Fiscal Year 2013 Year in Review & Fiscal Year 2014 Goals

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Health Connector Goals & Operations Development

- As an organization, the Health Connector is committed to a model of continuous performance improvement based on measurable results
  - Develop annual goals and metrics reflective of organizational mission and strategy
  - Measure results and report on performance
  - Identify opportunities for performance enhancement

- In July 2012, we defined the organization’s FY13 goals, which represented our vision and priorities with a prominent focus on our historic transition to an impactful, transformative Marketplace compliant with the Affordable Care Act (ACA)

- Today we will report on our FY13 achievements and outline our FY14 goals, which are aligned with FY13 in broad strokes but with updated areas of focus, consistent with the Health Connector’s progression along its transition roadmap
In FY13, we refined our goal-setting process to more clearly articulate our core vision, emphasize the most important priorities for effectuating it and identify some key metrics to measure our progress.

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<th>FY13 Goals Recap</th>
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In streamlining our goals, we identified four key vision statements representing the unique challenge of maintaining Health Connector 1.0 operations while simultaneously building Health Connector 2.0. The need to support each of these vision statements persists in FY14 as we wind down 1.0 and go-live with Health Connector 2.0.

**Vision #1:**
Become a Health Insurance Marketplace with a Transformative Impact on Health Insurance for Small Businesses and Individuals

**Vision #2:**
Leverage the Health Connector’s health insurance procurement expertise to contain costs while ensuring comprehensive coverage within our own state-funded program and for other programs and partners

**Vision #3:**
Expertly execute the Health Connector’s public policy and regulatory responsibilities

**Vision #4:**
Embody the highest standards for organizational performance, transparency and public and stakeholder engagement
Fiscal Year 2013 Highlights

- **Seal of Approval**
  - 2013 SoA attracted new plan designs supported by new decision support tools and a revamped shopping look and feel
  - 2014 SoA included **dental insurance for the first time**, an updated product shelf featuring popular plan designs and innovative network models, and several new carriers (including one **new market entrant**)
  - 2014 SoA introduced **bidding dynamics** to promote competition for plans on the Silver Metallic Tier designed to ensure low cost options for subsidized and non-subsidized individuals and small businesses alike (results forthcoming)
Fiscal Year 2013 Highlights (cont’d)

- **Innovative Programs**
  - Procured a single customer service vendor to **provide best-in-class customer service** for our members
  - Launched a completely **revamped Wellness Track**, which went live in 2013 with a new web portal, more flexible eligibility criteria and new benefits for employees
  - Incorporated **payment reform** requirements into the 2014 SoA

- **Market Engagement**
  - Launched **carrier integration meetings** leveraging bi-weekly and one-on-one sessions
  - Continued our Broker Advisory Council, launched a broker newsletter, kicked off **Broker in-depth-interviews and user groups** and hosted CEU courses
  - Met with and presented to more than a dozen **leading employer associations to obtain feedback** informing our employer outreach strategy
  - Augmented outreach activities throughout the state and **kicked off a comprehensive outreach and enrollment campaign for 2014 coverage**
  - Developed a **comprehensive member transitions plan** encompassing an aggressive outbound calling campaign and frequent member communications
FY13 Year-in-Review (cont’d)

Fiscal Year 2013 Highlights (cont’d)

- **ACA Compliance & Implementation**
  - Obtained *conditional certification as an ACA-compliant Marketplace* along with five other states in December 2012
  - Applied for a second Level 1 and a Level 2 Establishment grant, *bringing in a total $135M in federal grant funds* through the Health Connector to support ACA transition
  - Successfully *completed our first A133 federal grants audit* and skillfully balanced our FY13 admin budget
  - Developed and received federal approval for the *only state-specific risk adjustment program in the country*, leveraging the All Payer Claims Database
  - Maintained and frequently updated a *comprehensive transition roadmap*, including the launch of weekly staff check-in meetings to update our trackers, leading to completion of *96% of the milestones set for FY13*
  - Completed required *federal design and compliance reviews* and related reporting
  - Participated in periodic CCIIO meetings to *share ideas with other state-based marketplaces* on key implementation topics
Vision #2:
Leverage the Health Connector’s health insurance procurement expertise to contain costs while ensuring comprehensive coverage within our own state-funded program and for other programs and partners

Fiscal Year 2013 Highlights

- **Commonwealth Care**
  - Successfully recontracted with Commonwealth Care MCOs for the final months of the program to bring the program’s **average annual premium trend to ~1%**
  - Maintained continued high levels of satisfaction with **85% of members satisfied or extremely satisfied** with the program
  - Implemented a **new tobacco cessation program** for Commonwealth Care members
Fiscal Year 2013 Highlights (cont’d)

• **Public Health Insurance Procurements**
  - Participated in the GIC’s most recent procurement for state employees
  - Served on the DOC’s prison health services procurement, resulting in a 6% decrease in estimated premiums and improved program integrity
  - Reprocured MSP Direct Coverage for the remaining year of the program, achieving a premium decrease of 3%
  - Participating in an advisory council to evaluate health insurance options for Personal Care Attendants

• **Student Health Insurance**
  - Led negotiations to renew health insurance coverage for state community colleges, universities and four UMass campuses with updated plan design features and complete adherence to ACA benefit requirements
  - Developed collateral for schools to share with students around health insurance options in Massachusetts

• **Alternative Payment Methodologies**
  - Supported PCMHI initiatives and participated on the design committee for MassHealth’s Primary Care Payment Reform program
Vision #3: Expertly execute the Health Connector’s public policy and regulatory responsibilities

Goal: Implement Affordable Care Act policy and regulatory changes for which the Health Connector is responsible and assist other agencies as needed with their ACA-related policy projects

Goal: Augment Health Connector research and publication agenda to proactively report on key findings, trends and lessons learned from our programmatic and policymaking experiences to date

Fiscal Year 2013 Highlights

- Passed regulations meshing the state and federal individual mandates by aligning the state’s affordability schedule, updating our rules relating to MCC and developing a penalty structure that avoids double-penalizing Massachusetts residents
- Assumed regulatory authority for major employer responsibility policies and played an active role in redesigning employer responsibility in Massachusetts
- Participated and lead numerous inter-agency workgroups related to implementation of insurance market reforms, selection of EHBs, development of risk adjustment methodology and others
- Continued reporting on key features of Massachusetts health reform through regular Board meetings, strategic plans, public presentations, reports to the legislature and public progress reports
FY13 Year-in-Review (cont’d)

**Vision#4:**
*Embody the highest standards for organizational performance, transparency and public and stakeholder engagement*

**Goal:**
Proactively and consistently engage our Board of Directors on our priorities and activities

**Goal:**
Attract and retain high-quality staff

**Goal:**
Fully engage the public and stakeholders on the activities of the Health Connector

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**Fiscal Year 2013 Highlights**

- Have **increased the frequency of Board meetings** to align with increased need to communicate major developments as we transition to Health Connector 2.0
- Opened up **additional channels for managers and directors** to participate in leadership meetings and Board presentations
- Increased the number of community service and team-building activities with staff to foster **positive and collegial work environment**
- Dramatically increased public stakeholder engagement activities, and are working on **finalizing collateral and road shows** for the fall
This coming fiscal year is a ‘stepping stone’ towards achieving the multi-year vision set in FY13. Many of the goals and strategies identified in FY13 remain, but in FY14, ACA implementation will be a key focus for the Health Connector and a means of achieving its previously established goals.
FY14 Vision & Goals

ACA Implementation
Successfully launch, stabilize and enhance new programs, operations and systems to transition members to new coverage options

Goal: Launch IT systems, new programs, operations platform and outreach efforts

- Launch Connector 2.0 IT systems supporting real-time eligibility determination and shopping functionality to ensure access to new QHPs available for January 1, 2014
- Complete onboarding of all carriers and new products (QHPs), with a focus on our newest product line, dental
- Launch the Health Connector’s new subsidized wrap program for coverage effective January 1, 2014
- Complete onboarding new customer service vendor to provide enhanced customer support and a new call center open for business on October 1, 2013
- Kick off outreach and enrollment efforts, including small business road shows, Navigator program, media campaign, collateral, etc.

Goal: Stabilize and enhance IT systems and operational platform

- Create an implementation team and establish processes to triage and fix defects in IT systems and operational processes across multiple vendors; implement workarounds if needed
- Establish processes across call center, Public Information Unit and other venues to quickly identify and resolve member issues
- Maintain communication channels with key stakeholders (e.g., issuers, members, advocacy groups, Navigators, brokers)
- Post-stabilization, implement IT enhancements (e.g., mobile website)
FY14 Vision & Goals (cont’d)

ACA Implementation
Successfully launch, stabilize and enhance new programs, operations and systems to transition members to new coverage options

Goal:
Transition members from existing coverage to new coverage options with minimal disruption

• Kick off member transition outbound calling and mailing campaign with close monitoring to ensure successful transition of current and known-new members
  – At least 90% conversion by March 31, 2014 for all non-group (with most converted by January 1, 2014 to access subsidies without gaps in coverage)
  – At least 90% conversion by January 1, 2015 for all groups
• Perform effective outreach and education to mitigate member confusion
• Work with other entities to transition members to appropriate coverage (e.g., MassHealth, DUA, etc.)

Goal:
Ensure compliance with ACA requirements and monitor performance

• Continue to closely work with CCIIO to ensure complete certification as an ACA-compliant Marketplace for 2014 go-live, including periodic functional testing and design reviews
• Ensure continued oversight of our grant spending and management to support another successful A133 audit
• Periodically re-evaluate grant project spending to ensure projects have the funding support that they need
• Closely monitor transition roadmap and implementation plans
FY14 Vision & Goals (cont’d)

Vision #1: Become a Health Insurance Exchange with a Transformative Impact on Health Insurance for Small Businesses and Individuals

Goal: Provide users with “choice made easy” when it comes to health insurance and evidence-based tools to improve wellness

Goal: Ensure full compliance with the Affordable Care Act

Goal: Promote competition on price and value and positive innovation among health insurance carriers

ACA Implementation

Goal: Launch IT systems, new programs, operations platform and outreach efforts

Goal: Stabilize and enhance IT systems and operational platform

Goal: Transition members from existing coverage to new coverage options with minimal disruption

Goal: Ensure compliance with ACA requirements and monitor performance

- Develop a streamlined 2015 SoA process that facilitates carrier responses while promoting competition and transparency
- Incorporate lessons learned and experiences of other state-based Marketplaces to determine whether to incorporate certain features to enhance the SoA process
FY14 Vision & Goals (cont’d)

Vision #2:
Leverage the Health Connector’s health insurance procurement expertise to contain costs while ensuring comprehensive coverage within our own state-funded program and for other programs and partners.

Goal:
Expertly manage Commonwealth Care as the program winds down its life cycle

Goal:
Partner with other public entities to assist with procurements for health insurance

Goal:
Continue to assist colleges and universities in procuring health insurance for their students

Goal:
Provide substantive and strategic advice and technical assistance with efforts to transition state-funded health insurance programs towards alternative payment methodologies promoting efficient, evidence-driven and coordinated care

- Continue the highest quality of service in the Commonwealth Care programs until members are transitioned and “lights are turned off”

- Provide procurement support for other public entities as requested

- Assist public colleges and universities with health insurance procurements/renewals as applicable

- Conduct student outreach to increase awareness of the ACA and coverage options

- Continue to participate on advisory committees and interagency workgroups as needed to support movement towards alternative payment methodologies
Vision #3:
Expertly execute the Health Connector’s public policy and regulatory responsibilities

**Goal:**
Implement Affordable Care Act policy and regulatory changes for which the Health Connector is responsible and assist other agencies as needed with their ACA-related policy projects

- Enact and repeal relevant regulations to wind-down Health Connector 1.0 programs and transition to the ACA (e.g., repeal Commonwealth Care regulations, update Student Health regulations, etc.)
- Implement risk adjustment program and develop complete reconciliation process for administration of cross-carrier payments and settlements, with first official quarterly report released in Spring 2014
- Effectuate new individual mandate policy which ensures no double penalties for Massachusetts residents
- Implement new ACA Open Enrollment rules

**Goal:**
Augment Health Connector research and publication agenda to proactively report on key findings, trends and lessons learned from our programmatic and policymaking experiences to date

- Continue to report on key findings through the Annual Report to the Legislature and Board Meetings
- Share lessons learned via Health Connector staff participation in conferences and seminars
FY14 Vision & Goals (cont’d)

**Vision#4:**
*Embody the highest standards for organizational performance, transparency and public and stakeholder engagement*

**Goal:**
*Proactively and consistently engage our Board of Directors on our priorities and activities*

- Conduct regular Board meetings with regular follow-up on Board meeting topics of discussion and outstanding questions
- Continue enhanced engagement on ACA transition activities
- Facilitate Board’s ability to conduct rigorous oversight of programs and finances

**Goal:**
*Attract and retain high-quality staff*

- Conduct updated personnel resource assessment in light of evolving responsibilities
- Conduct thoughtful performance reviews and promote outstanding performance whenever feasible
- Create positive work environment, underscoring our public mission and fostering teamwork and professional development

**Goal:**
*Fully engage the public and stakeholders on the activities of the Health Connector*

- Participate in multi-agency stakeholder engagement activities
- Solicit public feedback from open Board of Directors meetings, social media, sister agencies and advocacy organizations and Health Connector members to serve as input related to Health Connector policymaking, operational decision making and strategic vision
Next Steps

• Submit to the Board a detailed breakout of our Fiscal Year 2013 check-in dashboard

• Solicit and incorporate feedback from the Board of Directors on recommended vision and path for Fiscal Year 2014