



The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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Executive Director

Board of the Commonwealth Health Insurance Connector Authority
Meeting Minutes

Thursday, April 11, 2024
9:00 AM to 11:00 AM

Live Stream

<https://www.youtube.com/user/TheMAHealthConnector>

Attendees: Audrey Gasteier, Secretary Kate Walsh, Nancy Turnbull, Eric Gulko, Matthew Veno, Bela Gorman, Rebecca Butler (who was sitting by designation on behalf of the Commissioner of the Division of Insurance, Gary Anderson), Martha Kwasnik (who was sitting by designation on behalf of Secretary of Administration and Finance Matthew Gorzkowicz), Filaine Deronnette, Dimitry Petion, and Robyn Olson

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

- I. Minutes:** The meeting minutes were approved through roll call vote.
- II. Executive Director's Report:** Ms. Gasteier began her remarks by sending well wishes to the Division of Insurance Commissioner, Gary Anderson, who was moving onto his new role as the CEO of the National Association of Insurance Commissioners. She noted that Rebecca Butler would continue to serve on the board of directors as the Division of Insurance representative. Ms. Butler commented that Mr. Anderson would be missed, and that Rachel Davison would be serving as the interim acting commissioner. Ms. Gasteier then stated that the following day marked the 18th anniversary of the Commonwealth's health reform law, Chapter 58 of the Acts of 2006, being signed into law resulting in the establishment of the Health Connector. She noted that the Health Connector had provided health insurance to more than 1.1 million Massachusetts residents at some point over the course of the last decade. Ms. Gasteier then mentioned that MassHealth had completed the renewal of 2.4 million residents, therefore this Board meeting would include the final update on redeterminations. Through March, more than 120,000 people had enrolled in Health Connector coverage since being found no longer eligible for MassHealth coverage. Overall, the Health Connector had enrolled more people than ever before in its history. Ms. Gasteier thanked MassHealth for their leadership, approach, and partnership through the historic undertaking of redeterminations. Ms. Gasteier noted that the strategic plan agenda item was moved to a later meeting, but that the Board would receive an in-depth presentation of the administrative burdens assessment after working with Manatt Health Strategy for a year. The Health Connector was beginning to digest the findings and plan for the implementation of changes. Ms. Gasteier thanked

the board of directors for their guidance and support as well as MassHealth's chief operating officer Elizabeth LaMontagne for providing MassHealth updates for the past year.

Secretary Walsh thanked the Health Connector for the work done to ensure that Massachusetts residents can maintain health insurance coverage.

III. Update on MassHealth Redeterminations: The presentation "Update on MassHealth Redeterminations" was presented by Patricia Grant, Jason Lefferts, Marissa Woltmann, and Elizabeth LaMontagne. Ms. Woltmann began by sharing that the over a year-long process, in which MassHealth reviewed the eligibility of all its members, was near completion.

Ms. LaMontagne then shared that renewals that were initiated at the end of March would be completed by the end of May. She stated that since April 1, the MassHealth caseload had decreased by about 353,000 members and that the current caseload was about 292,000 above pre-COVID level. She walked through the three core MassHealth goals which remained the same throughout the redetermination process. Ms. LaMontagne stated that MassHealth customer service had managed increased call volume during the redetermination process and that MassHealth had supported more than 7,800 appointments or walk-ins with members across the seven enrollment centers. In terms of outreach efforts, Ms. LaMontagne stated that about 1.6 million outreach attempts had been made by health plans and that there was the execution of more than \$2 million of grants to expand community assister capacity at community-based organizations. Through the grants, there were 108 new assisters supporting members in communities across the state. Ms. LaMontagne expressed appreciation for the support and partnership with the Health Connector, stakeholders, and the community-based organizations for helping make the redetermination process as easy as possible.

With no comments or questions from the Board, Mr. Lefferts then proceeded to updates on direct communications to newly eligible residents, stating that more than four million messages had been sent throughout the year. He shared that in a recent survey to residents who were eligible for coverage, but were unenrolled, 84% of respondents leaving MassHealth coverage remembered receiving communications from the Health Connector via mailed notices and emails. Additionally, people leaving MassHealth coverage remembered receiving text messages and phone calls versus non-MassHealth members. The volume of newly eligible people remained consistent through March, and the Health Connector was going to continue to send weekly emails. Mr. Lefferts stated that direct outreach via different means of communication to newly eligible residents would continue at least through June and then regular scheduled outreach to people losing MassHealth would resume. In terms of paid media, Mr. Lefferts shared that the redetermination paid media campaign generated millions of impressions and had come to an end. The Health Connector, MassHealth, Health Care For All, and community-based organizations were planning an event to wrap up the "Act Now, Stay Covered" campaign. Through this successful and effective campaign, 428,000 doors were knocked on to offer redetermination and enrollment support.

Ms. Grant presented contact center updates stating the call volume for March was slightly over forecast, but the average speed to answer calls was under 30 seconds and the service level was just under 90%. Now that the redetermination process was ending, Ms. Grant shared that the next focus was to determine the main call drivers and make system adjustments to provide a better level of customer service.

Ms. Woltmann shared enrollment updates stating that the Health Connector currently had enrolled over 91,000 residents who lost MassHealth coverage as a result of the redetermination process. She mentioned that enrollment was largely consistent with expectations and that they were starting to see the effects of individuals moving back and forth between different programs. Support for

individuals, enrollment outreach, and an extended special enrollment period for individuals losing MassHealth would continue.

Ms. Woltmann shared results from a recent survey to eligible but unenrolled individuals. About 75% of respondents indicated that they had other coverage such as employer-sponsored insurance, Medicare, or coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). She stated that some respondents may have been confused about their coverage; therefore, the Health Connector was going to update communications to address barriers and confusion.

In response to a question from Ms. Turnbull regarding the individuals surveyed, Ms. Woltmann clarified that everyone who was eligible for a Health Connector plan but was not enrolled was surveyed. This included individuals who lost MassHealth coverage and people who applied for Health Connector coverage during Open Enrollment but had not enrolled. She further clarified that the surveyed individuals had applied through the Health Insurance Exchange (HIX) system but had not enrolled. In response to a question from Ms. Gorman regarding the sample size, Ms. Woltmann stated that 216,000 individuals were invited to complete the survey and about 3,800 responses were received.

Mr. Gulko asked how Massachusetts compared to other states to which Ms. Woltmann shared what the Health Connector had heard anecdotally from California and shared that she would need to look further into how others had engaged with the eligible but unenrolled population. With regards to a question from Mr. Gulko about the enrollment conversion rate, Ms. Woltmann explained that the rate varied considerably by state, but that Massachusetts compared favorably to many other states. Mr. Gulko encouraged the Health Connector to continue to learn from others and thanked staff for their engagement and education to the broker community. Secretary Walsh shared that Governor Healey met with the Centers for Medicare and Medicaid Services (CMS) Administrator Chiquita Brooks-LaSure who described Massachusetts's performance on redeterminations as exemplary.

Mr. Gulko inquired about the overall Massachusetts health insurance coverage rate, to which Ms. Woltmann shared interim data and stated that the 2024 data was still not available. There was an expected increase in coverage transitions once data from January 2024 became available and the Health Connector was collaborating with the Division of Insurance (DOI) and the Center for Health Information and Analysis (CHIA) to monitor changes in the overall coverage rates and broader market. Secretary Walsh added that MassHealth was also taking a closer look at coverage rates by communities and areas where efforts may have been less effective.

In response to a question from Ms. Turnbull regarding the effective date of the data presented, Ms. Woltmann clarified that the data as of September 2023 had become available the previous month. Ms. Turnbull and Ms. Woltmann both agreed that the data was slightly dated and did not serve as an indication of what the final coverage rate would be. Mr. Gulko asked for confirmation that there would not be a precipitous decline in the overall coverage rate. Ms. Woltmann confirmed that to be the case and assured the Board that the latest insights would be shared with them as soon as they became available. Ms. Turnbull acknowledged that this was the first time the Health Connector had done this amount of enrollment outreach activity.

In conclusion, Ms. Woltmann stated that although the redetermination process was ending, support and enrollment of those who need coverage would continue and she thanked the Board of directors for their guidance over the last year. Secretary Walsh thanked the Health Connector team and encouraged continued conversations about who is covered and who is in need of health insurance coverage.

IV. Administrative Burdens Assessment Overview and Action Plan: The presentation “Administrative Burdens Assessment: Project Findings and Next Steps” was presented by Sage Shah and Signe Peterson Flieger. Ms. Flieger began by giving an overview of the presentation, specifically stating that they would share what the administrative burdens are, some of the project findings, the action steps that are in progress, and considerations for future action. Ms. Flieger defined administrative burdens as “procedural obstacles that can make it difficult for and sometimes entirely prevent people from accessing the programs and services that they’re eligible for.” She walked through some of the costs of administrative burdens and shared that administrative burdens tend to impact the most vulnerable populations.

Over the course of 2023, the Health Connector engaged with Manatt Health Strategies (Manatt) in an assessment of the administrative burdens faced by consumers throughout the application and enrollment experience. This aligned with the Health Connector’s strategic plan and health equity goals. Ms. Flieger then explained the project approach taken by Manatt which included: analysis of data, observation of residents, interviews with stakeholders, discussions with other state-based Marketplaces, review of authorities, and recommendations and implementation priorities.

In terms of findings, Ms. Flieger shared that certain parts of the application caused confusion and some applicants needed several sessions to complete the application. She noted that proposed solutions would require assessment and planning to determine the best strategy forward.

Ms. Shah gave an overview of the health insurance exchange (HIX) system—a platform used since 2014 that allows for individuals to apply for coverage and receive simultaneous eligibility determinations from MassHealth and the Health Connector. She noted that each project finding corresponded to a specific area in the eligibility and enrollment process through the HIX.

Ms. Shah explained that Manatt identified six areas of improvement, some of which were specific to the Health Connector and others that required coordination with MassHealth or the HIX project. The first area of focus was identity proofing. Ms. Shah explained that this is the way people interact with the HIX and if they fail to respond to the questions to verify their identity, people would need to submit documents verifying their identity before being granted access to the online system or complete a paper application, resulting in delays in the process. In response to this administrative burden, there was a workgroup created with MassHealth colleagues to advance the expansion of the current list of acceptable identity proofing documents among other improvements to notices and the Health Connector website. Ms. Shah reviewed some of the action items still under consideration that would require additional research in order to determine the levels of complexity.

The following area of improvement reviewed by Ms. Shah was document verification. She explained that applicants often receive Requests for Information for additional documents and neither applicants nor assisters receive confirmation of receipt after documents have been submitted. To address challenges around document verification, the MassHealth and Health Connector team were working to expand the list of acceptable documents that satisfy verification requirements, among other key action steps Ms. Shah shared that any actions requiring changes to the HIX functionality would need to be approved and slotted into a future system release that typically happens twice a year.

In response to a question from Ms. Turnbull about approval requirements for acceptable identity proofing documents, Ms. Shah explained that the changes would need to be presented to the MassHealth and Health Connector legal teams as well as the HIX security team to then be filed accordingly with CMS. Ms. Shah stated that Manatt provided suggestions based on what other states are accepting as their approved list of documents. Ms. Turnbull also commented on how part of the decision to hire Manatt Health Strategies was to assess what other states and the federal marketplace

do, to which Ms. Gasteier added that this also was part of the project scope and that Manatt analyzed what the federal Marketplace does. She also noted that CMS was very interested in the assessment and asked to be briefed on the findings. Ms. Turnbull commented that this could be a learning opportunity for the federal Marketplace and Ms. Gasteier believed that it could serve great purposes for both. Ms. Turnbull noted that in 2014, there were a limited number of vendors. Mr. Gulko highlighted the increased immigrant population and Ms. Gasteier agreed that the Health Connector's focus on equity was more acute concluding that this was an important time to address these burdens. Ms. Turnbull iterated the importance of easing administrative burdens, particularly for those in the disproportionately affected populations to get them enrolled in coverage. Secretary Walsh commented about looking at different parts of equity to ensure that no one is left without coverage.

Ms. Shah continued to the next administrative burden related to household and income explaining that questions related to these areas were confusing, especially for those who are self-employed or have seasonal employment. The action steps to address these issues involved reviewing the income and household questions in other states and agencies and modifying and clarifying the language in the application.

She then explained that notices could be confusing, especially for households where some members qualify for MassHealth and others for Health Connector coverage. She further explained that members may receive multiple notices from MassHealth and the Health Connector at different points of time causing confusion. The action steps to address this included reviewing all current notices and exploring the use of QR codes on notices to enable quicker access to the member portal. Additionally, staff are evaluating ways to improve access to notices online and additional consolidated notice content with MassHealth.

Next, Ms. Shah shared that the account dashboard is very dense, and users are sometimes unable to identify next steps in the process. She stated that the Health Connector is in the process of a major user interface modernization effort for an upcoming HIX system release that will allow for a revised and more digestible account dashboard. She noted that the Health Connector will continue to gather member feedback for future improvements.

The following administrative burden was related to options available for payment methods which are limited and impede successful payment of premiums for some applicants and members. When looking at other states, Ms. Shah explained that some accept any payment type that the insurance company accepts. Member feedback gathered through surveys has shown that having additional payment methods would be helpful. Therefore, Ms. Shah shared that the Health Connector was reviewing additional payment options that meet members' needs and provide better access to application and enrollment support, including payments. Ms. Turnbull expressed the importance of this area for improvement.

In response to a question from Ms. Deronnette regarding new strategies associated with Artificial Intelligence, Ms. Shah confirmed that it would play a role in the conversation about new payment methods. Secretary Walsh inquired about whether the Health Connector considered other technological options for the application system. Ms. Gasteier explained that the Health Connector was more focused on making improvements to the already existing system and confirmed that there's no app for HIX, but that it was receptive to adding tools and features. Mr. Gulko said that there is a difference between a transactional system and a decision support system, but that they weren't mutually exclusive. Mr. Petion explained the importance of looking at systems from a value perspective and what it means for the end user in the long run. Ms. Gasteier described the assessment as "energizing" and agreed with the importance of taking on the perspectives of constituents. Mr. Petion shared the objective of making the application process as simple as possible using a comparison to Amazon.

In response to a question from Mr. Gulko about language as part of the assessment, Ms. Gasteier stated that language was a key area from an equity perspective. Ms. Shah shared that notices had recently become available in English, Spanish, and Portuguese. Additionally, during the redetermination process the contact center offered more expanded language options. Ms. Gasteier offered to do a special presentation on language access. Ms. Deronnette asked for clarification on whether non-English speakers were observed completing the application as part of the assessment. Ms. Gasteier stated that Manatt experienced challenges with recruitment, so the observed applicants were all English speakers.

In conclusion, Ms. Shah stated that the administrative burdens assessment plays a critical role in the Health Connector's strategy to improve the applicant and member experience as it thinks about reducing racial and ethnic disparities. She added that the Health Connector would continue to work with MassHealth, vendors, and stakeholders to help address the barriers to coverage that applicants and member experience. Lastly, she noted that Health Connector staff will return to the Board of Directors with updates.

Secretary Walsh appreciated the Health Connector's work in improving the applicant and member experience.

With no further agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn the meeting at 10:19 AM.

Respectfully submitted,

Nuryelis Herrera