Serco Business

Strategies to Address Inequities in Federal Marketplace Eligibility Support Program

Serco Health Equity Team

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Background

Serco supports the CMS Marketplace Eligibility Support (ES) program in CCIIO's Division of Offline Verifications and Operations (OVO) to verify consumers' information offline to resolve data matching issues (DMIs). As part of the program, Serco launched a health equity (HE) initiative to improve Federal Marketplace coverage outcomes and experience by:

- 1. reducing burden of Federal Marketplace application eligibility requirements
- 2. streamlining DMI verification processes and communications to increase consumer resolutions

Projects Implemented to Address Health Equity

Consumer experience:

- Conduct of research on consumer outreach materials
- Determine where improvements could be made to increase consumer experience and outcomes

Annual Income Analyses:

Annual income (AI) DMIs were identified for review because:

- Consumers with low income may be more likely to have highly variable income that changes across the year and may be less likely to have income documents
- Our data indicated high rates of DMI generation and expiration among consumers who could not verify their household income
- Program improvements included:
 - Expanding the income threshold for generating Al DMIs to 50% or \$12,500 variance to verify income
 - Removing AI DMI generation when IRS data is not available
 - Extending the time period consumers have to resolve their AI DMI as described in the 2024 HHS Notice of Benefit and Payment Parameters¹

Methods

Consumer experience:

- Conducted focus groups with eligibility support workers (ESWs) to identify challenges consumers encounter in resolving their DMIs
- Reviewed call scripts and outreach materials to find ways to streamline verifications and consumer communications
- Reviewed Spanish language materials to ensure use of plain language and culturally and linguistically appropriate services (CLAS) standards

Annual Income Analyses:

- Analyzed data from Plan Year (PY) 2019, PY2021, and PY2023 Federal Marketplace applications that included one or more annual income DMIs
- Focus was on identifying segments of the population that may have been more adversely affected by current annual income DMI rules
- Descriptive statistics (e.g., counts, proportions, ranges) used to determine annual income DMI generation, document submission, resolution rates by demographics
- PY2023 data were included to look at trends after program changes were implemented

Findings

Consumer experience:

- Updated Spanish language call scripts and materials to ensure use of plain language and CLAS standards
- Revised outreach protocols, including moving the timing of outreach calls to earlier in the DMI cycle
- Overall AI DMI resolutions rates increased from 26 percent PY22 to 33 percent in PY23

Annual Income Analyses:

- DMI resolutions among consumers who submitted documents to verify income increased about 2 percentage points for PY2023 versus PY2019
- Al DMI expiration rates decreased from PY2019 to PY2023, with the biggest decrease seen among those consumers with an attested income less than \$15k
- Between PY2019 and PY2023, there was an increase in AI DMIs generated by consumers identifying as "other" (4% in 2019 vs. 26% in 2023) and a decrease in AI DMIs generated by consumers identifying as white (43% vs. 11%)

Implications and Next Steps

Based on these efforts to remove disparities and increase access to health insurance through the Federal Marketplace:

- more consumers are eligible for and maintain financial assistance
- Updates to consumer communications offer consumers more time to communicate with Serco, helping to advance health equity
- As the Marketplace has grown and demographics have shifted, our program has adapted to support this growth

Moving forward, we are analyzing sexual orientation and gender identity data, conducting studies to further improve consumer communications, and improve information sharing with Marketplace partners to decrease DMI generation among consumers.

References

1. Centers for Medicare and Medicaid Services. (2023, April 17). HHS Notice of Benefit and Payment Parameters for 2024 Final Rule. https://www.cms.gov/newsroom/factsheets/hhs-notice-benefit-and-paymentparameters-2024-final-rule





