage ▪ Partnered with non-governmental service providers to help inform and assist the newly uninsured (e.g., food banks, MASSCAP)
Added Navigator capacity	<ul style="list-style-type: none"> ▪ Added two new Navigators and augmented existing Navigators’ capacity to support current and new members with an increase of approximately 25% (\$412,000) to the FY2021 Navigator budget

(5) Covering the Remaining Uninsured (Cont'd)

Planned 2021 Actions

- Expect to **pursue additional collaborations** with other state agencies that interact with the uninsured (and general public), such as the Dept. of Unemployment Assistance, RMV, Department of Transitional Assistance and others
- Continue to **monitor possibility of future federal support for streamlined enrollment interventions**
- **Evaluate operational practices that may inadvertently cause uninsurance** (e.g., failure to submit requested verifications, etc.), and explore interventions that can help prevent coverage loss due to preventable situations
- **Increase mailing to the uninsured** via the Department of Revenue to 2x/year
- **Work closely with MassHealth** to plan for smooth, coordinated member transitions to **ensure continuity of coverage** whenever Public Health Emergency ends and members begin to return to CCA from MassHealth
- In Spring 2021, solicit an **additional Navigator grantee in Lowell area** to ensure meaningful Navigator coverage in a key region of the state with a high rate of uninsurance but presently no Navigator

(5) Covering the Remaining Uninsured: Efforts to Enroll the Newly Unemployed

In 2020, the economic downturn resulting from the COVID-19 pandemic required and will continue to require enhanced focus on individuals losing their jobs and job-based health coverage.

Actions to Date in 2020	Planned Actions in 2021
<ul style="list-style-type: none">▪ Worked with DUA to include materials on CCA coverage in UI packets▪ Link to CCA at end of UI application▪ Worked with Exec. Office of Labor and Workforce Development to contact “permanently separated” individuals on UI▪ Coordination with DUA Rapid Response team▪ Direct engagement with large employers and unions▪ Monthly webinars for people losing ESI▪ Incorporation of job-loss/ESI-loss messaging in OE marketing and outreach communications▪ Materials for individuals weighing COBRA vs. Exchange coverage	<ul style="list-style-type: none">▪ Continued efforts to increase CCA’s direct engagement with employer community to allow for integration of CCA messaging in supports for laid-off employees▪ Interest in further integration with DUA’s process so CCA can directly outreach people on UI▪ Deepen product/program/customer service focus on experience of individuals moving from ESI into CCA coverage▪ Identify other entities that are most likely to interact with the unemployed to help carry messaging about health coverage

Strategic Plan Next Steps

Staff are eager to commence the second year of CCA's strategic plan implementation.

- Considerations around emerging developments facing the COVID-driven economic and health care environment will be incorporated into staff activity as we progress into 2021, such as:
 - Anticipated COVID-19 vaccines
 - Economic impacts resulting from the COVID-19 pandemic & their intersection with health coverage in Massachusetts
 - Forecasted dynamics in the state's carrier/provider market
- Staff will continue to keep the Board apprised and always welcome input

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Introduction of Racial Equity Focus

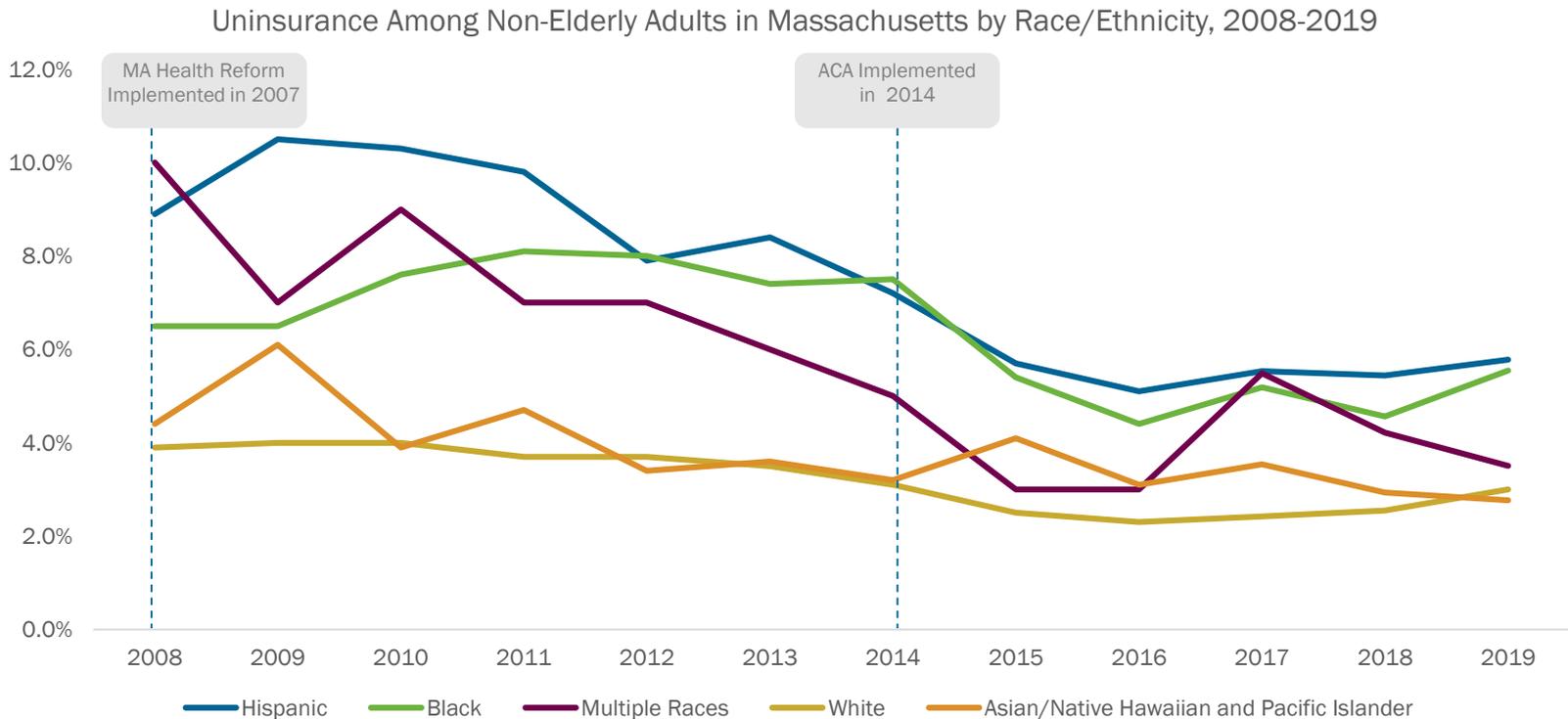
Introducing a Proactive Racial Equity Lens to the Health Connector's Work

CCA staff seek to incorporate an explicit racial equity framework on the work we conduct – not as an independent project, but as an intrinsic standard to ensure we live up to our mission of equitable health care access and financial security for our members and the Massachusetts public.

- While CCA's work over the years has sought to ensure **widespread access to comprehensive health coverage** across all populations of the Commonwealth, we can and should:
 - Directly **evaluate the role of racial and other inequities** in all facets of our work – program design, policy, member experience practices, internal workforce, and beyond; and
 - Take steps to **address areas where our work can become anti-racist**, even recognizing the role of upstream and structural inequities that are beyond CCA's reach
- For internal matters, CCA plans to **procure a racial equity consultant** to assess how CCA is doing as an employer, and to provide advice on how to incorporate anti-racism into our workplace, including strategies around hiring, retention, and promotion, and into our workplace culture more generally. This effort tracks similar efforts in the private and public sectors, including other parts of the commonwealth.
- Today's discussion will focus on agency program and policy work, though staff welcome Board input on all dimensions of our equity agenda.

Uninsured Rates by Race/Ethnicity

Since Chapter 58 was passed in 2006, all non-White, non-elderly populations experienced decreases in uninsurance rates. Though state and federal health reform laws made inroads toward overall health coverage, in recent years, the uninsured rate has remained fairly flat, and racial disparities remain.

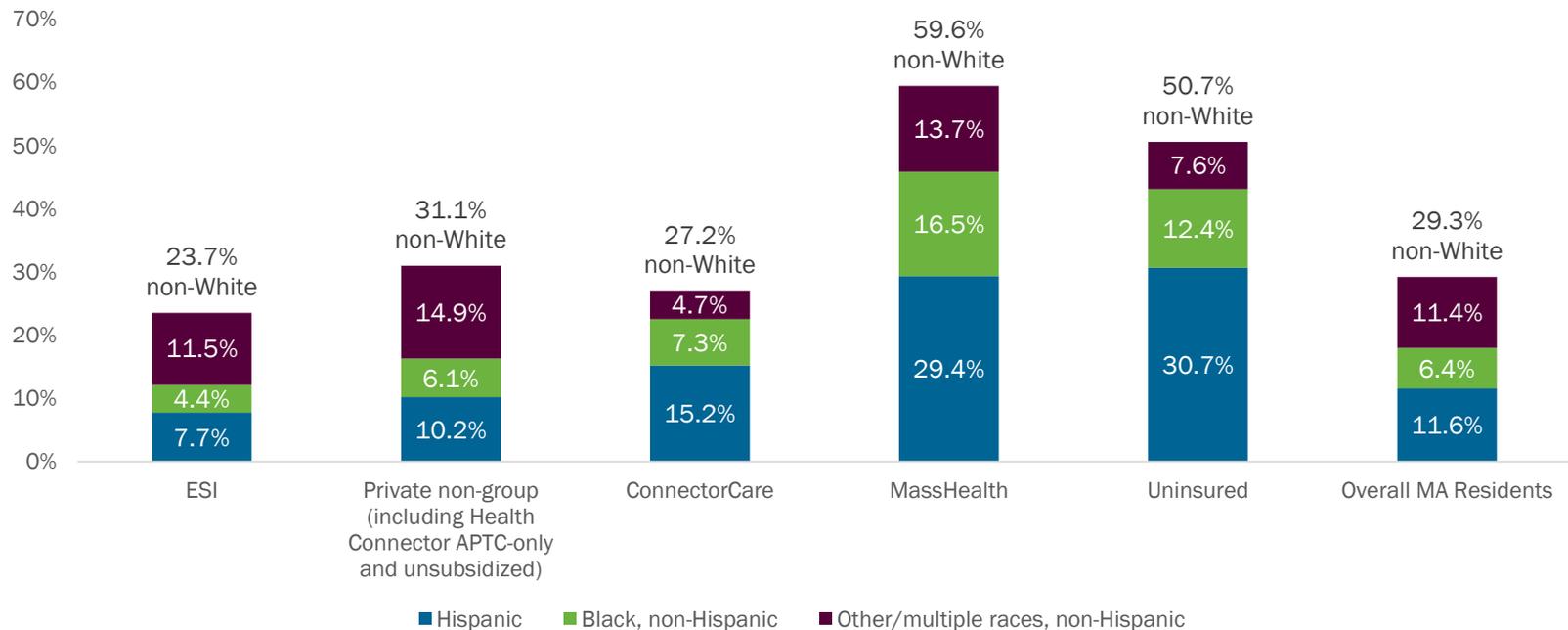


Source: KFF estimates based on the 2008-2019 American Community Survey, 1-Year Estimates.

Coverage Source by Race and Ethnicity

State data shows that Black and Hispanic residents are more likely to be enrolled in ConnectorCare or MassHealth, or be uninsured – and less likely to be enrolled in employer-sponsored insurance (ESI).

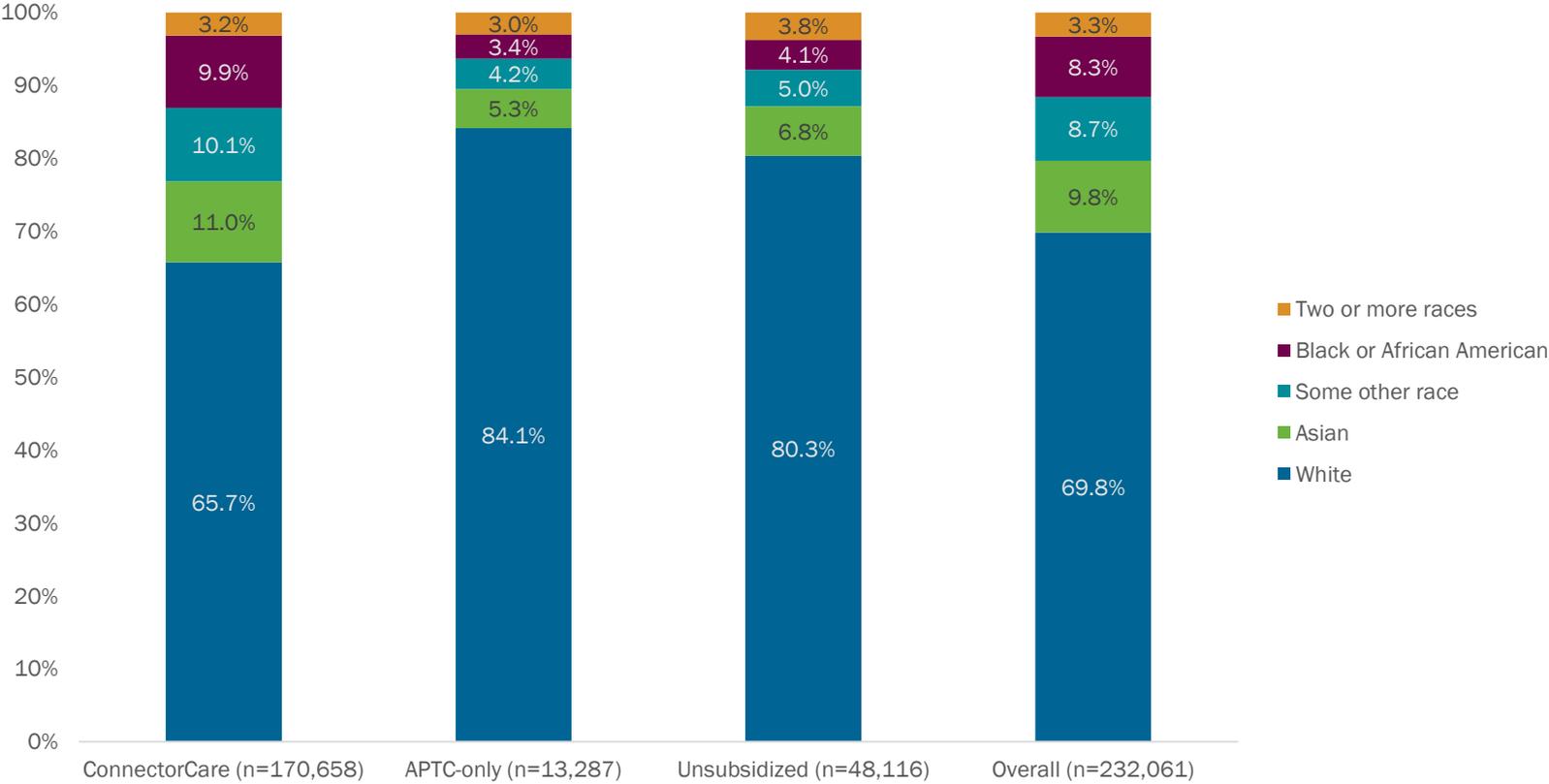
Reported Coverage Among Massachusetts Residents by Race and Ethnicity, 2019



Source: CHIA 2019 Massachusetts Health Insurance Survey (April 2020). <https://www.chiamass.gov/massachusetts-health-insurance-survey>

Racial Breakdowns of CCA Coverage Types

Health Connector Members by Race and Program, 2020



Equity as Part of the Health Connector's Mission

The Health Connector was created to address inequities in health insurance coverage and affordability, both of which disproportionately impact communities of color.

<p>People of color are less likely to have employer-sponsored health insurance</p>	<ul style="list-style-type: none">▪ MA law created the Health Connector in 2006 to serve those without access to ESI▪ State and federal health insurance market reforms requiring guaranteed issue, community rating, minimum benefits, and carrier engagement have ensured non-group coverage is robust
<p>People of color are more likely to be uninsured</p>	<ul style="list-style-type: none">▪ The Health Connector's outreach to the uninsured (e.g., Navigators, marketing, etc.) has focused on communities with higher rates of uninsurance, which often have higher non-White populations
<p>People of color are more likely to have household income under 300% FPL</p>	<ul style="list-style-type: none">▪ Commonwealth Care pre-ACA and now ConnectorCare make coverage affordable for low-income populations often left out of health coverage due to cost

Preliminary Considerations Identified by Staff

Drawing Residents into Coverage Equitably	Evaluating and Addressing How Different Populations Experience Coverage	Ensuring our Agency's Work Meets the Needs of All Massachusetts Communities
<ul style="list-style-type: none"> ▪ Understand and remove barriers that make it difficult for people of color to get into coverage ▪ Ensure outreach and consumer assistance supports account for and mitigate existing racial inequities ▪ Better understand barriers to staying in coverage (e.g., understanding if certain process rules embedded in our programs inadvertently discriminate against particular groups and lead to more disruptions in /losses of coverage) 	<ul style="list-style-type: none"> ▪ Consider and address how different racial groups experience the same health coverage inequitably ▪ Consider and address if/how differences between Health Connector coverage and other types of coverage may perpetuate disparities ▪ Consider and address racial disparities in health status for members (e.g., nondiscriminatory formulary design, premium differentials for different network access, & cost sharing) ▪ Consider racial disparities in financial position (e.g., income vs. wealth and liquidity), and how those facts intersect with the experience of health coverage 	<ul style="list-style-type: none"> ▪ Incorporate feedback from racially diverse stakeholders more intentionally as a matter of routine ▪ Ensure that staff have access to data and resources to help make using equity lens more practically doable ▪ Improve CCA's data foundation for understanding its own members' race/ethnicity – as well as how CCA membership compares with other market segments ▪ Understand what 'adjacent stakeholders' (sister agencies, carriers, providers) are advancing in the realm of racial equity so we can collaborate and amplify ▪ Recognize that different communities of color have experienced different barriers and types of historical institutionalized racism and discrimination

Racial Equity Checklist for Future CCA Program and Policy Decision-Making

Staff propose the development of a racial equity checklist for use whenever the agency faces a material program, operational, or policy decision, which would become part of standard agency procedures.

- Based on what we know about how structural/institutional racism is manifested, how would we expect the approach to affect different racial groups in different ways?
- Have we considered and incorporated ways to ensure the benefit of a proposed change or decision promotes racial equity?
- What might be our equity blind-spots in approaching this decision, and have we taken steps to look for them? Have we engaged diverse stakeholders?
- Depending on the nature of the pending decision, this might entail asking whether the approach takes into consideration differences in what we know about:
 - How different racial groups might use health coverage, given differences/inequities in health status, and income/wealth
 - Where different racial groups tend to live
 - Where different racial groups may get information, turn to for health coverage assistance, or how they conduct financial and logistical business (e.g., web access, mobile usage, banking, etc.)
 - What kinds of services/assistance might be needed by different populations in terms of language support
 - What we know about barriers to getting into and staying in health coverage – either practical or perceived
 - Whether the decision makes getting into and staying in coverage easier or harder for different populations, based on what we know
- Broadly speaking, is the approach neutral to historical/ongoing racial inequities, or does it further them, or counter them?

Board Input, Discussion, and Next Steps

- We plan to keep the Board apprised of our advancing thinking in this area, and plan to highlight how we use our equity framework in future Board discussions, decisions, and votes going forward
- We also plan to closely collaborate with sister agencies here in the Commonwealth who are also engaged in the work of advancing racial equity, as well as other state-based marketplaces around the nation
- CCA will also seek to understand and, where possible, complement the racial equity plans offered by local carriers and provider systems
- CCA welcomes Board input in its early thinking about how to use its role in promoting and preserving health coverage for all residents in an equitable and thoughtful way that is mindful of the ongoing role of institutional and structural racism