



Open Enrollment Update and Strategic Plan for the Uninsured

MARISSA WOLTMANN
Director of Policy and Applied Research

VICKI COATES
Deputy Executive Director and Chief Operating Officer

AUDREY MORSE GASTEIER
Chief of Policy and Strategy

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Overview

The Health Connector recently concluded a strong and high-activity Open Enrollment period, and looks to learnings from this OE to better understand policy and program interventions that could help Massachusetts further extend coverage and affordability.

Today we'll discuss:

- **Open Enrollment 2019**
 - Aggregate enrollment trends
 - Drivers and sources of membership growth
 - Outreach, marketing, and Navigator activity and results
 - Characteristics of new members joining Health Connector coverage
 - Special areas of focus:
 - Dynamics of “silver-loaded” enrollees
 - Call center performance
 - The Health Connector’s Open Enrollment in a national context
- **Plans to address the remaining uninsured in Massachusetts**

Open Enrollment 2019 – Key Statistics

During Open Enrollment, the Health Connector supported well over a quarter million Massachusetts residents in securing coverage for 2019.

274,000



Members for January coverage, an increase of 9% over January 2018 enrollments

23%



Increase in new members compared to 2018. Nearly half of new members came from communities targeted for outreach based on rates of uninsurance

13%



Nation-leading increase in plan selections over 2018

35%



Increase in new members enrolled by Navigators compared to OE 2018

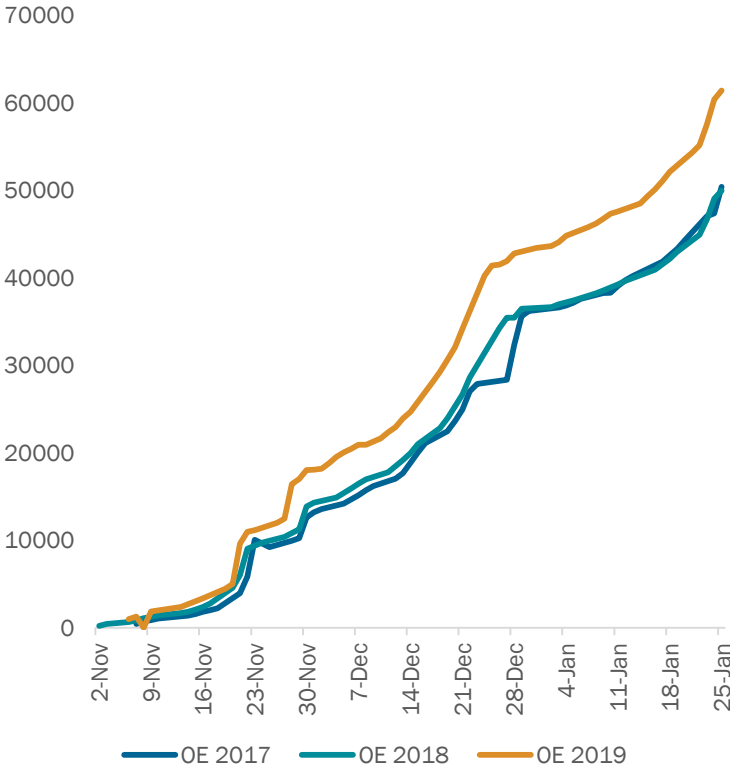
January Enrollment

At 274,000 members, January enrollment surpassed prior years, with both higher retention and more new members.

Member Retention by Eligibility, 2018 – 2019, as of 1/2/19

Eligibility	Jan. 2018	Jan. 2019
Overall	88.8%	91.4%
ConnectorCare	91.8%	93.5%
APTC-only	87.3%	90.5%
Unsubsidized	87.3%	87.3%
Unsub. Loaded Silver	63.3%	89.1%

New Members During Open Enrollments 2017 - 2019



Drivers and Sources of Membership Growth

An exploration of growth drivers suggests that outreach was a key driver of enrollment for 2019 and that many new members are returning from prior enrollments.

- Outreach and marketing
 - Increased volume and new approaches
 - Focus on on-Exchange options for silver members
- Affordability of coverage
 - ConnectorCare's continued affordability for lower-income residents
 - Lower premium increases than in past years for non-ConnectorCare members
- Fewer members lost eligibility for subsidies as part of renewal process
- Ongoing state individual mandate and #StayCovered campaign highlighting responsibility to be covered and importance of comprehensive coverage that meets state standards

OE19 Outreach Analysis

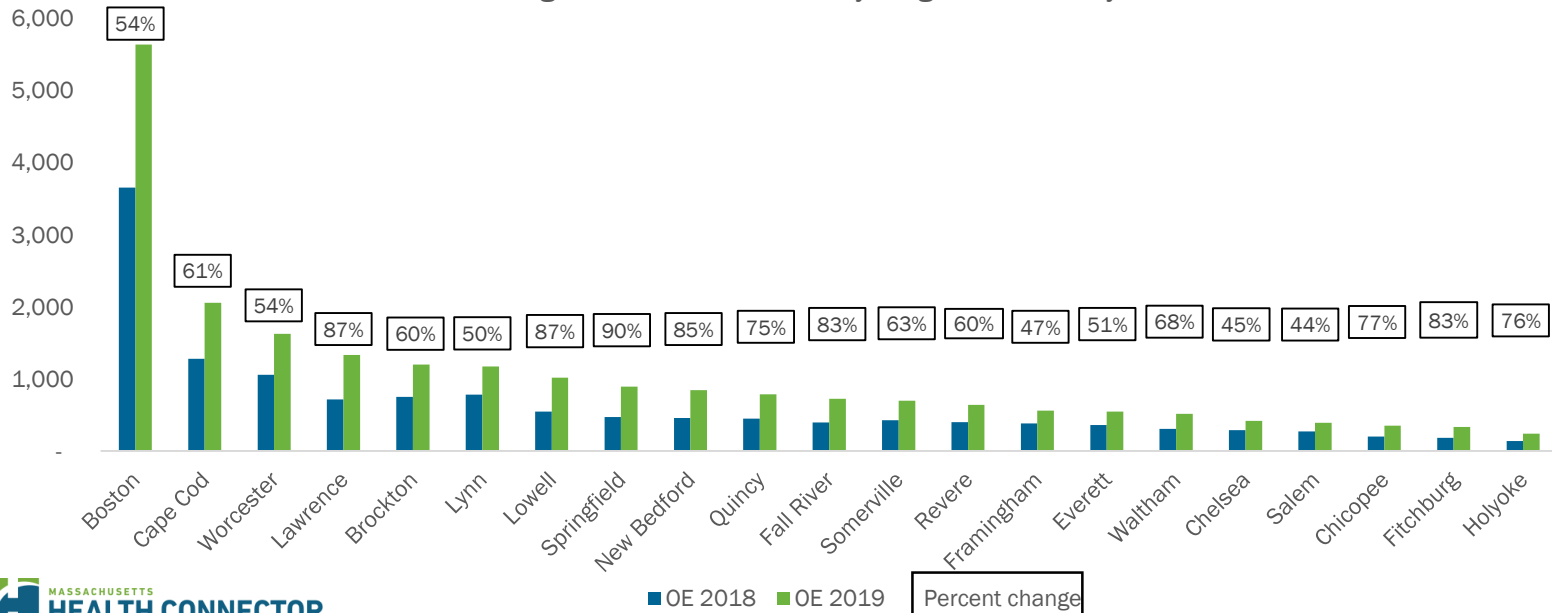
Outreach efforts in targeted communities appear to have been effective

- During OE19, 46% of new members came from target communities compared to 35% during OE18
- Springfield, Lawrence, and Lowell had higher shares of members brand new to the Health Connector, while other communities had more individuals who had been enrolled with us before

Outreach events designed to increase visibility and create compelling social-media content for OE included:

- A flash mob during our December Day of Coverage
- A hot dog happy hour at Worcester's famous George's Hot Dogs
- A traditional Brazilian batucada drum team walking through downtown Framingham during our January Day of Coverage
- Live videos and other content creation with 15 of our 16 Navigator agencies throughout Open Enrollment

New and Returning Member Enrollment by Target Community, OE18 vs. OE19



OE19 Outreach Analysis

A commitment to creative outreach and marketing based on a data-driven strategy has resulted in Open Enrollment gains in the Commonwealth.

- Health Connector staff used data from CHIA to clearly define uninsured communities and populations. This analysis helped to refresh and tailor OE outreach to the current landscape of uninsurance
- OE19 outreach included clear, simple messaging with no distractions through the OE period
- There was an overall increase in community engagement activities, paid media, earned media:

Type of Outreach	OE18	OE19	% Change
Pre-OE tour events	9	14	56%
Total earned medial placements and interviews	116	154	33%
Paid radio spots	2,096	3,549	69%
Paid TV spots	723	1,164	61%

- This was the Health Connector’s third year working with Archipelago, a marketing and communications firm, who were charged with creating a “culture of coverage” in under-insured communities through outreach
- The Health Connector’s commitment to supporting the uninsured in finding coverage through consistent messaging and high-touch in-person education and assistance appears to have been effective in driving new enrollment this Open Enrollment

Navigators

Navigators are an integral part of the Health Connector’s outreach and enrollment strategy, helping thousands of MA residents during Open Enrollment and year round.

	OE19 (Nov 18-Jan 19)	Feb 2018-October 2018
Applications Submitted	6,210 applications for 10,384 people	11,384 applications for 18,863 people
New Member Enrolled	6,173	8,469
Health Connector Members Supported (encounters)	30,873	58,308

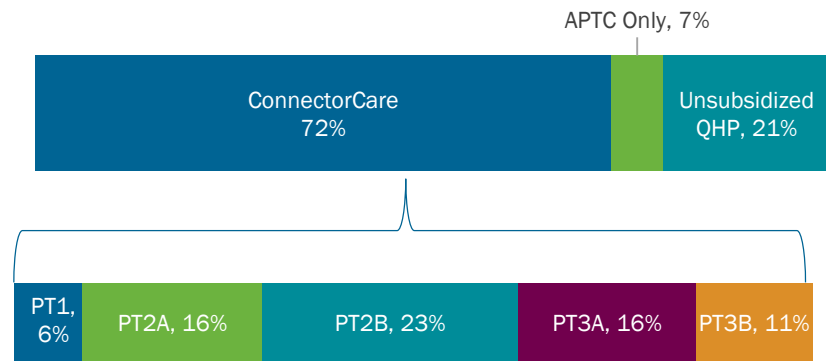
- Navigators assist current Health Connector members with renewals, shopping, life changes, and other post-enrollment support, helping them to maintain health coverage
- In the last year, our Navigators provided support to residents in over **89,000 consumer assistance encounters**
- During Open Enrollment, Navigators attended **405 community events** to provide information about health coverage through the Health Connector and hosted **13 community enrollment opportunities**
- Using culturally and linguistically appropriate methods, Navigators help to grow awareness around the availability of low cost coverage through the Health Connector and the MA individual mandate. The Health Connector’s Navigator grantees offer assistance in **21 languages** including English

New Member Demographics

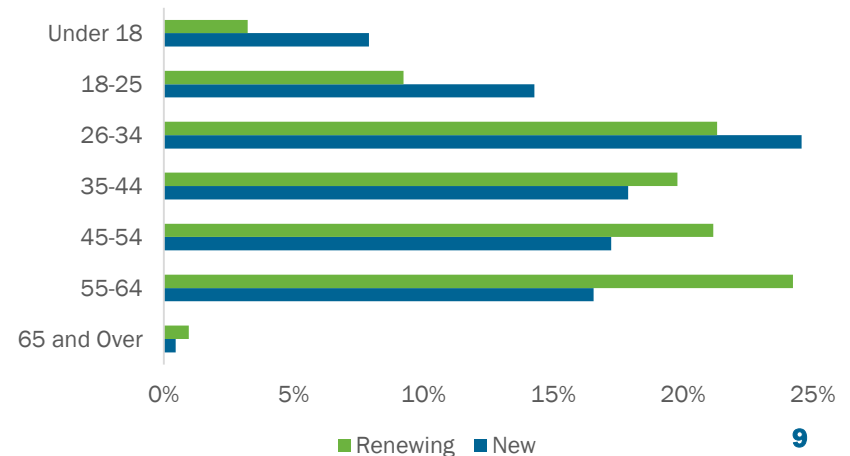
New member characteristics are consistent with demographics of those more likely to be uninsured.

- Consistent with past OE trends, new members were more likely to be younger than renewing members with 47% under the age of 35 vs 34% of renewing members
- New members were slightly more likely to be Spanish speakers when compared to renewing members
- Two-thirds of new members had a Health Connector eligibility determination already when open enrollment started
- New members tended to seek out lower cost carriers and metallic tiers

OE19 New Members by Program Type



OE19 New Membership by Age Band

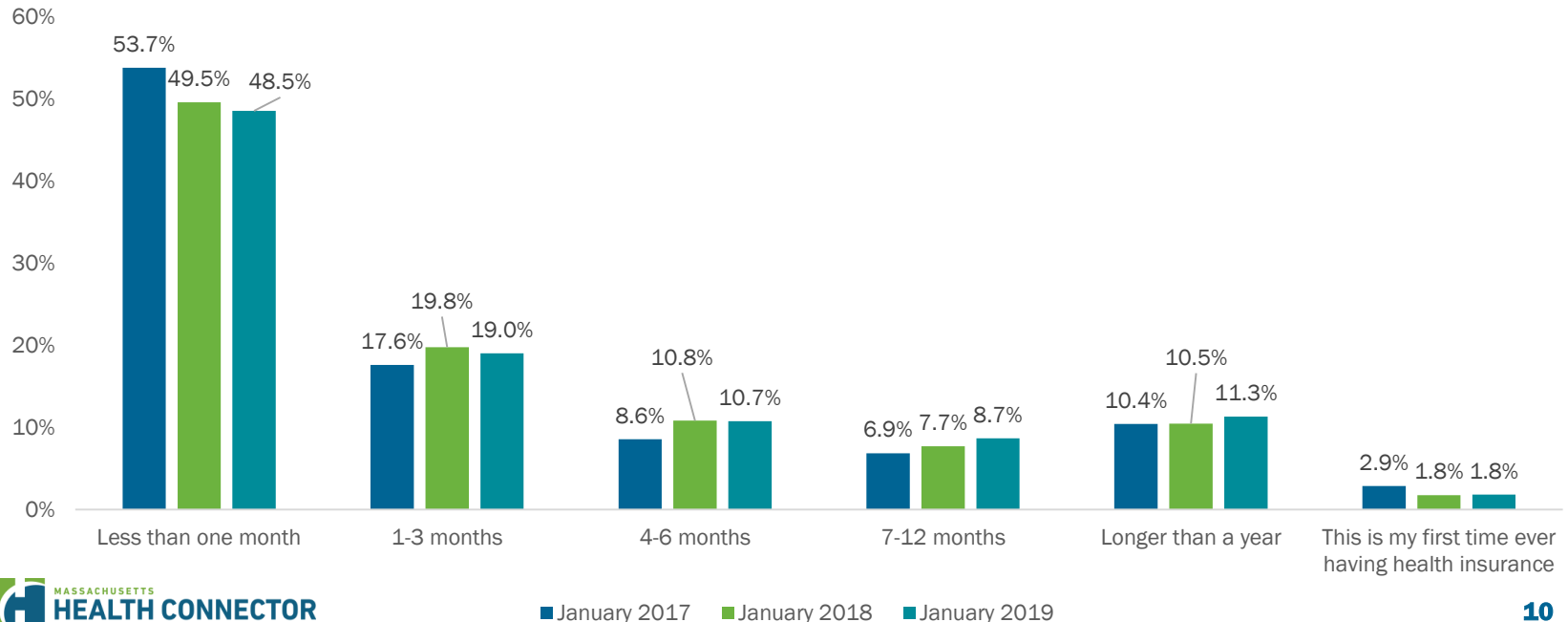


New Member Survey Results

Compared to prior years, new members had longer gaps in coverage before their January enrollment

- Compared to last January, more new members said they had a gap in coverage of more than 7 months. Of the 471 survey respondents who indicated having a coverage gap of 7 months or longer, 14% (or 68) were brand new to the HIX system.

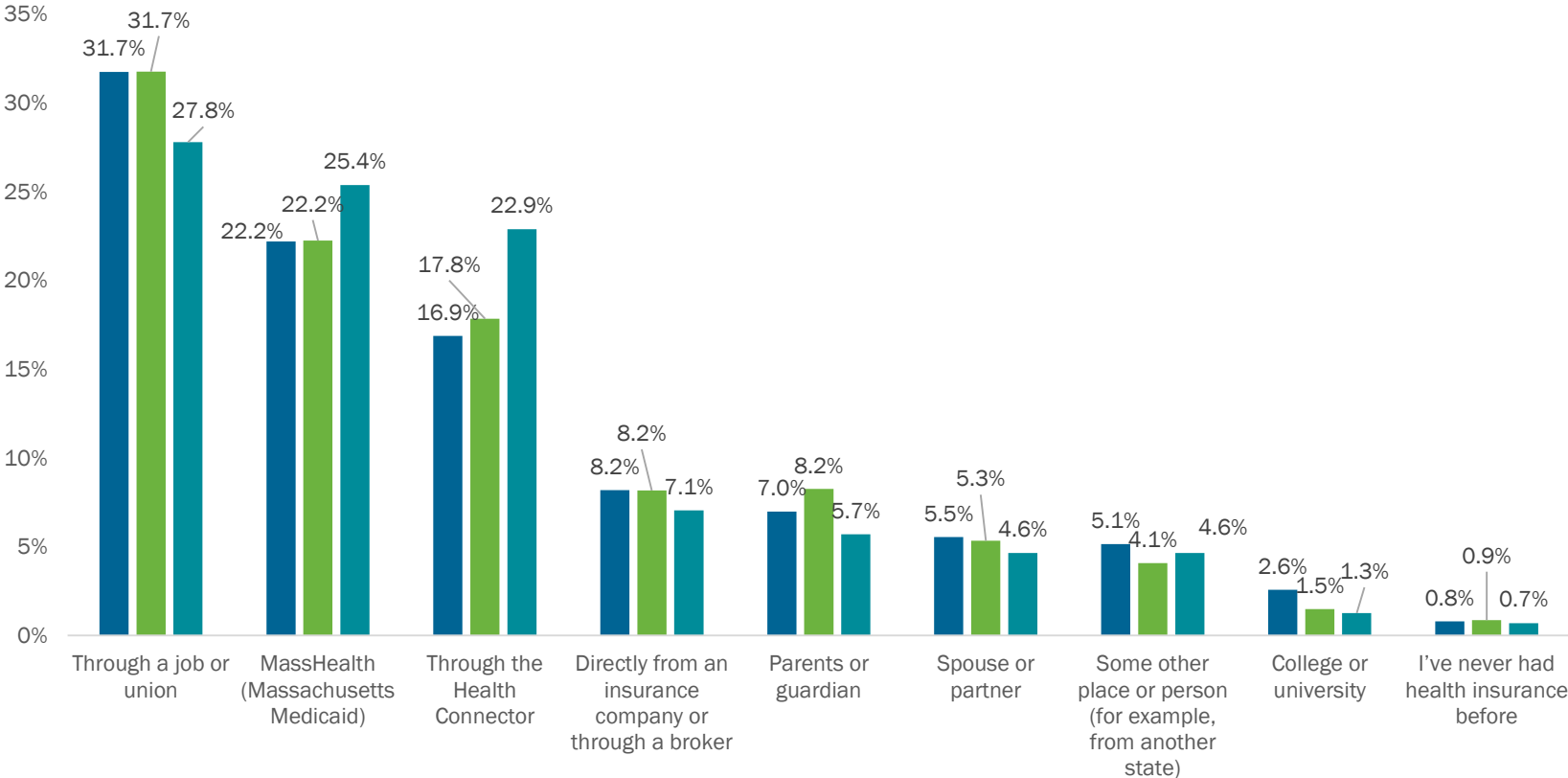
Before you got your current health plan, how long had it been since you last had health insurance?



New Member Survey Results, cont'd

Compared to prior years, new member survey respondents more often cited MassHealth or Health Connector coverage as their last type of insurance.

Before you got your current health plan, where did you get your health insurance?



2019 Shopping: Renewing Members

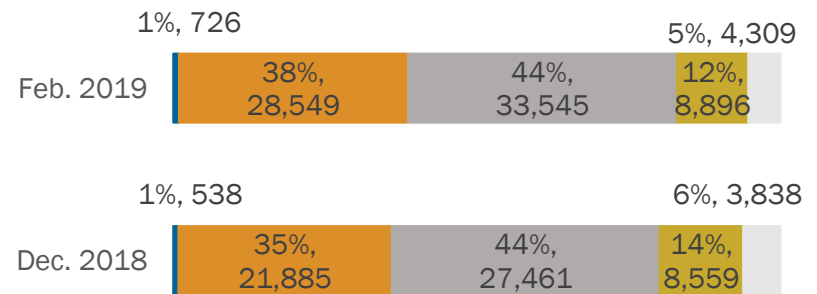
Shopping activity was lower than last year, consistent with expectations.

- 27% of members took a shopping action, compared to 36% last year.
- Relatively flat premiums and a stable product shelf gave members fewer reasons to shop
- Fewer than 5,000 members eligible for ConnectorCare in both years switched plans
- Bronze was the “stickiest” tier among non-ConnectorCare renewing members
 - 95% of 2018 Bronze members stayed in the Bronze tier for 2019
 - More members switched to Bronze than to any other tier

Non-ConnectorCare to Non-ConnectorCare renewals by Carrier and Tier as of 1/24 (N = 45,946)

	Same Carrier	Different Carrier
Same Tier	88.3%	3.1%
Different Tier	4.8%	3.7%

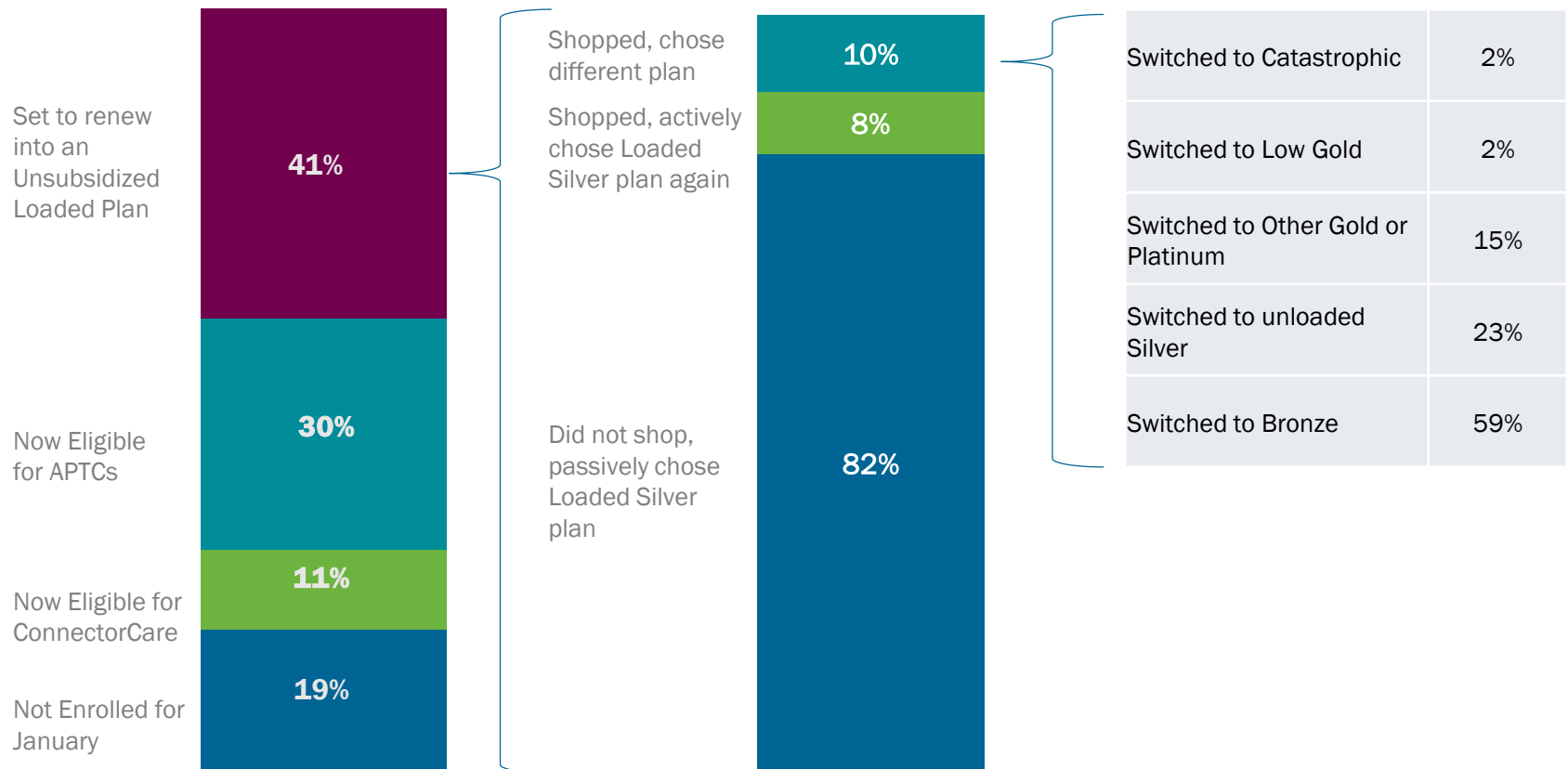
Non-ConnectorCare Enrollment by Tier, Dec. 2018 and Feb. 2019



■ Catastrophic ■ Bronze ■ Silver ■ Gold ■ Platinum

Members in Silver “Loaded” Plans

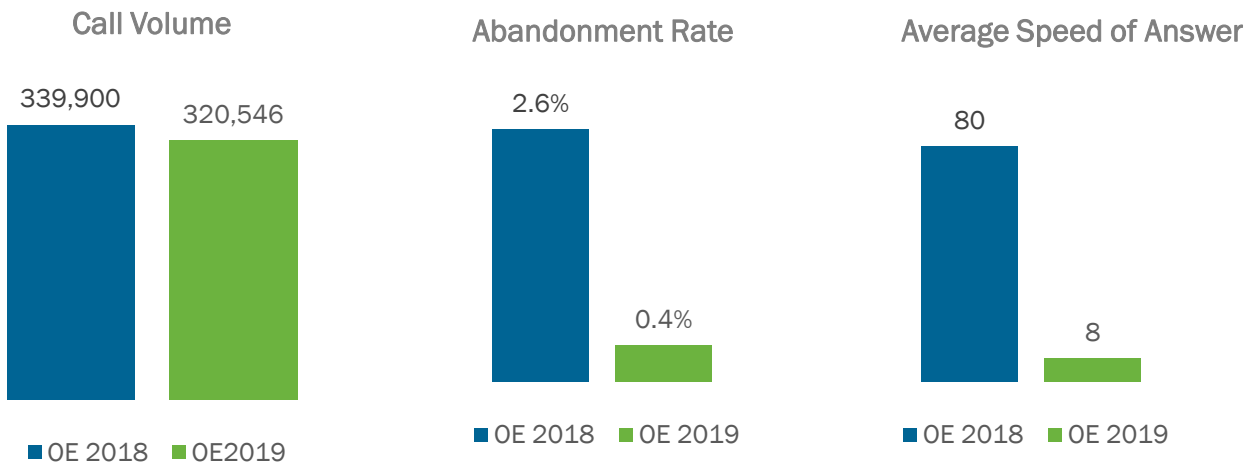
Two-thirds of the nearly 18,000 members who were projected to renew into a silver “loaded” plan took action to move, leaving 6,400 members who renewed into a loaded plan without subsidies.



Contact Center

The Contact Center was readily available to support members during this year's Open Enrollment.

- The call center helped members to understand their 2019 eligibility, update their application, and shop and enroll into a plan for 2019.
 - A 6% reduction in calls to the call center can be attributed to fewer members impacted by premium increases as compared to the previous year and IVR improvements to allow self-service.
- The walk-in centers saw a slight increase in activities this Open Enrollment, with payment (42%) and document drop-off (16%) being the two highest volume drivers.
 - Boston (23%) and Brockton (28%) saw the highest year-over-year increase in volume.



Walk-In Center Activity		
	OE 2018	OE 2019
Boston	9,819	12,035
Brockton	2,690	3,432
Springfield	3,057	3,061
Worcester	4,096	4,109
Totals	19,662	22,637

Comparison to Other Exchanges

Massachusetts led the nation in year-over-year percent growth.

- Final numbers from healthcare.gov show a national average of 3.8% decrease in Exchange plan selections for FFM states, compared to OE2018
- Overall, state-based marketplaces saw a 1.6% increase in plan selections for 2019 compared to 2018
- CMS is expected to release official final numbers for all state and federal marketplaces in the coming months


States with Highest YoY Percentage Growth in 2019 OE Compared to 2018 OE

State	2018 Plan Selections	2019 Plan Selections	YoY Change
Massachusetts (SBM)	267,260	300,085	12.28%
Idaho (SBM)	94,507	103,154	9.15%
D.C. (SBM)	19,289	20,894	8.32%
Oklahoma	140,184	150,749	7.54%
New York (SBM)	253,102	271,873	7.42%
Minnesota (SBM)	116,358	123,731	6.34%
Mississippi	83,649	88,542	5.85%
Colorado (SBM)	161,764	169,672	4.89%
Rhode Island (SBM)	33,021	34,533	4.58%
Florida	1,715,227	1,783,304	3.97%

Reflections

As the Health Connector prepares for OE2020, it values feedback about how to preserve what is working and continue to improve.

- Preparations are well underway for OE2020:
 - Preliminary 2020 Seal of Approval presentation to the Board today
 - HIX system updates to support Open Enrollment will be made in late summer/early fall
 - Further refinement and strengthening of outreach strategies

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 arm extending from the top, holding a horizontal beam. The scale is positioned on the left side of the slide, with the right side being a plain light blue background.

The Remaining Uninsured: Goal Setting for 2019-2022

Covering the Remaining Uninsured

Issue: Since Chapter 58, the Health Connector has played a leading role in educating Massachusetts residents about the importance of having health coverage, and it serves as the “front door” to connecting residents who don’t get coverage from an employer with the coverage for which they qualify. Despite ongoing outreach and a state-level individual mandate, there remains a population of 200,000-250,000 uninsured in the Commonwealth.

- In 2017, MA had the lowest uninsured rate in the U.S. at 3.7% (compared to a national uninsured rate of 8.8%)
 - CHIA shows this rate as steady since 2014, but national sources show an increase
- A 2016 report found the remaining uninsured split evenly between chronically and temporarily uninsured residents
- Immigration status is likely a barrier to covering some portion of the uninsured – and federal public charge proposal likely to worsen coverage rates among those who are lawfully present and eligible for coverage
- As a percentage of its budget, Massachusetts is one of the state-based exchanges that spends the least on marketing and outreach
- The Health Connector is currently conducting an outreach experiment (J-PAL Eligible But Uninsured enrollment project) to test ‘prompts’ for enrolling
- Detailed mandate compliance data is not available to the Health Connector for outreach purposes

Uninsured sub-populations	% of overall uninsured population	Potential barriers to obtaining coverage
“Young Invincibles” aged 18-34	44%	<ul style="list-style-type: none"> • Unaware of or newly subject to individual mandate • Low risk aversion • High cost of coverage • No plan for coverage after losing parent’s health insurance
Men	65%	<ul style="list-style-type: none"> • Low risk aversion • May place low priority on their own health
Childless, single adults	63%	<ul style="list-style-type: none"> • “No one to stay healthy for” mentality • Lack of contact with entities (schools, doctors etc.) that care if they have health insurance
Minorities	24% Hispanic 14% Other or multiple races 7% Black	<ul style="list-style-type: none"> • New residents of MA (international migrants) • Wariness about engaging with government programs • Language barriers
Low income individuals	78% (under 400% FPL)	<ul style="list-style-type: none"> • Cost of coverage • Fluctuating eligibility

Covering the Remaining Uninsured

Questions for Board Consideration:

- What additional steps should the Health Connector pursue to escalate its efforts to get closer to 100% coverage in the Commonwealth?
- Should the Health Connector consider increasing outreach and marketing investments? How should it approach this decision?
- Are there mechanical solutions the Commonwealth should explore to automatically enroll individuals who are eligible for free or low-cost coverage? And/or automatically provide applications to specific populations at higher-risk of uninsurance or experiencing life transitions?
- Are there adjustments to our individual mandate that we should explore, like the “down payment” idea from Maryland (i.e., where an individual without coverage is able to use the “penalty” they have to pay for non-coverage towards a “down payment” on coverage, and individuals can be automatically enrolled into coverage by the state)?
- Are there partnerships that can be established between the Health Connector and other state agencies to help identify and support the uninsured in obtaining coverage, while also being mindful of privacy?