



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza
Boston, MA 02108*

CHARLES BAKER
Governor

MARYLOU SUDDERS
Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, August 13, 2015
9:00 AM to 11:00 AM

One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Louis Gutierrez, Mark Gaunya, Rina Vertes, Daniel Judson, Dimitry Petion, Louis Malzone, Michael Chernew, Dolores Mitchell, Kristen Lepore. Alice Moore chaired the meeting in place of Marylou Sudders, who was unable to join. Celia Wcislo participated by telephone due to illness.

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

- I. Minutes:** The minutes of the July 9, 2015 meeting were unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began by stating that the Health Connector (CCA) has two main priorities this year: customer experience improvement and system updates for the Commonwealth's first renewals period. He stated that CCA is making progress month-by-month and that this afternoon, a "Go/No Go" decision will be made for new hCentive software needed to process renewals this fall. He recognized the significant efforts of many organizations' staff involved in meeting milestones thus far: CCA, MassHealth, Massachusetts Office of Information Technology, Optum, hCentive, Dell and Deloitte. He also noted that CCA has been working to incorporate the review and input of stakeholders regarding the payment portal and provider search tool.

Mr. Gutierrez then reviewed CCA membership trends, stating that CCA currently has about 167,000 members in health coverage. He noted that of these, 122,000 people are

enrolled in ConnectorCare and 45,000 are receiving only tax credits or unsubsidized coverage. He added that there is modest growth in the number of dental groups and members, with about 43,000 dental enrollees currently. He then discussed the upcoming Open Enrollment period, stating that Open Enrollment 2016, which will run from November 1st through January 31st, is the next chapter in the commitment to universal coverage. He stated that he looks forward to improvements to this year's Open Enrollment, which will include online self-service, convenient in-person service locations and extended call center hours. He noted that although Open Enrollment does not begin until November 1st, it is upon us now with preliminary eligibility notices planned to be sent later in August. Mr. Gutierrez then summarized the agenda for the meeting, stating that Open Enrollment plans and customer service enhancement items will be presented to the Board, in addition to an administrative item for the retirement of an obsolete system. He explained that each item was accounted for in the Health Connector's Fiscal Year 2016 (FY16) budget approved by the Board in July, so the items presented today represent a request for the application of funds, not for additional funding. He then provided an update on the Risk Adjustment program, stating that all payers met their obligations under the program. He noted that disbursements are slated for distribution August 21st. Finally, Mr. Gutierrez stated that CCA's programmatic audit was performed by KPMG and is available on the CCA website. He added that areas noted for corrective action are being pursued.

The PowerPoint presentation "Executive Director's Report: Customer Experience Update and System Update" was then presented by Vicki Coates and Patricia Wada. Ms. Coates began by emphasizing that although Open Enrollment does not begin until November 1st, work is under way in preparation and the project is a large, cross-functional effort. She then discussed the project's critical path and noted that some significant milestones have already been achieved. She stated that in late August, members will begin receiving notices and a communication advising them that Open Enrollment is coming soon. She noted that progress is monitored on a daily basis and that contingency plans are in place should it appear that a milestone is in jeopardy of not being met. Ms. Coates then discussed the call center, stating that Service Level Agreements (SLAs) for the Abandonment Rate and Average Speed to Answer (ASA) continue to be met but also noted that call volume is down due to currently being in Closed Enrollment. Next, she displayed the most recent customer service data and stated that it shows there is still much work to be done to improve customer service. She noted that the primary areas of focus are billing and payment questions as well as repeated calls to the call center to resolve the same issue. She described some of the ways in which information regarding customer service issues is gathered, including listening to member phone calls daily and completing focus groups with frontline staff to determine the primary barriers to customer service improvements. Ms. Coates noted that the root causes of customer issues are also investigated, particularly with regards to members who call multiple times to resolve the same issue. She then described improvements to staff training and stated that a catalogue of additional needed training is being developed. She stated that training is being revised and emphasized that Customer Service Representatives (CSRs) must earn the right to serve CCA's members. She then announced the pilot launch of the "assister line," a phone line dedicated to Navigators. She stated that this line allows

Navigators to have questions answered while they are assisting a member. She noted that the pilot was launched on August 3rd and is being adjusted based on initial feedback from participants. Ms. Turnbull thanked Ms. Coates for implementing the assister line, noting that the consumer advocate community has been suggesting such a tool for a long time. Ms. Turnbull stated that in the past, the ability of CCA CSRs to access MassHealth data has been an impediment to customer service and asked how CCA is coordinating with MassHealth to improve customer service. In response, Ms. Coates stated that CCA is coordinating with MassHealth via a workgroup focused on ways to move members between CCA and MassHealth seamlessly. In response to a question from Ms. Turnbull regarding financial penalties for our customer service vendor, Ms. Coates explained that our vendors have SLAs such as abandonment rates and ASA, among others, and there is a financial penalty if the SLAs are not met. Ms. Coates added that a meeting is held with Dell every month and an action plan is put in place when performance goals are not met.

Ms. Wada then presented the “System Update” portion of the PowerPoint. Ms. Wada began by outlining the recent Health Insurance Exchange/Integrated Eligibility System (HIX/IES) website releases. She stated that she will concentrate on Release 6.5 in this presentation but noted that Release 6.0 was deployed on July 17th. She stated that the Release 6.5 prioritizes two significant items: the delivery of new functionality in support of Open Enrollment as well as functionality for batch processes. She noted that these releases are milestones from the Open Enrollment critical path presented earlier by Ms. Coates. She outlined the list of Release 6.5 functionality and stated that the “Go/No Go” decision will occur later today for Release 6.5 deployment the following day. She then listed three key activities supported by Release 6.5 and their delivery dates: preliminary eligibility processing, preliminary determinations and auto enrollment. She stated that Release 6.5 was broken into two sprints. She explained that this allowed CCA to work more closely with the development team and participate in early demonstrations while development work was still ongoing. She added that this plan also allowed the code to be delivered earlier so that Quality Assurance testing, CCA testing and MassHealth testing could begin sooner. She noted that the “Go/No Go” decision is based on ongoing review of testing results. Additionally, she said, user guides must be put in place for customer service teams to be prepared for the Release. In response to a question from Ms. Mitchell, Ms. Wada stated that Release 6.5 will allow us to support the renewals process, something that we did not have last year. Mr. Gutierrez confirmed Ms. Mitchell’s statement that this is a very significant development compared to last year. Mr. Gutierrez went on to explain that Release 6.5 is the big release for this fall’s Open Enrollment. He noted that since it is a joint system with MassHealth, there is a lot of balance and coordination involved. He added that while Release 7.0 is not crucial to Open Enrollment, it will carry important defect resolution.

III. Open Enrollment 2016 Readiness & Outreach Activities (VOTE): The PowerPoint presentation “Open Enrollment 2016 Readiness and Outreach Activities (VOTE)” was presented by Jen Bullock, Vicki Coates, Rebekah Diamond, Audrey Gasteier and Ashley Hague. Mr. Gutierrez introduced the presenters and Ms. Hague began the presentation by stating that the topics covered in this presentation relate to Release 6.5 functionality. She stated that this Open Enrollment period will be the first time CCA members are renewed

in this system under the Affordable Care Act (ACA). She then outlined the presentation and stated that it will cover what the Open Enrollment process will entail for CCA members. She added that there will be three votes presented at the end of the presentation requesting the application of funds for already-approved items associated with extended Open Enrollment call center hours, contingency backstops and Customer Interaction Centers (CICs).

Ms. Diamond then presented the redeterminations and renewals process for this year's Open Enrollment. She explained that Open Enrollment is the time when members can switch plans or shop without needing a qualifying event. She stated that as long as members pay their premiums, they will continue to have coverage. As Ms. Hague noted earlier, Ms. Diamond stated that under the ACA, CCA is required to redetermine and renew its membership into coverage and that this is the first year of this process since members were required to fully reapply and reenroll last year. In response to a question from Ms. Turnbull, Ms. Diamond stated that CCA decided to pursue a state-specific approach to renewals and redeterminations. She explained that states can either follow the law exactly, follow the Federally Facilitated Marketplace's (FFM) approach or develop a state-specific process for renewals and redeterminations if neither of the first two approaches meet the state's needs. Ms. Hague added that the federal rules prescribe the number of days during which notices can be sent, etc., and that CCA wanted to establish earlier deadlines to build in time to deploy the necessary website releases.

Ms. Diamond continued in reviewing the redeterminations and renewals process, noting that only active enrollees will be noticed and renewed. She explained that these members will receive two notices: a preliminary eligibility notice and a renewal notice. She stated that the preliminary eligibility notices will be sent in August following the implementation of Release 6.5 functionality. She explained that this notice will only be sent to people who submitted an application for subsidized coverage last year; unsubsidized members will not receive the notice because CCA does not have information about their income. She stated that the preliminary eligibility notice will include the member's 2016 Federal Poverty Level (FPL) and program eligibility and will instruct the individual to update their information if necessary. She underscored the importance of self-service functionality introduced in Release 6.5 as it allows individuals to make updates to their information without calling customer service. In response to a question from Ms. Turnbull, Ms. Bullock stated that calls to update information account for about 20% of CCA's call center volume in Closed Enrollment but noted that there is no comparable number for last year's Open Enrollment since people were filling out applications for the first time. Ms. Diamond then discussed the preliminary eligibility process, stating that the Federal Data Services Hub (FDSH) will be checked for death, non-Employer Sponsored Insurance Minimal Essential Coverage and disability. She noted that CCA will not check the FDSH for tax year 2014 data, as the FFM is doing, because members actively reported their income to CCA last year. She added that the final eligibility notice will be sent in late October once premium rates are finalized. In response to a question from Ms. Turnbull, Ms. Diamond stated that several stakeholders, including consumer advocates, carriers and staff were engaged in the drafting of both notices. Ms. Turnbull asked if the notice is available in multiple languages and Ms.

Diamond responded that the hCentive system does not have the capacity to generate notices in other languages but that the notice includes a babel number so that the call center can translate the notice. Ms. Diamond then shared sample notices and stated that some aspects were adopted from materials created by other states. She discussed the information included in the renewal notice, including a Frequently Asked Questions section, the individual's mapped plan for 2016, tax credit amount and dental plan if they are a dental enrollee.

Mr. Chernew inquired about the expected accuracy of individuals' reported income for 2016. Ms. Hague replied that it is difficult to tell how accurate individuals' reporting will be and that this was a consideration when deciding to send the preliminary notice earlier than the FFM. Mr. Chernew stated that it will be important to understand that the projected income may be inaccurate because some individuals may not know what their income will be the following year. He added that it will be important to have the capability to rectify inaccurate income reporting. Ms. Hague stated that one way to address this issue will be to remind people to update their information throughout the year. In response to a question from Ms. Turnbull, Ms. Hague stated that imprecise reporting of projected income will not affect individuals' ConnectorCare subsidies but they may still need to reconcile and pay back in the form of tax credits. Mr. Chernew expressed concern that when individuals are notified that they owe money because their income was not the same as projected, the call center will be overwhelmed. In response, Ms. Hague stated that this was factored into CCA's call center forecasting. Mr. Gutierrez added that last year, CCA did not allow for an administrative Special Enrollment Period (SEP) around tax credits. CCA did not implement this because the number of CCA members requiring Advance Premium Tax Credit reconciliation was small. This year, however, he stated that CCA may consider an administrative SEP for tax credits so that there is a mid-year checkpoint when individuals are prompted to correct their income projections.

Ms. Diamond then discussed the online application, noting that individuals with a 2015 application in the system will automatically have a 2016 application created for them. She stated that the system makes it easy for individuals to apply changes to both applications. She noted that system demonstrations were shared with internal and external stakeholders such as consumer advocates, carriers, Dell and CCA staff. She then provided an overview of plan mapping. She stated that members can remain in their current plan if it is available in 2016 and that over 90% of members will have the same plan available to them unless they move or experience some sort of eligibility change making it necessary that they change plans. If an individual's plan is no longer available to them, their carrier can propose a similar plan in which to map the individual. She stated that CCA must approve of the proposed mapping. If the plan is not available, CCA will first put the individual into a plan with a similar benefit level within the same carrier. If a similar plan is not offered by the same carrier, she explained, the individual will be mapped into the lowest-cost plan with a similar level of benefits. She emphasized that individuals will be notified of their new proposed plan and will be able to shop if the plan is not right for them. She added that unless an individual checks out with a completely new plan, they will be auto-enrolled into the proposed plan but will again have the

opportunity to shop for a new plan in January if they do not want their previous plan for any reason. Next, Ms. Diamond shared a renewals and redeterminations timeline, stating that Release 6.5 in August will allow for the sending of preliminary eligibility notices in late August and early September, as well as self-service. She explained that once final rates are approved and 2016 plans are loaded into the system, individuals will receive a renewal notice in October, allowing them time to shop for a new plan and pay for January 1st coverage by the December 23rd payment deadline.

Mr. Petion inquired about including information regarding providers for individuals mapped to a new plan. Ms. Diamond stated that CCA's goal is to keep members with the same carriers since providers tend to remain with the same carriers. She noted, however, that since CCA does not have data on members' Primary Care Providers (PCPs), CCA cannot link members to a plan based on PCP. She added that individuals will be encouraged to find out if their PCP is covered when shopping for a plan. Mr. Gutierrez agreed and emphasized the importance of the provider search tool that will be implemented in advance of Open Enrollment. In response to a question from Mr. Petion, Ms. Hague stated that CCA is not notifying individuals of other providers in their areas because CCA is not the entity that communicates provider changes to members; that is done through the carriers. She added that most members will remain in the same network as 2015. Mr. Gaunya commented that providers tend to have relationships with carriers but their network could vary by product. In response, Ms. Hague stated that CCA requires products to be offered on a carrier's broadest network so that members can move across metallic tier and be able to keep their providers. Ms. Mitchell noted that it won't be possible to protect consumers from all provider changes and that while it is useful to give people aids to help them choose plans covering their providers, it is the carriers' responsibility to communicate their networks to the public. Ms. Mitchell added that it should be made clear that once Open Enrollment ends, a member can't move to another carrier even if their provider moves or is no longer in the network for any reason.

Ms. Bullock then reviewed Open Enrollment 2016 operational readiness. She stated that during last year's Open Enrollment, the call center experienced unprecedented call volume since members had to actively apply and enroll. She stated that this year, the goal is to increase access to quality and timely customer service. She noted that this is especially important since the new self-service functionality on the website will bring a new customer experience. She outlined the activities undertaken to improve customer service. She stated that to improve customer service this year, CCA is seeking authorization to expand call center business hours, add staff and use funding for contingency staff if needed. She added that CCA plans to use a new community-based approach for in-person service in locations across Massachusetts. She then discussed the process for developing a comprehensive operations forecast to assess staffing needs for the fall. She stated that CCA works with Dell and conducts interviews with the operations, policy and technology teams in addition to other stakeholders. In addition, she stated that mailing dates and volumes are monitored as well as system releases and Closed Enrollment call trends. She compared the proposed Open Enrollment 2016 extended call center hours to last year's hours and stated that the additional hours of operation will allow customers to have their questions answered at times more convenient

to them. She noted that extended hours will also spread call volume across a longer time period. Ms. Bullock then discussed the proposed distributed service model known as CICs. She stated that this model will allow people to seek help in their communities. She noted that three other states – Colorado, Connecticut and Kentucky – have implemented similar retail locations. She listed the proposed locations for the CICs, including a year-round location in Springfield as well as three pop-up sites in northeastern and southeastern Massachusetts. She stated that CCA is interested in co-locating where possible and that rent costs would be reduced accordingly. She added that CCA would like to convert the existing Boston site into a CIC. She then outlined the three distinct work orders and contracts for Board approval in support of these activities. She stated that the extended call center hours and distributed service model work orders are with Dell and that the contingency staffing contract would be with a to-be-determined vendor if needed.

Ms. Gasteier then reviewed CCA's Open Enrollment 2016 outreach strategy. She stated that the outreach strategy is broader than the redeterminations and renewals process described by Ms. Diamond and reviewed CCA's outreach goals for the upcoming Open Enrollment period. She stated that CCA is pursuing a "light touch" approach for existing members. For the general public, she explained, CCA aims to increase awareness and understanding about its role and services offered. She stated that people move in and out of coverage throughout the year and that CCA wants people to know they can apply for coverage if they start a new business, recently moved to Massachusetts or started a new job, among other circumstances. Finally, she stated that CCA is targeting the remaining uninsured, which has been a priority for CCA since its inception. Next, Ms. Gasteier discussed populations with the highest rates of uninsurance. She stated that while Massachusetts has reached the highest level of coverage in the nation, 3.7% of our residents remain uninsured. She added that data from the Center for Health Information and Analysis (CHIA) shows that about 10% of people experienced a gap in coverage in the past year. She stated that the remaining uninsured are predominantly lower income (below 300% of FPL) so those individuals may be eligible for ConnectorCare or MassHealth coverage. She reviewed additional demographic data that shows that people who are more likely to be uninsured tend to be non-elderly, male, Hispanic, and Black/non-Hispanic individuals. She explained that rich geographic data is also available and stated that areas including Boston, Lawrence, Brockton, Lynn, Fall River and Springfield tend to have higher numbers of uninsured individuals. She added that this data has informed CCA's strategy for Navigators and other outreach activities. She noted that CHIA's annual household survey cites the two primary reasons people are uninsured as cost and not knowing how to enroll. Ms. Turnbull noted that a California study showed that 40% of the remaining uninsured have an immigration status barrier to Medicaid or other subsidies and asked if we have data on this issue in Massachusetts. Ms. Gasteier replied that we do not have access to immigration status data of the uninsured but that anecdotal information suggests that immigration issues may prevent individuals from accessing or seeking coverage and subsidies.

Mr. Chernew remarked on the cost-effectiveness of outreach activities. He noted that it is important work but that the cost-benefit tradeoff cannot be ignored. Mr. Gutierrez stated

that a related question is, “What is the natural rate of uninsurance with churn?” Mr. Gutierrez stated that we do not have empirical data on cost-benefit as our enrollment increases. He noted that insurance coverage peaked in 2010 at 98% so we know that number is attainable if the statistics are correct. He commented that he does not think we have done all we can to reach communities in need but acknowledged the need for caution given sustainability challenges. Mr. Chernew stated that CCA needs to balance the overall money spent compared to the number of new enrollees gained.

Ms. Gasteier reviewed the components of CCA’s multi-faceted 2016 outreach campaign. She stated that the first is direct-to-consumer contact focusing on members and potential members. She noted that CCA has implemented an e-mail collection campaign and is creating web-based tools to better educate consumers. She added that CCA is working on a potential partnership with the Department of Revenue (DOR) that will be discussed in detail later in the presentation. She stated that the second type of effort is focused on community awareness and enrollment assistance. She stated that this includes activities such as the Navigator program as well as establishing a new network of community partners beyond healthcare access groups. The third, she explained, is media and public education. She stated that CCA’s media strategy was presented to the Board in June and that CCA plans to move away from television advertising and toward traditional paid media targeting non-English speaking communities, ethnic media and targeted corporate partnerships. Ms. Gasteier then discussed plans for direct-to-consumer contact. She stated that existing members will receive e-mails and postcards outlining what they should expect from this year’s Open Enrollment in addition to inserts in invoices and flyers. She noted that a campaign will be launched to remind members to update their income information as it relates to their tax credits and subsidies. She said e-mails and postcards will also be sent to individuals who applied previously but did not enroll. She added that outreach materials will be used to promote utilization of CICs. Next, she discussed CCA’s potential outreach partnership with DOR. She explained that CCA works with DOR to administer the individual mandate and that filers report to DOR whether they meet those standards of coverage. She stated that in the most recent year for which data is available, approximately 180,000 adult filers reported that they do not have Minimum Creditable Coverage (MCC). She stated that CCA is working with DOR to send a mailing to these individuals. She thanked DOR for their willingness to partner with CCA on this project. She added that in the future, CCA hopes to work with DOR to amend tax forms so that when individuals report that they do not have MCC, they can check a box indicating that they are willing to receive information regarding how they can enroll in coverage. Ms. Hague added that DOR is not providing CCA with individuals’ information; rather, DOR will send the communication on CCA’s behalf.

Ms. Gasteier then provided an overview of community partnerships and the Navigator program. She stated that CCA is pursuing a new network of partners outside of the healthcare access setting, such as housing entities, new immigrant groups, new residents of Massachusetts, tax preparers for low income populations and state and municipal leaders who interface with these groups. She noted that many uninsured individuals work but are not eligible for coverage, so CCA is seeking to partner with employers who can help their employees get insurance. She stated that the Navigator program is a key

outreach tool and that CCA was pleased with the number and quality of this year's applicants. She provided an overview of the Navigator program, stating that it is a required ACA program fully funded by the state. She stated that last year's program focused on member transition, while the focus this year will be to outreach the remaining uninsured and maximize geographic coverage. She then reviewed the goals of the FY16 Navigator program: target the uninsured, grow awareness and retain membership. She stated that 14 organizations were selected for FY16, 12 of which are returning to the program. She stated that the two new organizations are Tapestry Health in Springfield and Health Care for All (HCFA). She noted that CCA has worked with HCFA in many capacities in recent years. She thanked all applicants and stated that three organizations participating in last year's program were not reselected based on their scores compared to other applicants. In response to a question from Mr. Chernew, Ms. Gasteier stated that Navigator success is measured by required monthly reporting with metrics including the number and characteristics new enrollees. Ms. Hague added that a goal-setting process is conducted with each Navigator organization because each organization is different. She stated that each Navigator has a targeted number of people to reach and number of events to hold. She noted that this year, Navigators will focus on outreach activities because CCA no longer has federal grant funding to engage in the same level of outreach as in previous years. She added that in the past, Navigator funding amounts were reduced if a Navigator was not meeting its goals. Mr. Chernew emphasized the importance of aligning Navigator success metrics with their stated goals. Ms. Gasteier then shared a map of Massachusetts showing concentrations of the uninsured and enrollment assisters. She explained that towns in darker red represent a greater concentration of uninsured individuals and noted that this data comes from the Blue Cross Blue Shield Foundation. She stated that CCA used this data to ensure assisters are located where they are most needed. Ms. Gasteier said she is pleased with the robust coverage statewide and noted that this map does not include CCA's civic engagements and community partnerships. Lastly, she provided a brief overview of CCA's media and public education strategy that was presented to the Board in June. She stated that it is focused on earned and social media as well as flyering in high-traffic areas. She noted that responses from communities thus far have been enthusiastic. The Board voted unanimously to authorize the Executive Director to enter into work orders with Dell Marketing, LLP 1) to expand call center business hours and 2) to implement CICs and a Boston walk-in center redesign, on the terms set out in this presentation. Additionally, the Board voted unanimously to authorize the Executive Director to enter into contract(s) or work order(s) with Dell, other agencies, or other operational support vendors, if required, to provide staff augmentation, up to an amount of \$900,000.

- IV. Decommissioning Dell 2.0 Financial Management System (VOTE):** The PowerPoint presentation "Decommissioning Dell 2.0 Financial Management System (VOTE)" was presented by Jason Hetherington. Mr. Hetherington began by providing background on the Financial Management System (FMS) 2.0, stating that it supported premium invoicing, collections and enrollment processes as part of the CGI project. He stated that a new infrastructure, FMS 3.0, was implemented by Dell to de-risk implementation of the hCentive system. He explained that there are major differences between FMS 2.0 and 3.0 and that FMS 2.0 will be retired. He stated that this work order provides for maintenance

of FMS 2.0 through March 2016. He then outlined details of the work order, stating that maintenance through March 2016 allows for a runout period for active policies as well as for archiving work to happen after the end of Open Enrollment. He noted that the \$1.2M request was part of the budget presented to the Board in June and that this request is for a repurposing of those funds. He described the major items in the scope of work as the support and maintenance of the FMS 2.0 system through December 2015, infrastructure support through March 2016 and the archiving and secure delivery of member data back to CCA. The Board voted unanimously to authorize the Executive Director to enter into a work order with Dell Marketing, LLP on the terms set out in this presentation.

The meeting was adjourned at 10:43 AM.

Respectfully submitted,
Maria H. Joy