



Covering the Uninsured: Approaches, Best Practices, and New Tools

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Overview

Today's presentation will review the remaining uninsured in Massachusetts, and the outreach and policy work the Health Connector has been engaged in and is planning for 2022 and beyond to intensify its efforts to bring the uninsured into coverage, in accordance with the Health Connector's strategic plan and mission generally.

- Background and context for outreach to the uninsured
- Outreach learnings and plans for optimization
- New opportunities for policy tools to cover the uninsured

Key takeaways:

- The uninsured rate in Massachusetts has plateaued at 3 percent, with uninsured residents citing the high cost of coverage as a key barrier to getting enrolled. However, data indicates that many of the remaining uninsured may be eligible for subsidized coverage through MassHealth or the Health Connector, based on income
- Effective outreach has wide-ranging impacts. At the individual level, outreach directly benefits newly enrolled individuals with the health and financial protections coverage affords. More broadly, outreach can lead to market stability by improving the risk pool
- Staff have observed that outreach alone cannot lead to substantial enrollment gains without system and policy changes to target coverage gaps associated with administrative barriers and issues around affordability

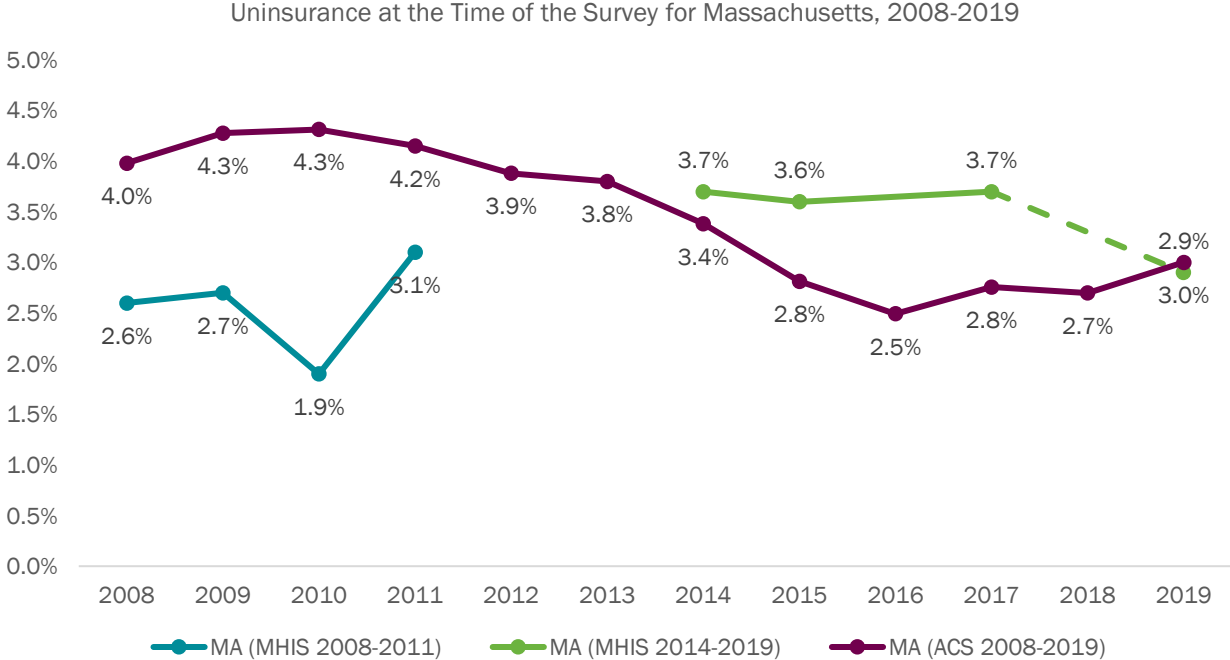
Our goal: make it easier to get coverage, and easier to maintain

- CCA is planning a multi-pronged effort for 2022 aimed at increasing coverage among the remaining uninsured, including optimization of outreach work, and new policy tools aimed at easing access to coverage, such as its Simple Sign Up initiative, and exploration of policy approaches to more streamlined enrollment for individuals eligible for \$0 plans

Remaining Uninsured

The Commonwealth consistently has the highest rate of coverage in the nation, attributed to a combination of innovative policies and a person-centered outreach strategy. In recent years, the state’s uninsured rate has leveled off to roughly 3 percent (about 200,000 remaining uninsured residents).

- While there are a variety of data sources estimating health insurance, the Health Connector relies on data from CHIA’s Massachusetts Health Insurance Survey (MHIS) because it is most tailored to the state’s population
- American Community Survey (ACS) data from the US Census Bureau indicates a 3.0 percent uninsured rate for Massachusetts in 2019



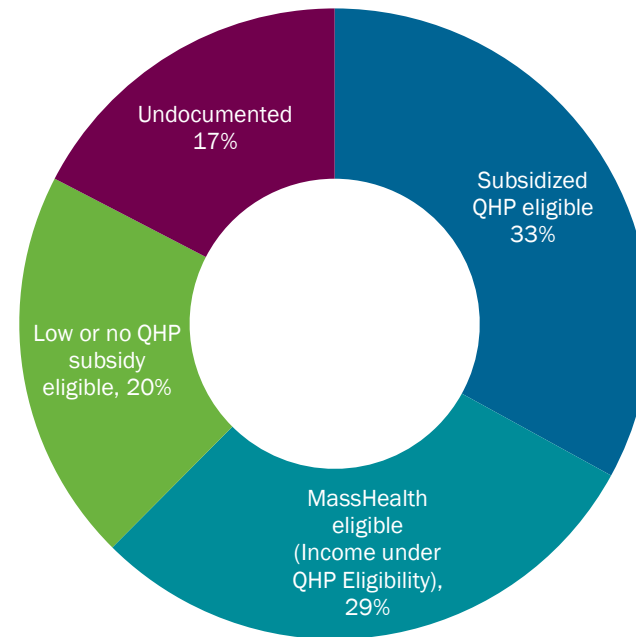
Source: CHIA MHIS 2008-2019 and US Census Bureau American Community Survey 2008-2019

Who are the Remaining Uninsured and What are They Eligible For?

While many uninsured residents cite affordability concerns as their barrier to coverage, the majority appear eligible for subsidized coverage. These individuals may benefit from enhanced outreach, assistance, and education resources to connect them to coverage.

- Compared to the general population, uninsured Massachusetts residents are more likely to be non-elderly adults (ages 19 to 64), male, Hispanic or Black, and have family income below 300 percent FPL
- A recent analysis found that roughly 60 percent of the remaining uninsured may be eligible for some form of free or subsidized health insurance
- In 2019, four in five uninsured state residents reported being uninsured due to the high cost of coverage, an increase of 20 percentage points compared to 2017 (CHIA 2019 MHIS)
- Other common reasons for being uninsured include:
 - Fluctuating eligibility and transitions between insurance programs
 - Application and enrollment process/administrative complexities
 - Existing policy obstacles (family glitch)

Eligibility of the Remaining Uninsured in Massachusetts, 2019 estimates

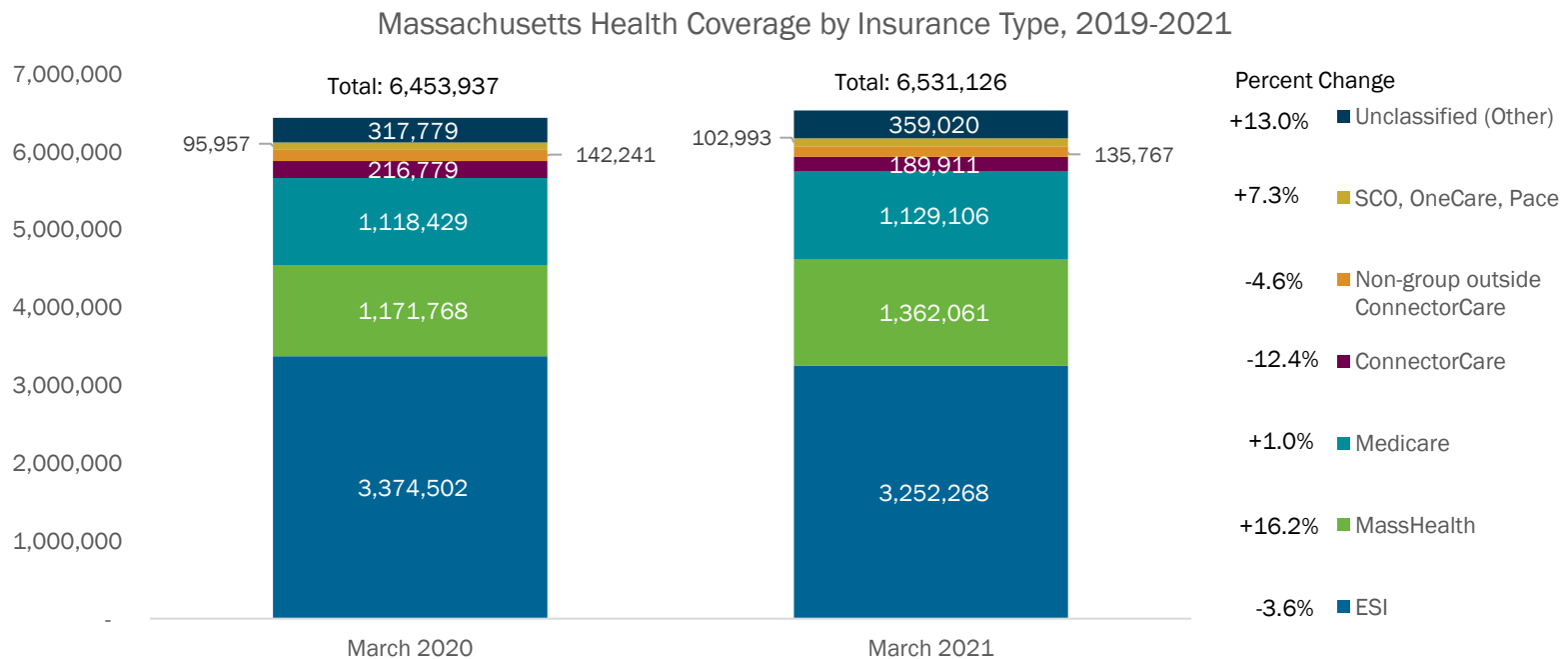


Adapted from Nelson, D., and J. Rushakoff. Massachusetts' remaining uninsured: Who they are and how to cover them. April 2019. Harvard Kennedy School of Government. <https://www.hks.harvard.edu/sites/default/files/degree%20programs/MPP/files/PAE%20Final%20-%20Nelson%20Rushakoff%20NO%20LOGO%20NO%20NAME.pdf>
Source: ASPE. State, County, and Local Estimates of the Uninsured Population: Prevalence and Key Demographic Features. March 11, 2021. <https://aspe.hhs.gov/reports/state-county-local-estimates-uninsured-population-prevalence-key-demographic-features>
Migration Policy Institute. Profile of the Unauthorized Population: Massachusetts. <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/MA>

Massachusetts Market-wide Coverage Trends

During the first year of the pandemic, enrollment in coverage based on administrative data in Massachusetts increased by 1.5 percent.

As pandemic-related protections end and coverage sources are redetermined for some residents, Massachusetts has an opportunity to preserve these coverage gains.

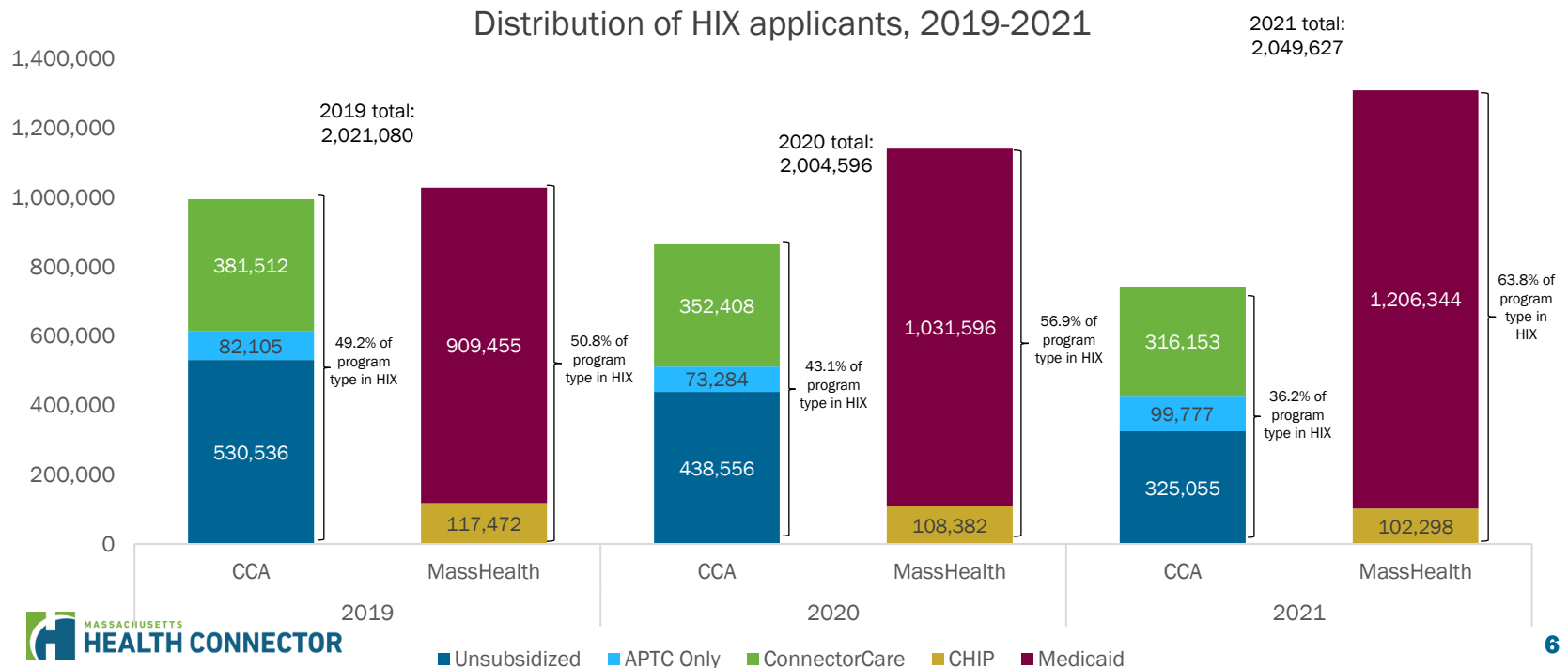


Source: CHIA Enrollment Trends, September 2021 (data through March 2021). <http://www.chiamass.gov/enrollment-in-health-insurance/>.

Coverage Trends Within HIX

Just as the overall market has grown, but with shifts in the type of coverage residents have, HIX has seen overall growth but a marked shift toward MassHealth coverage.

- Requirements to maintain Medicaid coverage associated with the federal public health emergency have increased the number of HIX applicants who qualify for MassHealth relative to those eligible for Health Connector coverage
- The overall increase of people in HIX will make it easier to support individuals in maintaining coverage as insurance and economic dynamics continue to evolve

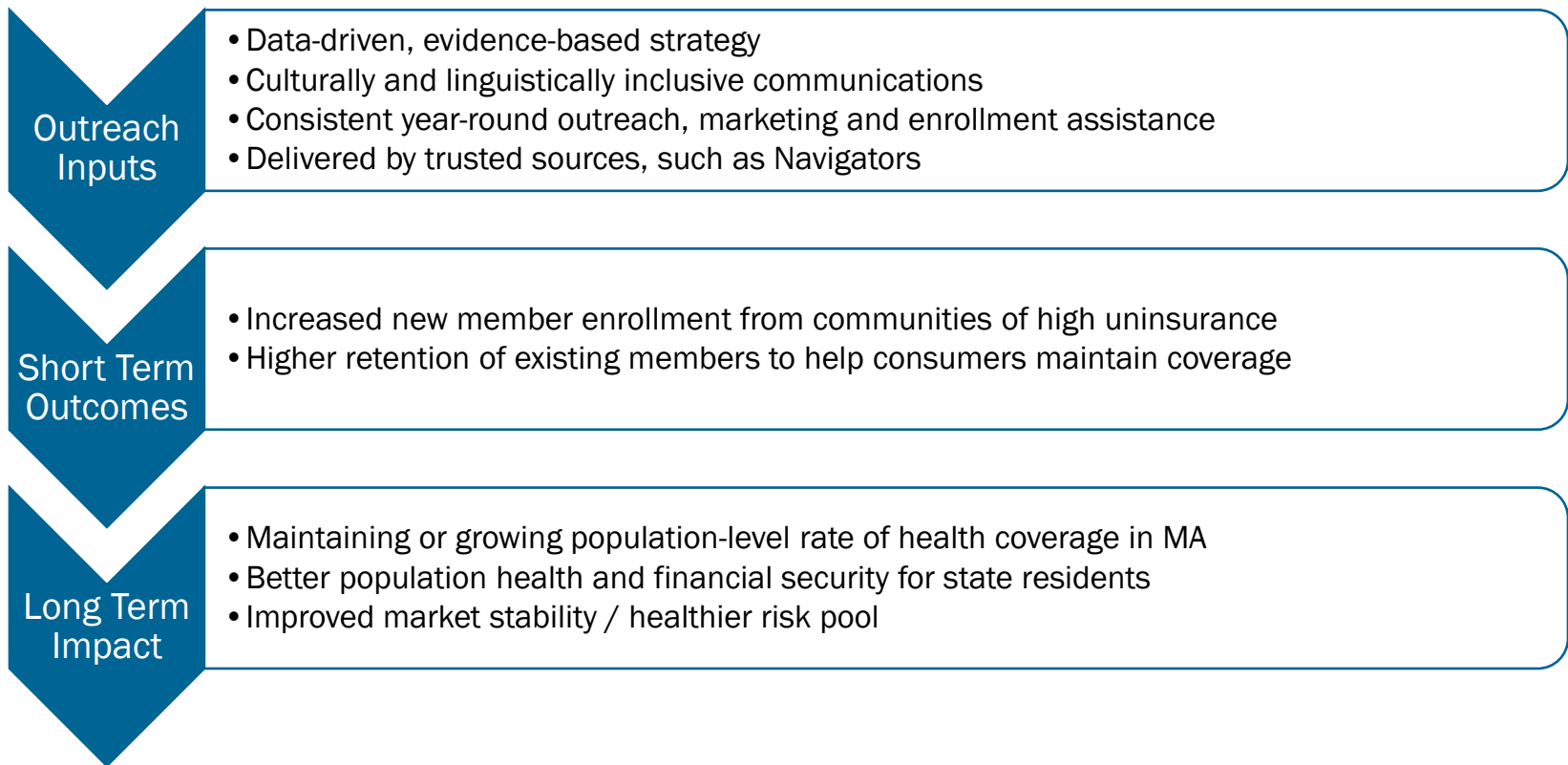




Outreach to Reduce Uninsurance

Outreach Best Practices

A dynamic outreach strategy draws new people into coverage and helps those who have health insurance stay covered. Successful outreach benefits the covered individual directly but may also have long-term impacts on the broader health insurance market by improving the risk pool thanks to younger and healthier residents outreach tends to motivate to enroll.

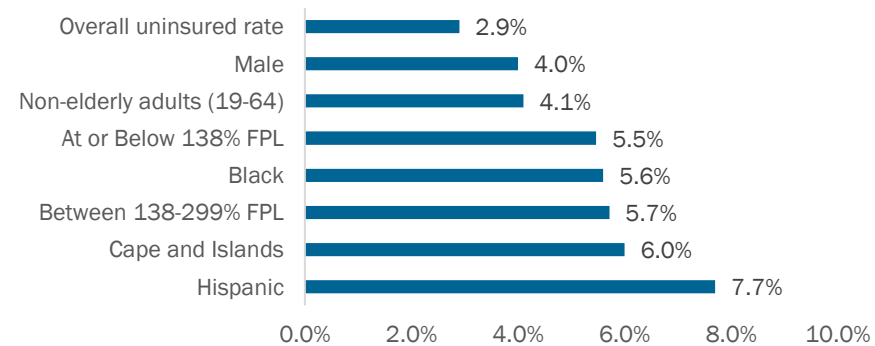


Data-Driven and Evidence-Based Strategies

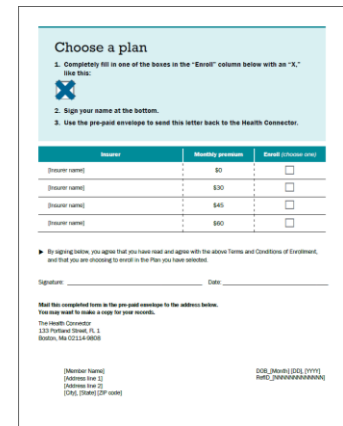
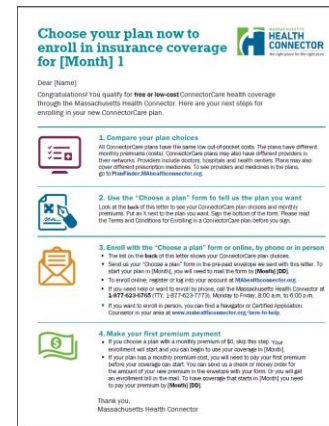
The Health Connector continually analyzes data on Massachusetts residents to inform the best ways to reach specific sub-populations and communities at highest risk for uninsurance.

- **Demographic data:** Data on health coverage in Massachusetts indicate that sub-populations with higher proportions of uninsured residents continue to be men, non-elderly adults, low income, and people of color
- **Geographic data:** CCA prioritizes outreach, marketing, and assistance by zip codes to target communities with the most uninsured individuals
- **Testing communications:** CCA collaborates with academics and expert vendors to test messaging and communications interventions to identify the most successful outreach approaches

Prevalence of high uninsurance among Massachusetts residents by select demographic characteristics, 2019



In addition, the Health Connector is undertaking a full evaluation and refresh of its outreach, community engagement, and community presence work over the next 6-9 months to inform future work



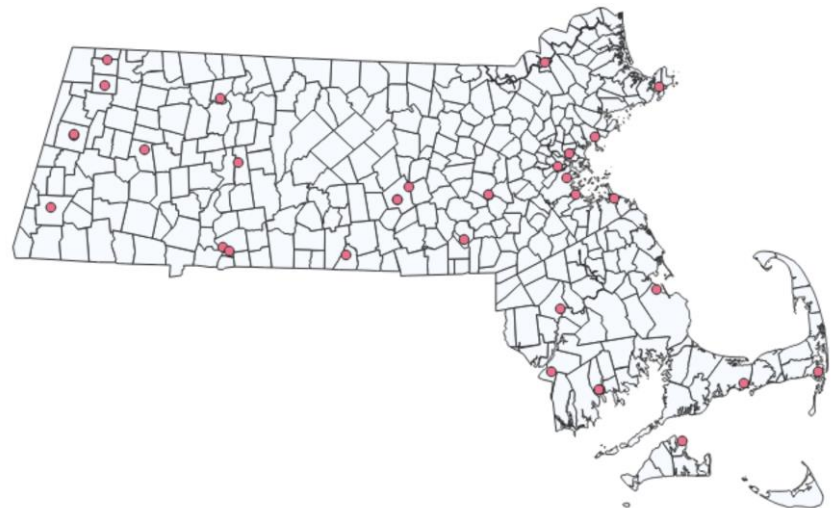
Outreach and Enrollment Assistance in the Community

The Health Connector fosters a strong network of community-based partners who provide on-the-ground, direct-to-consumer interactions to help state residents obtain and maintain coverage.

Spotlight on Navigators

- Navigators are trusted local organizations that help members maintain coverage, provide public education about OE and the individual mandate, and provide application and enrollment assistance
- Health Connector survey data suggests high satisfaction with Navigators among Health Connector enrollees, with 90.4 percent of non-group members who worked with one reporting satisfaction
- Often members of the community themselves, Navigators bring a unique, local perspective to their work that is essential to their success

	Regular OE21	Extended OE21
Applications Submitted	4,296 apps for 6,934 people	9,209 apps for 16,380 people
New Members Enrolled	6,388	6,688
Health Connector Members Supported (encounters)	32,406	69,677



Limitations of Outreach & the Need for Policy and Program Enhancements

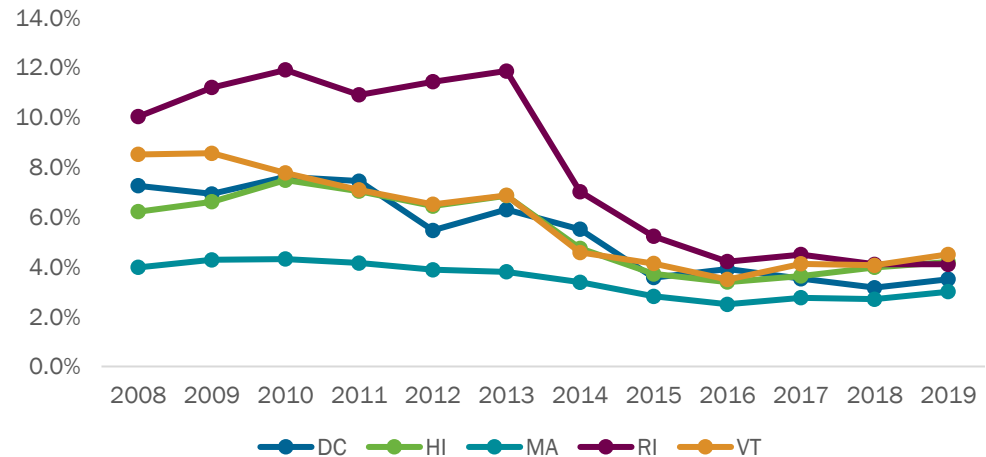
Despite clear insight into who the uninsured are and using best practices to outreach state residents, there has been little movement in the rate of uninsurance in Massachusetts in the last six years. Additional tools besides outreach are needed to make it easier to get enrolled and to maintain coverage.

Limits of outreach include:

- Residents may be motivated to gain coverage but lack resources/time to surmount administrative obstacles to gaining and retaining coverage
- Outreach strategies that work in one geographic area or population may not generate the same response elsewhere/with others
- Effective paid outreach and marketing requires significant investment

Outreach alone cannot lead to enrollment gains in the absence of new approaches to address affordability and reduce administrative burdens associated with enrolling in and maintaining coverage.

Uninsurance in States with the Five Lowest Uninsured Rates, 2008-2019



Source: SHADAC analysis of the American Community Survey (ACS) Public Use Microdata Sample (PUMS) files, State Health Compare, SHADAC, University of Minnesota, statehealthcompare.shadac.org and U.S. Census Bureau, 2019 American Community Survey (ACS).

A faint, light blue graphic of a scale of justice is visible in the background of the slide. It features a central vertical pillar with a curved beam across the top, and a circular arc on the left side, suggesting a weighing mechanism.

New Approaches to Reduce Uninsurance

New Legislative Authority Granted by Administration & Legislature to Reduce Uninsurance

A new legislative change will make it easier for the Health Connector to directly assist the uninsured into health coverage via the Health Connector's new forthcoming "Simple Sign-Up" program.

- Section 65 of the FY22 state budget signed into law by the Governor on July 16, 2021 will allow taxpayers to request that their information be transferred from DOR to the Health Connector for the purposes of receiving tailored eligibility estimates for coverage from the Health Connector, as well as assistance applying and enrolling
- The Health Connector had long-standing interest in this policy as part of its effort to better reach the uninsured, and this new capability was identified as a goal in the Health Connector's 2020-2022 Strategic Plan
- Upon signage of the FY22 budget in July, CCA began working on program design with an eye towards maximizing the public interest benefit of this long-sought-after capability that will leverage existing data to allow for more optimized outreach and support to uninsured residents in need of health coverage
- CCA appreciates the support of EHS, ANF, the Governor's Office, and the General Court for this language's inclusion in the FY22 budget, and the Department of Revenue's partnership on this effort

“Simple Sign-Up”: Project Goals

Simple Sign-Up is a long-awaited opportunity to make outreach efforts “smarter” and make the application and enrollment process easier for people.

Increase insurance coverage in the state

- Staff estimate 40,000-60,000 individuals may check the box on their tax return out of 300,000 individuals who identify as uninsured for part or all of the tax year and working to determine appropriate enrollment goals based on the communication strategy in development

Successfully take advantage of new outreach approaches

- Historically, outreach to the uninsured has relied on blunt tools—messages that reflect the breadth of Health Connector offerings generally; this new language will allow, for the first time, a much sharper and personalized approach in this space

Strengthen the link between HIX data and uninsured data

- We currently have very little insight into how many of the uninsured are known to HIX; this project can help us better understand the interplay between insured and uninsured periods for state residents

Simple Sign-Up: Enrollment Assistance

By making it easier to get help finding coverage, the new “Simple Sign-Up” program will support increased enrollment in coverage.

- A new item will appear on the 2021 tax return alongside other questions about health insurance; a return filed with this box checked will result in a data transfer to the Health Connector
- Once the Health Connector receives the taxpayer’s information, it will send a series of communications, including estimated eligibility and associated costs, as well as local Navigator contact information and other information about how to get support to apply and enroll

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Simple Sign-Up: Implementation Timeline

The Health Connector, with DOR, has been planning implementation of this new program since passage of the law last summer and is on track for launch this spring.

Time Period	Action
July 2021	<ul style="list-style-type: none"> Section 65 of FY22 state budget passed into law
August 2021 - Present	<ul style="list-style-type: none"> Drafting and execution of data sharing agreements between CCA & DOR Design of IT process and validation of data security protocols Internal CCA preparations for research-supported tailored communications, noticing, and supports that will issue to uninsured tax filers “opting-in” Engagement with stakeholders to help inform program design
January 2022 – February	<ul style="list-style-type: none"> Education of tax preparers Ongoing internal IT/process development Steps to ensure internal resource and staff to support new function
Spring 2022	<ul style="list-style-type: none"> First launch of Simple Sign-Up CCA begins intaking data from DOR CCA begins direct outreach to uninsured residents
Summer 2022	<ul style="list-style-type: none"> CCA to analyze participation in Simple Sign-Up and early impacts on insurance gains among uninsured, as well as learnings Results reporting to CCA Board, legislature, and public

Simple Sign-Up: Using Evidence to Drive Newly Enabled Individualized Outreach

The “Simple Sign-up” program will incorporate personalized, evidence-based strategies and behavioral economics principles to increase coverage.

Outreach Principle	Supporting research
Personalized, tailored communications including information about coverage options available	<ul style="list-style-type: none"> • A Health Connector experiment of outreach interventions found that personalized information to show eligible individuals how affordable their coverage options are, especially if paired with a streamlined and supported enrollment pathway, results in higher probability of enrollment • A similar IRS experiment also found that targeted outreach to uninsured individuals is effective in increasing enrollment and reducing mortality (supporting the idea that “nudges” can encourage individuals to enroll in coverage and enrolling in coverage may result in better health outcomes)
Communications with contact information for specific Navigator organizations to reduce time/effort needing to locate an assister	<ul style="list-style-type: none"> • An experiment in Pennsylvania found that targeted outreach that includes contact information for a community-based organization that could assist individuals with the SNAP enrollment process can increase enrollment in SNAP
Outbound, personalized telephonic outreach	<ul style="list-style-type: none"> • A recent Covered California experiment found that personalized, live outbound calls to eligible applicants increased enrollment

Simple Sign-Up: Ensuring Security and Privacy

The Health Connector is taking necessary steps to accept this authorized data in a secure way.

- The Health Connector already handles sensitive member and applicant information, so is attuned to the privacy and security concerns that accompany personal data
- Since 2008, the Health Connector has received de-identified data on filers of the Schedule HC tax form for analytical purposes. DOR provides demographic data, including the age, gender, location, income and residency status of tax filers, as well as data about coverage and affordable coverage options
- This new data will be segregated in our data warehouse and access will be limited to specific staff tasked with using the data
- We are considering time-based restrictions on use/outreach, for example, limiting to twelve months from when the data is received, to ensure we do not overextend the consent granted by the taxpayer

Automatic Enrollment: Exploration of Streamlined Enrollment for Applicants Eligible for \$0 Coverage

Staff are exploring automatic enrollment of applicants who are eligible for \$0 coverage and consent to being enrolled in such coverage upon application. This approach is expected to ease the on-ramp to getting covered, reducing uninsurance.

- “Auto-enrollment” refers to a process by which an eligible individual who already completed an application could be enrolled into a Health Connector plan without having to actively select one
- Various proposed approaches to auto-enrollment for exchange populations are increasingly garnering state and national policy attention and support, all with the goal of increasing enrollment in health coverage by reducing administrative barriers related to applying and enrolling
- By removing administrative barriers, auto-enrollment makes it more likely that an individual will obtain health insurance, helping to reduce uninsurance in Massachusetts and address inequities
- Although the Health Connector successfully employed auto-enrollment pre-ACA (details on next slide), the ACA’s interaction with tax liability require additional considerations to ensure informed consent to be auto-enrolled
- Automatic enrollment could generally reduce uninsurance and member “onboarding” abrasion as a general policy benefit, and it could be especially helpful as the Health Connector prepares to help migrate tens of thousands of residents from MassHealth to Health Connector coverage after continuous coverage requirements in Medicaid are unwound

Sources:

Capretta, Jim, American Enterprise Institute. [Covering-the-Uninsured-in-the-United-States-Multi-Payer-Health-System.pdf \(aei.org\)](#);

Linke Young, Christen, Brookings Institute: [May18_AutoEnrollment_CLY \(brookings.edu\)](#)

Automatic Enrollment: Background on Pre-ACA Auto-Enrollment in Massachusetts

Prior to the ACA, the Health Connector automatically enrolled individuals up to 150 percent FPL (those eligible for \$0 premiums) into the Commonwealth Care program, a policy recent research suggests was effective at reaching populations unlikely to enroll on their own.

- A recent analysis by economic researchers found that auto-enrollment increased enrollment by 30-50 percent and disproportionately caught younger, healthier enrollees with lower costs
- When auto-enrollment was ended in 2010, there was no increase in active enrollment, demonstrating that auto-enrollment served as an important pathway to coverage for those otherwise unlikely to enroll on their own
- In their first year of coverage, auto-enrollees had 44 percent lower health costs compared to active enrollees
 - As a reminder, Plan Type 2A members have at least one plan available for \$0 but may choose a higher cost plan

Sources: Shepard, M. & Wagner, M. Working Paper. Reducing Ordeals through Automatic Enrollment: Evidence from a Subsidized Health Insurance Exchange. <https://scholar.harvard.edu/mshepard/publications/economics-automatic-health-insurance-enrollment>

McIntyre, A., Shepard, M. & Wagner, M. Working Paper. Can Automatic Retention Improve Health Insurance Market Outcomes? <https://www.nber.org/papers/w28630>

Reducing Uninsurance by Reducing Member Abrasion & Boosting Coverage Retention

The Health Connector has been working to implement additional policies and procedures to reduce member abrasion and promote continuous enrollment of eligible individuals.

- Policy and Operations staff are collaborating to identify areas in need of clarification or additional flexibility
 - Staff have heard that some applicants are confused about how to verify their income, particularly if it is inconsistent over the course of the year or if they recently became self-employed, and are working to provide educational materials for them
 - Staff are exploring documents able to serve as proof of identity and make the list as broad as possible
- The Health Connector is exploring the impact of federal flexibility around the variation between an applicant's attestation and electronic data sources to reduce the number of people who need to respond to an "RFI" (request for information, or a documentation request)
- Policies around retroactive coverage and reinstatements will help mitigate the impact of brief eligibility changes that could lead to non-payment termination (for example, a member has one month of unsubsidized coverage between two longer spans of ConnectorCare due to not submitting income proof on time and cannot pay the unsubsidized premium)

Next Steps: Opportunities for Massachusetts to Further Reduce Uninsurance

The Health Connector will intensify outreach strategies that have worked in increasing coverage in the past, while also pursuing structural policy adjustments to reach and maintain 100 percent coverage in the Commonwealth.

	Strategy	Progress to date & next steps
Outreach opportunities	Improve primary research on the uninsured	<ul style="list-style-type: none"> On-going analysis of state coverage, employment, economic data On-going analysis of de-identified administrative data Exploring uninsured focus groups
	Leverage community-based (Navigator) partnerships	<ul style="list-style-type: none"> Surveyed Navigators to understand current outreach strategies and additional resources/support required Conducting informational webinars and building new relationships with community organizations
New opportunities	Address churn through structural adjustments	<ul style="list-style-type: none"> Analyzing MassHealth/ConnectorCare transitions data. Currently, no transitions due to PHE
	Policy collaborations with other state agencies to reduce uninsurance	<ul style="list-style-type: none"> Implementing enhanced data sharing with DOR for uninsured outreach for TY21 filing season to launch Simple Sign-up Close coordination with MassHealth as Medicaid continuous coverage requirements “unwind” Continued collaborations with Dept. of Unemployment Assistance
	Facilitate automatic enrollment options	<ul style="list-style-type: none"> Contemplating policy options to implement automatic enrollment for people eligible for \$0 coverage, with goal of standing up prior to PHE unwinding
	Improve affordability and availability of subsidized coverage	<ul style="list-style-type: none"> Continued promotion and advocacy of enhanced APTCs that benefit more state residents. Evaluating opportunities for improvements to ConnectorCare