



Administrative Burdens Audit Contract (VOTE)

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Overview

Administrative burdens are a key challenge to the Health Connector's mission of enrolling Massachusetts residents and keeping them in coverage.

Today, staff ask for Board approval to execute a contract with a vendor selected through a competitive procurement process to conduct a comprehensive administrative burdens audit for the Health Connector.

- Administrative burdens are a key reason that many people who intend to enroll in health coverage never end up enrolling. Points of friction in the information seeking, application, shopping, and enrolling process often result in people who want coverage not making it “across the line”
- Some people who do gain coverage through the Health Connector may end up losing their coverage due to administrative burdens – e.g., paperwork, process requirements, etc.
- Administrative burdens are not an issue unique to the Health Connector, with a growing body of research indicating the way they can materially impact access to publicly available benefits
- Staff seek to take all steps within statutory boundaries to streamline administrative processes necessary to obtain and retain health coverage via the Connector
- To support and drive this work, staff recommend engaging with a competitively selected vendor, Manatt Health Strategies, LLC, to conduct an administrative burdens audit

What Are Administrative Burdens?

Extensive and growing research shows that administrative burdens can significantly delay and frustrate individuals' experiences with services and benefits, including health insurance.

- People often face procedural obstacles that dissuade them from accessing programs and services for which they are eligible, sometimes referred to as “administrative burdens”
- These typically include challenges learning about eligibility and program or service rules or points of entry, wait times, redundant and confusing paperwork, lengthy and confusing application processes, and other steps that can be daunting and draining
- Administrative burdens act as a “time tax” and can disadvantage our most vulnerable populations from receiving benefits and help that they need and are eligible for
 - These types of obstacles can disproportionately affect applicants and members from communities of color, immigrant or non-English speaking populations, LGBTQ+ residents, and individuals with disabilities
- Federal agencies are similarly focused on reducing administrative burdens, providing an opportunity for state-federal collaboration on these kinds of efforts
- A recent analysis by economic researchers found that the Health Connector’s pre-ACA auto-enrollment process (designed to minimize administrative burdens impeding enrollment) increased enrollment by 30-50 percent and disproportionately enrolled younger, healthier enrollees with lower costs by minimizing administrative steps to enroll

Sources: [How Administrative Burdens Can Harm Health | Health Affairs](#); [How Government Learned to Waste Your Time - The Atlantic](#);

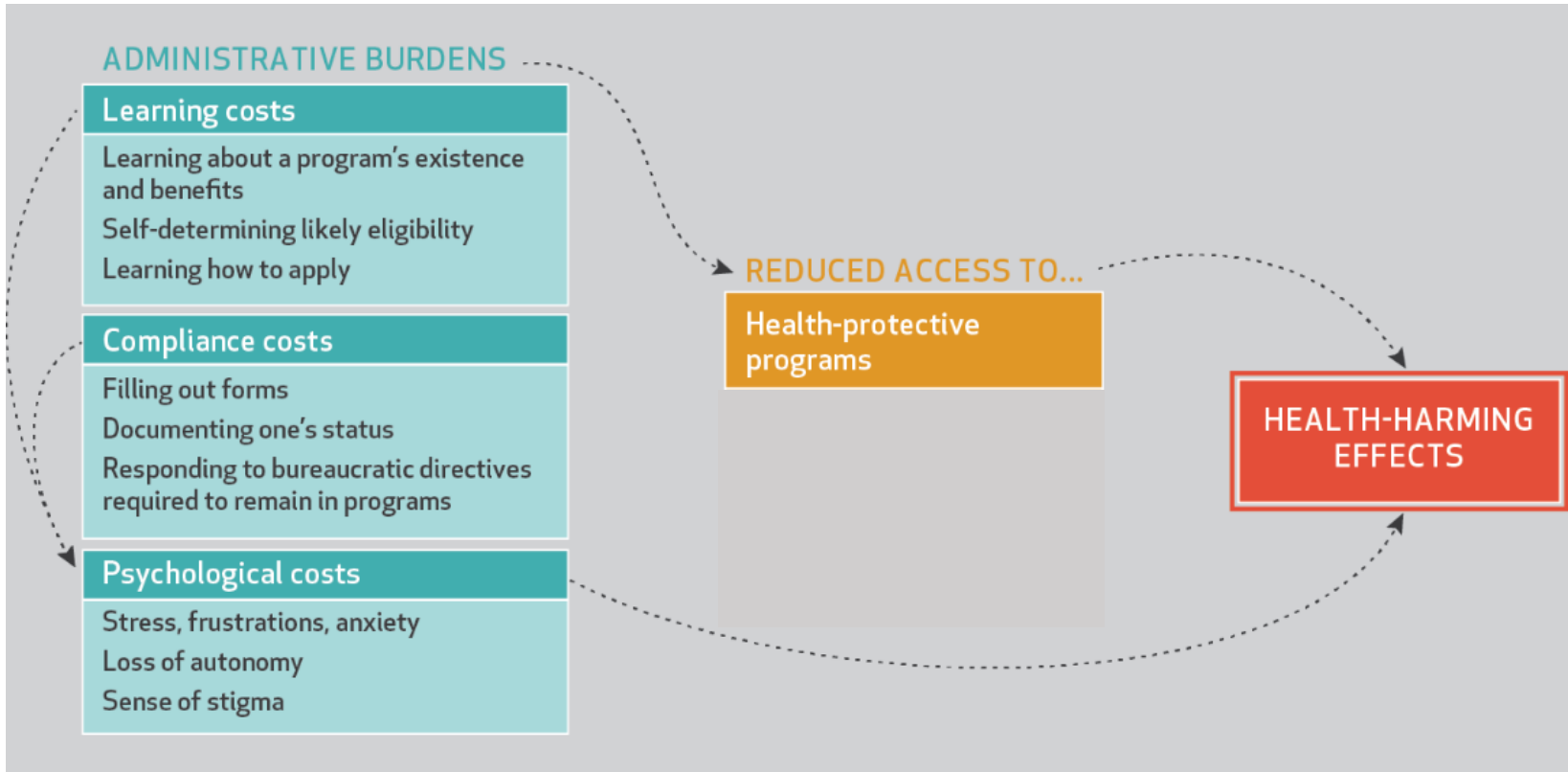
Herd, P. and Moynihan, D. *Administrative Burden: Policymaking by Other Means*. (2018). New York: Russell Sage Foundation.

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

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>

What Are Administrative Burdens? (Continued)



Source: [How Administrative Burdens Can Harm Health | Health Affairs](#)

Background on Administrative Burdens within the Health Connector

- There are multiple points of abrasion and administrative burdens associated with the process of applying for, enrolling in, and maintaining Health Connector coverage.
 - These issues are reflected in member feedback data, escalated case trends, and enrollment data (e.g., people who start an application but never enroll), feedback from Navigators and community organizations, and are evident to staff evaluating the application and enrollment process
- Based on review of Health Connector escalated case data, areas with administrative friction include:
 - Enrollment issues
 - Billing and payment issues
 - Request for Information (RFIs) and document processing requests
 - Trouble accessing or updating online application accounts
- Each additional step, point of confusion, need for documentation, and need for help functions as a hurdle that makes it harder for a person to proceed to enrollment. These points of friction can be barriers to coverage for the populations that have the least time, resources, and capital to navigate them (e.g., time constraints, reduced web access, language barriers, etc.)
- Some features of eligibility and enrollment processes may be required by law, but some can be streamlined and made easier to complete
- CCA staff are seeking to “look within” at barriers that are keeping the populations we most want to enter into and stay in coverage from doing so

Administrative Burdens in Members' Own Words

Some survey respondents to this year's non-group identified areas of frustration and confusion that this audit aims to resolve.

"When I used to apply my documents as proof. I didn't get any notifications if it was accepted or not. I had to go to the specific tab and check."



"There is a disincentive to update my information. My only income is from my modest investment portfolio. It's hard to "prove" what my income is or will be in the coming year. Being asked to provide documentation of the income I don't have is very stressful."



"When I transitioned to my wife's employer-provided insurance the process of ending my Health Connector plan could have been much easier. As it was, I could not cancel my plan online, and the one option I remember finding did not work when I attempted to use it."



"I'm a self-employed person and the Health Connector staff often have problems with this – the workers who determine income will call the applicant and if they don't reach them, leave a voicemail to call back. [...] I wound up in an endless loop of: voice mail saying to call in, I call in and reach someone who can't help me, but they'll pass word to the person who can, who then calls me and leaves a message, etc. I CANNOT BE CALLED DURING THE WORK DAY. BECAUSE I AM WORKING. [...] They were sending me a form letter saying my documentation was insufficient when the documentation I sent WAS what the form letter said was sufficient."



Current CCA Activity on Administrative Burdens

While staff have implemented strategies to reduce administrative burdens, additional vendor support to identify, prioritize, and solve problem areas will allow for high-value process improvements.

Recent/current actions staff have taken to reduce administrative burdens:

- Changes to the retroactive coverage and reinstatement of coverage processes increased self-service ability and one-call resolution
- Auto-enrollment functionality launched in April 2022 has enrolled 1,400 individuals who qualified for \$0 coverage and did not shop
- The Simple Sign-up program allows the Health Connector to engage with uninsured individuals if they check a box on their tax return requesting support, with nearly 16,000 households checking the box on their 2021 return
- New forms provide templates and guidance for self-employed individuals and those without access to documents verifying their income to be able to respond to verification requests
- Future work supported by the audit vendor could include streamlining the identity verification process, noticing, and other areas highlighted by member and assister feedback

Solicitation of a Vendor to Conduct an Audit of Administrative Burdens

Five bidders responded to the Health Connector’s Request for Responses (RFR) on May 18, 2022 for an entity to conduct an audit of administrative burdens.

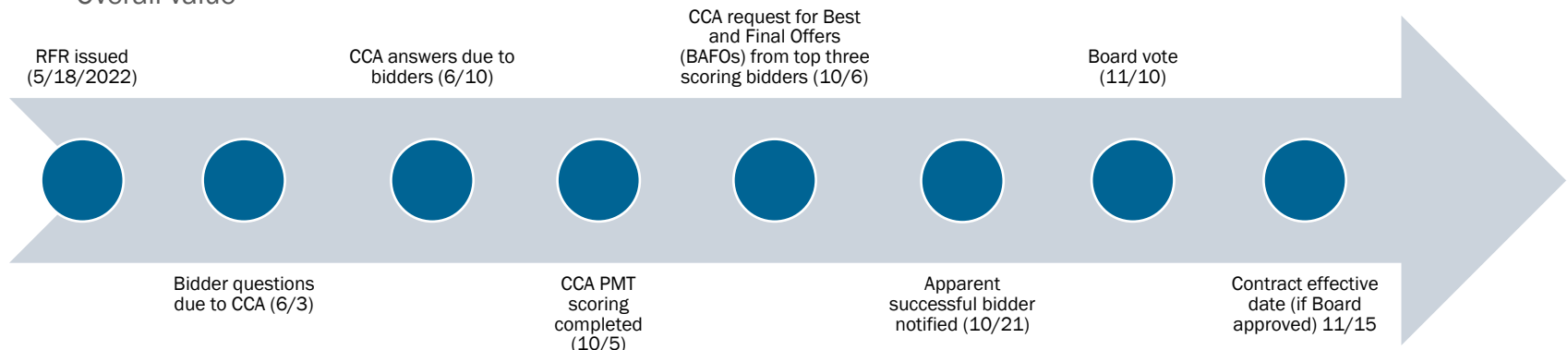
- This audit will be the first for the Health Connector, and a leading example for other state-based marketplaces
- The auditor will review existing practices and policies and identify meaningful actions by which the Health Connector can reduce administrative burdens. The changes and actions that result from this audit will broadly improve the member experience and facilitate health insurance enrollments in the Commonwealth
- The RFR sought proposals from vendors to perform the following services:

Phase 1: Audit Services	Phase 2: Analysis & Implementation
Vendor will identify aspects of the non-group application and enrollment process that could be considered administratively burdensome for applicants or existing members as it relates to getting into health coverage and the general maintenance and navigation of that coverage once obtained.	Vendor will identify actions to address the administrative burdens surfaced in the audit, including identifying short- and long-term actions and accountability measures to monitor and support progress.

Procurement Team and Scoring Methodology

An inter-departmental team reviewed and scored vendor proposals based on how well they met the following criteria:

- ✓ Understanding of the Health Connector and ACA marketplace landscape
- ✓ Experience and skills to identify burdensome aspects of the eligibility process and, separately, the enrollment process
- ✓ Proposed methodology that would highlight inequities in member experience
- ✓ Ability to identify short- and long-term actions to address noted administrative burdens, and ability to translate into an operable strategy for Health Connector implementation
- ✓ Accountability measures and a management strategy to support remediation of identified issues
- ✓ Team composition, including demonstrated ability to perform entire scope of services required by the RFR, and that key personnel have demonstrated experience assisting organizations like the Health Connector advance health equity goals
- ✓ Cost
- ✓ Overall value



Recommendation

Manatt Health Strategies demonstrated superior preparedness to conduct and excel at the administrative burdens audit work the Health Connector seeks:

- **Extensive, multi-faceted understanding of the ACA and Marketplace landscape** broadly, as well as the particulars of the Health Connector's operations and policy posture, including a historical knowledge of Massachusetts health coverage, programs, and market dynamics, and the Health Connector's technology, systems, and policy relationship with MassHealth
- **Deep experience conducting eligibility and enrollment work** with other state-based exchanges and demonstration that its sub-contractor "gotoresearch" has had prior experience working on user interface / user experience (UI/UX)
- **A strong health equity lens** throughout, including recognizing the importance of compensating participants of member surveys and member focus groups for their time
- Identification of ways to engage **long-term member feedback** on policies and experiences which may highlight inequities and that a snapshot survey or focus group would not otherwise capture.
- **A detailed project plan and timeline** for the completion of the audit and reports,
- Strong focus on **actionability and implementation support** for the Health Connector upon delivery of audit findings
- **A competitive pricing proposal** when compared with peer bidders, and they further lowered their overall project cost via the BAFO process

Initial Work Order and Project Plan

The Health Connector will work closely with Manatt as they approach their first set of workstreams associated with the administrative burdens audit. Each workstream’s deliverables will be approved by the Health Connector before proceeding with additional work.

- Manatt has organized their workplan into two Project phases consistent with the Health Connector’s Audit of Administrative Burdens RFR
- The Health Connector’s initial work order only authorizes Manatt to perform Phase 1 services

	2022		2023			
	Nov	Dec	Jan	Feb	Mar	Apr
Workstream 1: Baseline Assessment						
Task 1.1 Project Set-Up						
Project team meeting materials and agendas						
Facilitation discussion materials for project launch meeting						
Deliverable: Kick-off meeting						
Deliverable: Final work plan and project team structure for Connector approval						
Task 1.2 Conduct Baseline User Assessment						
Gather and review all existing information about current and future Health Connector enrollees and findings from previous UX reports and analytics						
Deliverable: PowerPoint presentation of baseline user assessment findings for Connector approval						

Initial Work Order and Project Plan (cont'd)

	2022		2023			
	Nov	Dec	Jan	Feb	Mar	Apr
Workstream 2: UX and Stakeholder Feedback						
Task 2.1 Develop Materials for Consumer Testing						
Deliverable: Draft consumer testing rubric and UX discussion guide for Connector approval						
Deliverable: Final consumer testing rubric and UX discussion guide						
Task 2.2 Conduct UX Testing and Application Persona Testing						
Conduct UX testing						
Conduct application persona testing						
Deliverable: PowerPoint presentation documenting high-level UX observations						
Task 2.3 Solicit Stakeholder Feedback						
Deliverable: Draft interview guide for organizations representing communities of interest and consumer assister organizations, for Connector approval						
Deliverable: Final interview guide for organizations representing communities of interest and consumer assister organizations						
Interviews with organizations representing communities of interest and assister organizations						
Conduct post-enrollment and tax reconciliation interviews						
Workstream 3: UX Findings						
Task 3.1 Synthesize Audit and Assessment Findings						
Deliverable: Draft Synthesis of Audit and Assessment Findings report for Health Connector review						
Deliverable: Final Synthesis of Audit and Assessment Findings report for Connector approval						

Actionability of Audit Findings

The findings from the audit will be used to drive concrete, specific actions in the Health Connector's practices.

For example, findings will be used to make changes in:

- ✓ Format and availability of information for the public about health coverage and how to enroll
- ✓ Online eligibility, shopping, and enrollment functionality
- ✓ Noticing and communications to members and applicants
- ✓ Ways individuals can meet procedural requirements (e.g., verifying eligibility, applying for hardship waivers)
- ✓ Call center and other in-person assistance training and resourcing

Findings will also help with agency priority setting as the Health Connector approaches future decisions about how to modify systems and operations procedures, and administer its programs and set policy, and shape member experience generally.



Vote

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The Health Connector requests that the Board authorize the Executive Director to enter into a contract with Manatt Health Strategies, LLC to conduct an administrative burdens audit for an amount not to exceed \$396,000.