



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, September 10, 2015
9:00 AM to 11:00 AM

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

Attendees: Daniel Judson, Louis Malzone, Louis Gutierrez, Mark Gaunya, Rina Vertes, Dimitry Petion, Nancy Turnbull, Michael Chernew, Marylou Sudders, Dolores Mitchell, Celia Wcislo. Lauren Peters attended in place of Kristen Lepore.

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

- I. Minutes:** The minutes of the August 13, 2015 meeting were unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began by stating that there are seven weeks left until the start of Open Enrollment. He noted that the focus of today's Board meeting will be the Seal of Approval (SOA) and Open Enrollment readiness. He then discussed the Health Connector (CCA)'s enrollment, stating that as of September 1st, CCA has approximately 175,000 members enrolled in Qualified Health Plans (QHPs), 130,000 of whom are enrolled in ConnectorCare. He added that about 35,000 people are enrolled in dental coverage through CCA. He noted that it is encouraging to see continued growth during Closed Enrollment and stated that this is momentum on which to build during Open Enrollment.

Mr. Gutierrez then discussed recent milestones critical to Open Enrollment readiness. He stated that the last Board meeting took place right before a "Go/No Go" decision to deploy Release 6.5. He stated that it was a "Go" decision, allowing for the functionality

needed to generate preliminary and final eligibility notices as well as 2016 auto-enrollment. He noted that notices were sent over the last several weeks and added that he hopes the transition to 2016 coverage will be as seamless as possible. Mr. Gutierrez then provided an overview of the final SOA, outlining three key outcomes of the process. First, he said, ConnectorCare members will experience very small increases in the lowest cost plans, in line with the affordability schedule. Second, he stated, CCA is recommending the inclusion of Bronze plans and will map current Bronze members to Bronze plans for next year. Third, he stated that 90% of members will see their plans continued next year. In closing, he discussed operational improvements, stating that this year's Open Enrollment will include 200 additional customer service hours, four additional walk-in centers and improvements to the website such as an enhanced payment portal and a provider search tool.

The PowerPoint presentation "Executive Director's Report: Customer Experience Update" was presented by Vicki Coates. Ms. Coates began by providing a summary of the topics to be covered in the presentation: urgent services, call center performance and member feedback. She first discussed urgent services, stating that people are still having trouble having their issues resolved and that many of the issues trace back to the spring when the call center was not performing as well. She added that some of these issues require multi-step solutions and that CCA continues to look for new themes to the problems to identify their root causes. She then reviewed recent call center improvements, stating that the call center is holding gains from the last several months, particularly for abandonment rates and speed to answer. She noted that CCA is staffing up in preparation for calls to spike during Open Enrollment. She added that an assister line was opened and is experiencing about 85 calls per day. Ms. Coates then discussed issue resolution, stating that it has improved, probably because members are able to call and have their issues resolved during the first call. She noted that the gains are positive but still not where they should be. She explained that overall satisfaction is trending upward, with a 7% increase from July to August, but there is still more to be done. Ms. Turnbull noted that many fewer calls are coming in and asked how much of the gains can be attributed to operational improvements, such as higher-quality training. She also asked if CCA is receiving fewer complicated calls. Ms. Coates replied that CCA is still helping individuals with initial applications and identity proofing, so the reasons for the calls have not changed but volume is certainly lower. In response to a request from Mr. Chernew, Ms. Coates stated that it will be possible to compare call center performance for the same months in different years (such as November 2015 to November 2014) and that she will add this to her monthly dashboard. In response to a question from Ms. Wcislo, Mr. Gutierrez stated that while he was not at CCA last year, last year was heavy on first-time enrollments since it was the first Affordable Care Act (ACA) enrollment in the new system. He added that if everything goes well this year, most members will be auto-renewed so calls will lean more heavily toward premium billing and shopping questions from people who want to change plans.

Ms. Coates concluded the presentation by sharing direct member feedback. She stated that CCA has received thoughtful suggestions from members and that several areas for improvement have emerged from member feedback. She stated that these include "soft

skills” training and premium billing resolution. She explained that currently, frontline staff have limited ability to resolve premium billing issues but that CCA is working to move this to the frontline. She stated that an agent assist desk was created within the call center so that a Customer Service Representative (CSR) can receive help from senior staff so that customers’ issues can be resolved while they are still on the phone. In summary, she underscored that CCA leadership takes member feedback seriously and is committed to improving the customer experience. Secretary Sudders commended CCA staff for its agility in resolving member issues and seeking areas for continued action and improvement.

III. 2016 Open Enrollment Readiness & Outreach Update: The PowerPoint presentation “2016 Open Enrollment Readiness & Outreach Update” was presented by Jen Bullock, Rebekah Diamond, Audrey Gasteier and Jason Lefferts. Ms. Diamond began by outlining the content of the presentation, stating that progress along the Open Enrollment critical path will be reviewed, followed by a discussion of results from recently completed focus groups and a customer experience survey, and concluding with an update on the establishment of additional in-person support centers. Ms. Diamond then summarized the redeterminations and renewals process. She stated that during Open Enrollment, which runs from November 1st through January 31st, members can switch plans for any reason or enroll without a qualifying event. She stated that members can update their information for 2015 and use these updates to inform their 2016 plan choice. She stated that currently, CCA is in the preliminary eligibility phase of the process and is sending communications to members to provide them with information about the redeterminations and renewals process, highlighting online self-service. She discussed the final eligibility and renewal letter, which will be sent in October just before Open Enrollment and will contain important information including a member’s renewal plan, rate and tax credit if applicable. She then discussed the preliminary eligibility process in greater depth, stating that CCA recently completed a major milestone in the redeterminations process by sending preliminary eligibility notices to its eligible population. She added that a 2016 application was created for all 2015 individuals in the system and that new system functionality allowed for this. She stated that hubs were pinged for potential eligibility and that between August 24th and September 4th, members were sent preliminary eligibility letters. She noted that upon receiving the letter, it is recommended that members make changes for their 2016 application within 30 days. In response to a question from Ms. Mitchell, Ms. Diamond stated that individuals can contest their eligibility any time their eligibility is updated in the system, whether by a data ping or by their own update. She added that individuals have the opportunity to send in verifying documents but if they do not send in documents, CCA uses the data it has in the system. In response to a question from Ms. Mitchell, Ms. Diamond stated that CCA is moving forward all individuals’ 2015 applications to 2016 so that if they come back into the system, they will not need to complete two applications. Ms. Diamond confirmed Ms. Turnbull’s statement that as a result of preliminary eligibility determinations, there has been some movement of individuals between CCA and MassHealth. Mr. Chernew asked if individuals are notified of their subsidy amounts in the preliminary eligibility notice. Ms. Diamond responded that these notices do not contain subsidy amounts because the Silver plan shelf has not yet been loaded into the

system. She added that after the Silver plan shelf is loaded, information will be sent to the Federal Data Services Hub (FDSH), which will then send back information regarding individuals' tax credit amounts. She explained that the preliminary eligibility notice is high level since CCA is not yet able to inform members of their subsidy amounts but that that information will be online when available and will also be included in the renewal notice. Mr. Chernew expressed concern about individuals receiving a lot of messages about the process that may cause confusion. Ms. Diamond emphasized that CCA is attempting to make the process as streamlined and clear as possible. Mr. Chernew asked if CCA is checking the number of people who had significant discrepancies in their reported income when compared with actual income. Mr. Gutierrez replied that CCA is not yet doing this, but could do so as 2016 approaches.

Mr. Lefferts then discussed CCA's public research efforts. He stated that, through focus groups and a survey, CCA has been able to contact the uninsured, current members and former members. He described the focus groups, stating that six sessions were held over three nights in Lawrence, Lynn and Brockton. He stated that the groups consisted of uninsured individuals and relatively new CCA members (members who enrolled in the past year). For the uninsured, he explained, the goal was to understand their barriers to getting coverage and their awareness of CCA. He added that for new members, CCA sought to understand how members feel about using CCA. He stated that it was valuable to hear from individuals directly and it was encouraging to hear uninsured individuals say that they will go online and see what is available on the CCA website. He noted that perceived cost remains the biggest barrier keeping the uninsured from seeking coverage and that some individuals in the focus group made statements such as, "I don't go to the doctor, so I don't need health insurance." He stated that CCA members found their coverage affordable, particularly those in a ConnectorCare plan. Mr. Lefferts stated that the uninsured are aware of the tax penalty for not having health insurance coverage but are willing to take the gamble. He noted that single individuals are more willing to risk not having coverage, while those with children are more willing to get insurance. He added that current CCA members value the intangible benefit of having insurance and being able to see their doctor. Mr. Lefferts then discussed the application process, stating that all people expressed that they wanted help, including help filling out the application and choosing a plan. He added that some members sought out Navigators and that many called customer service and noted that when outreach and messaging begin this fall, CCA will feature Navigators and other enrollment assisters. In response to a question from Ms. Mitchell, Ms. Gasteier stated that from data included in the comprehensive customer experience survey, CCA may be able to determine the number of people who complete the entire application online without help. Mr. Gaunya commented that it is not surprising that 75% of people called and needed help. He noted that Navigators and assisters cannot help individuals choose plans, but brokers can. He asked if CCA has considered a Navigator/assister/broker partnership and noted that Maryland and Colorado have such a partnership. Mr. Lefferts responded that this is an idea CCA can explore.

Ms. Gasteier then discussed CCA's comprehensive consumer survey. She stated that the end-to-end customer experience survey was conducted in July by Market Decisions, a firm that has done surveys for CCA in the past. She explained that the survey was

conducted by phone and only surveyed individuals in non-group plans. The survey asked individuals about the full range of the customer experience, she said, including questions about Navigators, assisters, call center, quality of care, website and the likelihood of recommending CCA to a friend or family member. She noted that both health plan members and people who recently disenrolled were surveyed, in addition to members in dental coverage. Ms. Turnbull asked if people in both subsidized and unsubsidized coverage were surveyed. Ms. Gasteier responded that the survey was weighted across plan types and carriers and included both single subscribers and families. In response to a question from Ms. Turnbull, Ms. Gasteier stated that former enrollees surveyed could have disenrolled for any reason. Ms. Gasteier then reviewed some outcomes from the survey, with measures including satisfaction with the overall experience and likelihood of recommending CCA to a friend or family member. She stated that there are reasonably high levels of satisfaction for health enrollees. She compared the measures to those Ms. Coates presented in the Customer Experience Update, stating that the satisfaction levels in the comprehensive survey are slightly higher than Ms. Coates' satisfaction numbers but that this may be because Ms. Coates' numbers represent satisfaction with only the call center while the survey covers all aspects of the application and enrollment process. Ms. Gasteier noted that the survey revealed lower levels of dental satisfaction, which CCA is exploring in greater depth. She added that this may be due in part to the fact that dental members must call and enroll over the phone. She stated that lower income individuals with subsidized coverage tend to be more satisfied compared to individuals with less or no subsidy. She then reviewed the ways in which individuals reported learning about CCA. She stated that over half of people surveyed recalled seeing or hearing advertisements about CCA and that about 60% of those respondents took action as a result of exposure to advertisements. She noted that satisfaction with Navigators was high at 82%. Next, Ms. Gasteier reviewed survey results around plan selection and enrollment. She stated that the key reasons people pick plans are keeping premiums low and being able to pick their doctor. She stated that one third of people reported that they do not understand their benefits and that this will inform CCA's messaging around cost sharing and other features of plan design. She stated that most people report comparing between three and five plans and that most customers found the enrollment process easy. Areas for improvement include better website design, better CSRs and the ability to compare more plans, she said.

Ms. Mitchell underscored the importance of distinguishing between copays and deductibles on one hand and covered services on the other. She stated that it will be important to emphasize the content of the services covered by plans instead of only discussing the transactional and financial aspects of plans. Ms. Gasteier agreed and noted that the final report from Market Decisions will include more information regarding the health insurance terms individuals did or did not understand. Mr. Chernew commented that CCA should weigh the costs and benefits when deciding which actions to take out of the findings of the survey. Ms. Gasteier stated that CCA is looking at potential actions through that lens and is looking at other exchanges and types of service paradigms to determine what level of satisfaction CCA should aim to achieve. Ms. Gasteier then summarized respondents' answers to questions about the web experience and customer service. She stated that respondents would like simpler navigation and better design of

the website. Top issues when calling the call center include long wait times and CSRs who were not knowledgeable enough to answer callers' questions, she said. In response to a question from Ms. Wcislo regarding call center staffing, Ms. Bullock stated that during Open Enrollment last year, the call center experienced unprecedented call volumes and staff was added accordingly. She stated that the training time periods were short and outbound call agents were repurposed to answer inbound calls. In contrast, she said, this year is different because CCA is hiring more staff in advance so that there will be more staff in place at peak call times. She added that back office staff are being trained to take inbound phone calls if needed. Ms. Gasteier went on to describe the ways in which CCA is using findings from the focus groups and consumer survey to inform outreach and operational efforts. She stated that CCA will design specific cost examples for outreach materials to help individuals understand the math behind different plans. She added that CCA is collaborating with the Department of Revenue (DOR) to send a mailing that is clear and based on examples to outline the value of getting coverage. She stated that the research efforts revealed that benefits and cost sharing are confusing for new members and in response, CCA is developing decision support tools, including provider search, improved shopping screens and glossaries to help them compare and choose plans. In response to a question from Ms. Mitchell regarding call center forecasting, Ms. Bullock stated that CCA is planning for 75% of enrolled members to call at least once, in addition to another layer of calls for premium changes and calls from new enrollees who were previously uninsured. She stated that this year will be the baseline since last year was a unique situation with all members fully reapplying. Mr. Gutierrez noted that if things go as planned, auto-renewal should be smoother than new enrollment but it is still important to be prepared. He added that if call volumes don't meet the expected forecast, CCA will scale down staffing as needed.

Mr. Petion then inquired about the differences between the call center survey and the comprehensive consumer survey. In response, Ms. Gasteier outlined some of the differences, stating that the consumer survey contacted a wider array of people while the call center survey only asks questions of individuals calling the call center. She added that the consumer survey asks about all previous experiences with CCA while the call center survey has a narrower time frame. Ms. Bullock added that the data Ms. Coates presented for the month of August contain responses only from individuals who called the call center in August.

Ms. Bullock then discussed the ways in which the operations team is using research findings to make improvements. She stated that the team is using this information to improve training, increase business hours and expand locations for in-person assistance. She stated that CCA is setting up new in-person locations, including a year-round center in Springfield, co-located with MassHealth, and three centers co-located with Community Health Centers (CHCs) in Brockton, Fall River and Lowell. She added that the existing Boston and Worcester centers will remain but that the Boston center is being redesigned and expanded to include better waiting areas as well as evening and weekend hours. She affirmed that CCA listened to its members who expressed a need for in-person support in their communities and explained that staff at these centers will speak the same languages as those in the surrounding communities and will be able to help customers from end-to-

end, from completing an application to enrollment. She then shared a map displaying the six walk-in centers for Open Enrollment 2016. She stated that these locations were targeted because they have the highest rate of uninsured as well as the highest concentration of CCA members. She shared a second map showing all of CCA's in-person assisters and thanked all of CCA's assisting entities for the support they provide CCA's members.

IV. Final Award of 2016 Seal of Approval (VOTE): The PowerPoint presentation “Final Award of 2016 Seal of Approval (VOTE)” was presented by Heather Cloran, Ashley Hague and Brian Schuetz. Ms. Cloran began by reviewing the 2016 Seal of Approval (SOA) timeline, noting that the Board awarded the conditional SOA at the July meeting and today CCA staff will share their recommendation for the final SOA for health and dental benefit plans to be offered for sale through the Health Connector in 2016. She reviewed notable changes to the 2016 product shelf from 2015, particularly that the 2016 QHP shelf, if approved, will represent a 34% reduction in the number of plans for 2015. She also noted that CeltiCare withdrew its Bronze plan submission. She discussed changes that CCA members will see in 2016, stating that about 90% of CCA's members will be renewed into the same plan for 2016 and that members enrolled in Platinum, Gold and Silver plans will see a 7.8% rate increase, on average. She added that ConnectorCare members will experience a 2.1% decrease, on average, and dental members about a 1.4% decrease. She noted that these numbers all represent weighted averages. Next, she outlined the SOA review process and noted that CCA has many requirements in addition to those prescribed by the ACA. In response to a question from Mr. Chernew, Ms. Hague stated that the SOA award is mostly objective as there are federal requirements that must be met, but some ConnectorCare decisions can be subjective, such as if a particular carrier has served that population previously. Ms. Cloran then reviewed the 2016 Qualified Dental Plan (QDP) shelf, stating that not much will change on the dental shelf from 2015. She added that there will be one new non-standardized plan from Delta Dental in 2016. She then continued to discuss the 2016 QHP shelf, stating that standardization remains at the core of the CCA product shelf and that non-standardized plans represent approximately 30% of the proposed 2016 QHP shelf. In response to a question from Ms. Turnbull, Mr. Schuetz explained that CCA allows carriers to withdraw a plan if there are enough plans offered in a particular area already. Ms. Wcislo asked what percentage of CCA membership is in a non-standardized plan. Mr. Schuetz replied that the bulk of CCA's membership is in a ConnectorCare plan but that the most popular unsubsidized plan is a non-standardized plan. Ms. Hague added that the monthly enrollment report presented to the Board distinguishes between standardized and non-standardized membership. In response to a question from Ms. Mitchell, Ms. Hague stated that CCA conducted detailed tracking of movement between plans and that it is possible to track some demographic characteristics of members, such as preferred language and income. Ms. Mitchell added that it would be interesting to know if members with certain demographic characteristics choose the same kinds of plans and could help inform which plans CCA decides to close. Mr. Chernew noted that Massachusetts has a large number of plans because we have so many carriers so having more options might be a good thing because it allows “apples to apples” plan comparisons across carriers.

Ms. Cloran continued to review the proposed QHP shelf, noting that two carriers are offering frozen plans, meaning that they will be closed to new enrollment in 2016, allowing for a smooth renewal process for members in those plans. Mr. Schuetz then discussed the total number of plans offered in 2015 and 2016, stating that 126 were offered in 2015 but 83 are being proposed for 2016. He summarized overall premium changes, noting that individual plans in carriers' rate regions can have highly variable premiums. Next, Mr. Schuetz discussed 2016 Bronze plans. He stated that all 2015 Bronze plans must be closed because they no longer meet the actuarial value (AV) requirements (60% +/-2%) under the updated Federal AV calculator. He noted that these plans represent higher cost sharing than any plans CCA has sold before and that the Division of Insurance (DOI) requested that carriers make changes that resulted in improved cost sharing. Ms. Hague added that CCA had to close the 2015 Bronze plans due to the AV changes and as a result, CCA de-standardized the tier. Mr. Schuetz then discussed Bronze plans in further detail, stating that CCA is recommending mapping 2015 Bronze members to 2016 Bronze plans in order to keep premiums relatively the same. He noted, however, that this will result in a significant increase in out-of-pocket costs and noted that CCA is mailing a special communication to Bronze members highlighting the change in cost sharing. Ms. Turnbull noted that this communication should be written in easily understood language and clearly explain the decision Bronze members are facing. Ms. Hague agreed and added that CCA is sending its new shopping guide along with this communication to help members compare plans and understand key terms. Ms. Turnbull commented that she does not understand how premium rates for Bronze plans could have increased given the increased cost sharing and emphasized that the communication needs to clearly explain that this year's Bronze plans are not the same as last year's Bronze plans. Secretary Sudders agreed that this mailing will be very important.

Mr. Schuetz then reviewed planned shopping changes for 2016 Open Enrollment. He stated that IT changes will include pre-setting filters to show only Silver and Gold tiers by default because those are the most popular plans, but that there will be a message explaining to shoppers how they can find other plans. Additionally, he stated that pop-up messages will alert Bronze and Catastrophic buyers to double-check the cost sharing amounts of their plans before checking out. Finally, he noted that CCA will implement a provider search tool to help individuals choose the plan that covers their desired providers. In response to a question from Mr. Malzone, Mr. Schuetz stated that there are 13 Bronze plans being offered because they represent 13 unique plan designs. Ms. Hague added that in the past, CCA has always standardized the Bronze tier but, because 2015 Bronze plans didn't meet the necessary standards under the new calculator, CCA de-standardized the tier. In response to a question from Mr. Chernew, Ms. Hague stated that plan designs were discussed in detail at the February Board meeting.

Mr. Schuetz then discussed CCA's recommendation for the 2016 ConnectorCare program. He stated that the ConnectorCare program is available for individuals under 300% of the Federal Poverty Level (FPL). He described the process for choosing ConnectorCare carriers, noting that analysis included whether the carrier has experience

serving the population. He emphasized that the 2016 ConnectorCare program aims to maximize ease of renewal for members. As such, he stated, CCA proposes renewing seven issuers within the same geographic regions as 2015. He added that the existing premium structure will be maintained. He stated that underlying ConnectorCare premiums have a net decrease of 2.1%, largely due to the new Tufts Health Plan – Direct plan. He summarized that overall, current ConnectorCare enrollees will have a positive experience from a member transition perspective. Mr. Schuetz then reviewed the proposed ConnectorCare enrollee contribution schedule and noted that different premiums are due to the relative spacing of carriers geographically. In response to a question from Ms. Turnbull, Mr. Schuetz stated that there were no significant changes in provider networks this year and that this will contribute to a smooth member transition to 2016 plans. Mr. Gaunya thanked CCA staff for their work. He stated that he agrees with Ms. Turnbull that the cost sharing in some of the plans discussed here will be shocking for some people but that ultimately, insurance is expensive because healthcare is expensive. He stated that we must deal with rising healthcare costs. He noted that the survey reviewed in the previous presentation verified that people like choice, with roughly 75% of people preferring at least three choices, if not six or more. He stated that we inherited a technology platform that was not highly functional but that we must get to a point where the technology works. He commented that we can leverage the existing state infrastructure, including brokers and CHCs, to help people sign up for insurance. He stated that he agrees with the decision to continue offering Bronze plans because premiums affect all members but some are less sensitive to out-of-pocket expenses than others. He explained that he would like to see a decision support tool developed that would allow shoppers to narrow down their choice to five or six plans after they enter relevant demographic information, including the degree to which the shoppers use the health care system. Finally, he noted that it is regrettable that 10,000 people will have to choose a new plan this year.

The Board voted unanimously to award the 2016 Final Seal of Approval to all recommended standardized and non-standardized QHPs and QDPs proposed by the following issuers: Altus Dental, Blue Cross Blue Shield of MA, BMC HealthNet Plan, CeltiCare Health Plan, Delta Dental of MA, Fallon Health, Guardian, Harvard Pilgrim Health Care, Health New England, MetLife, Minuteman Health, Neighborhood Health Plan, Tufts Health Plan – Direct, Tufts Health Plan – Premier and UnitedHealthcare.

The meeting was adjourned at 10:48 AM.

Respectfully submitted,
Maria H. Joy