

#### **Administrative Burdens Assessment**

#### **Project Findings and Next Steps**

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## **Overview and Approach**

#### **Overview**

Today's presentation will provide an update on the Health Connector's efforts to make enrolling in and maintaining coverage as straightforward as possible.

- Background on the administrative burdens assessment
- Project findings
- Action steps



#### What are Administrative Burdens?

Administrative burdens are the procedural obstacles that can prevent people from accessing programs and services for which they are eligible.

- Include learning costs, compliance costs, and psychological costs
- Impede timely access to health and social programs
- Impose a time tax
- Disproportionately affect people from communities of color, immigrant or non-English speaking populations, LGBTQ+ residents, and individuals with disabilities



## **Project Overview**

The Health Connector engaged in an assessment of administrative burdens facing applicants and members of our non-group programs. The Health Connector is committed to ameliorating these burdens and improving the user experience based on these findings.

- Over the course of 2023, the Health Connector engaged Manatt Health Strategies to evaluate administrative burdens faced by consumers who are newly enrolling or reenrolling in coverage
- Supports the strategic plan goal to improve and modernize the applicant and enrollee experience
- Aligns with the Health Connector's health equity goals to reduce the number of people without health insurance, promote retention of current enrollees, and improve the member experience, with an eye towards barriers disproportionately faced by certain populations



## **Project Approach**

#### The Manatt administrative burdens assessment included:

- Analysis of Health Connector data
- Observation of residents navigating the website and application
- Interviews with stakeholders, such as staff and enrollment assisters
- Discussions with other state-based Marketplaces
- Review of state and regulatory authorities
- Recommendations and implementation priorities





## **Project Findings and Action Steps**

## **Key Findings**

This project identified parts of the application process that cause confusion or impede enrollment. The project proposed strategies to improve the applicant experience.

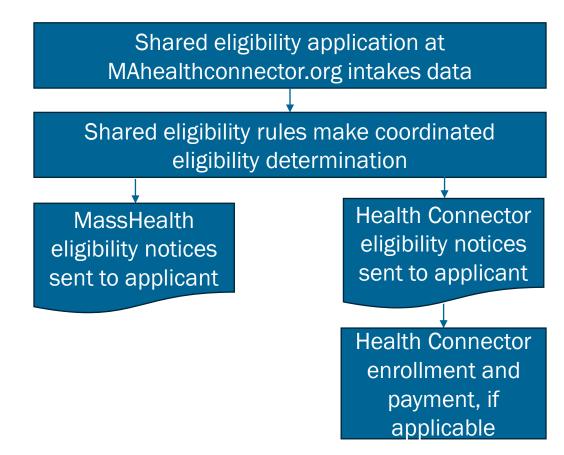
- Many people complete their application and enrollment over multiple sessions
- Individuals may need to gather documents, take breaks between sections, or reach out for additional help completing their applications
- Applicant feedback highlighted aspects of the Health Connector's application and enrollment process that people struggled with
- Proposed solutions require some assessment and planning to determine the best course of action



## **High Level Health Connector Processes**

Since 2014, individuals who apply for coverage in our HIX system receive simultaneous eligibility determinations from MassHealth and the Health Connector.

- Individuals apply for health coverage on our health insurance exchange (HIX) system platform
- Applications seeking financial assistance are submitted for MassHealth and Health Connector coverage and the system makes an eligibility determination based on the information the individual enters as to which health coverage the person is eligible to receive
- People can apply for subsidized or unsubsidized coverage through the HIX system





## **Areas for Improvement**

Identity Proofing Document Verification

Household and Income

Notices

Account Dashboard

Payment Methods



## **Identity Proofing: Project Findings**

"Identity proofing" failures stop online applications, resulting in people filling out paper applications or not applying at all.

- Federal rules require identity proofing to verify the person applying for health coverage is who they say they are
- If identity cannot be electronically proven, verifying documents may be required
- People without credit histories and people with limited access to identifying documentation are most likely to experience delays in the identity proofing process



## **Identity Proofing: Action Steps**

#### **In Progress**

- Create an Identity Proofing
   Workgroup with representatives
   from the Health Connector and
   MassHealth tasked with expanding
   the list of acceptable documents
- Update the identity proofing notice template to match expanded list of documents
- Develop user-friendly instructions about acceptable documents and the process for upload

#### **Under Consideration**

- Explore how Navigators could help expedite the process for their clients
- Proactively notify applicants that identity proofing is complete
- Move identity proofing to the end of the application and/or allow individuals to complete the application while pending



## **Document Verification: Project Findings**

## Eligibility verifications present challenges for applicants in gathering and submitting relevant documents.

- Applicants often receive Requests for Information (RFIs) for additional documents
- Applicants can submit documents via upload to online account, fax, mail, or inperson
- Neither applicants nor assisters receive confirmation of receipt after documents are submitted
- Documents are uploaded to a repository shared by MassHealth and the Health Connector with different roles and timelines for processing
- Document challenges disproportionately impact the immigrant community



## **Document Verification: Action Steps**

#### **In Progress**

- Expand the list of documents that satisfy verifications
- Review data related to residency verifications to identify opportunities for streamlining
- Evaluate current outreach approaches to applicants and members with existing Requests for Information

#### **Under Consideration**

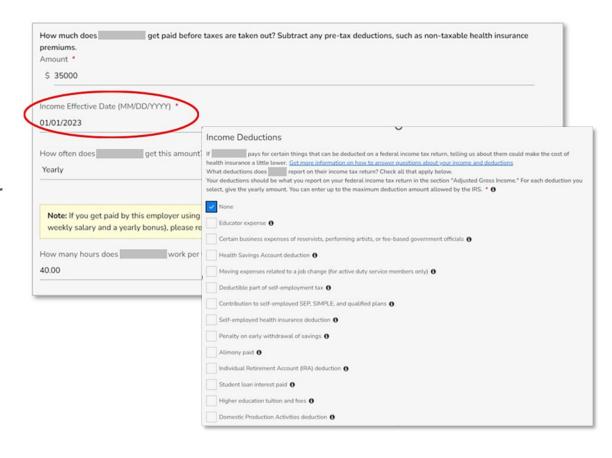
- Improve user-facing materials that describe acceptable documents and process for document upload
- Enable HIX functionality to push out more timely notifications of document status updates



## Household and Income: Project Findings

Household and income questions can be confusing, especially for people who are self-employed or have seasonal employment.

- Long list of income sources can be overwhelming
- Questions do not ask for income time frames, making it difficult for seasonal and self-employed individuals to answer accurately
- Households may incorrectly define a "household member" or may be unsure how to answer if their household does not file taxes together





## Household and Income: Action Steps

#### **In Progress**

- Review how income and household information is asked in other states and agencies
- Modify wording in HIX to clarify types of income and timeframes
- Clarify language on question related to past tax credits
- Improve functionality and flow for reporting household members in HIX

#### **Under Consideration**

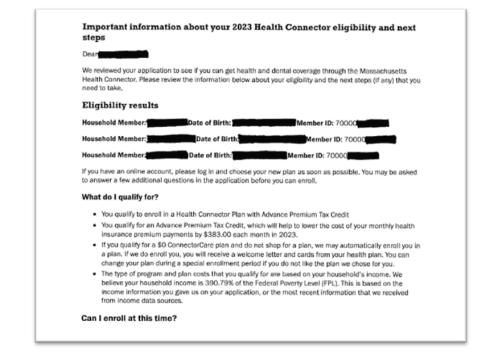
 Update tools inside and outside of HIX to guide the user in how to accurately answer these questions



## **Notices: Project Findings**

# Notices can be confusing, especially for households where some qualify for MassHealth and others for Health Connector coverage.

- Members may receive multiple notices from MassHealth and the Health Connector for one eligibility transaction which results in confusion about eligibility, coverage source, and next steps
- Notices may be received out of order
- MassHealth notices are not in the same online portal as Health Connector notices
- MassHealth sends notices at the individual level while the Health Connector sends notices at the household level
- All notices are lengthy





## **Notices: Action Steps**

#### **In Progress**

- Review current notices to improve language, tone, length, font size, and clarity on action required
- Explore use of QR codes to enable quicker access to member portal

#### **Under Consideration**

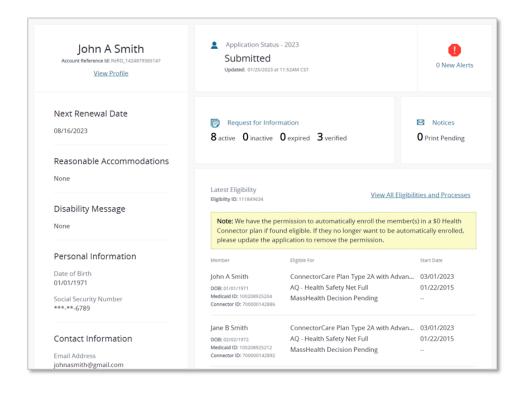
- Evaluate ways to improve access to both MassHealth and Health Connector notices, including online enhancements and SMS notice alerts
- Explore additional coordinated or consolidated notice content with MassHealth



## Account Dashboard: Project Findings

The Account Dashboard is dense and leaves many users unable to identify next steps in the shopping and enrolling process.

- Lots of real estate is given to user's name and personal information which is less likely to change
- Members could benefit from a clearer call to action on the dashboard to draw their attention to key activities
- Some items displayed are not clear to consumers (e.g., the difference between an RFI and a notice)





## **Account Dashboard: Action Steps**

#### **In Progress**

 Revised Account Dashboard focused on member action steps slated for HIX update later this year

#### **Under Consideration**

 Continue to assess and improve the functionality of the Account Dashboard based on member feedback



## Payment Methods: Project Findings

Current premium payment options are limited and may impede successful payment of premiums for some applicants and members.

- The Health Connector currently accepts check, money order, or online payment from a checking or savings account for premium payments
- People without a checking or savings account cannot pay their premium online
- Members have expressed interest in more payment options, such as the ability to pay with a credit card



## Payment Methods: Action Steps

#### **In Progress**

- Continue to assess additional payment options that meet members' needs
- Provide better access to application and enrollment support, including payments, within our current customer service model

#### **Under Consideration**

 Consideration of timing and scope of expanded payment options, including how to handle user fees



#### Framework for Action

# The Health Connector views this administrative burdens assessment as part of an organizational strategy to improve the applicant and member experience.

- Continue close coordination with MassHealth, vendors, and other stakeholders
- Address project findings and develop implementation plans in the context of other strategic initiatives for 2024 and beyond
- Provide the Board with progress updates and opportunities for input
- Use an equity lens to evaluate administrative burden reduction proposals for changes to the applicant and member experience, anticipate potential unintended consequences, and identify opportunities for improvement beyond the scope of this assessment

