



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza, 6th floor
Boston, MA 02108*

DEVAL PATRICK
Governor

GLEN SHOR
Board Chair

JEAN YANG
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, December 12, 2013
9:00 AM to 12:00 PM
One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Jean Yang, Nancy Turnbull, Louis Malzone, Ian Duncan, Kristin Thorn, George Gonser, Celia Wcislo, and Glen Shor. Nancy Schwartz attended in place of Joseph Murphy. Catharine Hornby attended in place of Dolores Mitchell. Andres Lopez and Jonathan Gruber were absent.

The meeting was called to order at 9:05 AM.

- I. Minutes:** The minutes of the November 14, 2013 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Ms. Yang began the report by stating that membership was at an all-time high for the Health Connector (CCA) at 259,797 members as of December 1, 2013. Ms. Yang mentioned that CCA has started to distribute invoices and that over 1,000 were sent out to unsubsidized applicants. She stated that the process was also started for subsidized applicants. Ms. Yang noted that CCA's priority is that everyone who needs coverage for January 1, 2014 will get the coverage they need without delay or gaps.
- III. 2014 Open Enrollment Check-in:** The PowerPoint presentation "2014 Open Enrollment Check-in" was presented by Ashley Hague and Roni Mansur. Mr. Mansur began the presentation by stating that the first effective date of Affordable Care Act (ACA)-compliant coverage is 19 days away. Mr. Mansur made the key point that despite experiencing information technology (IT) challenges, CCA is creating pathways to coverage so that there will be no loss of coverage or gaps in coverage due to the ACA.

Mr. Mansur stated that the persistent underperformance of the IT vendor, CGI, remains a serious concern that will require urgent resolution. He stated that CCA will come back to the Board in January with proposed steps on how to rectify the problems and ensure accountability. Secretary Shor noted that the carriers have been exceptional partners throughout this process and that elsewhere in the country there is an unfortunate pattern of finger pointing but in Massachusetts the exact opposite is occurring. Carriers, he stated, are among the foremost of those parties to rise to the occasion. Mr. Mansur then provided an overview of application submission data, stating that to date 34,690 applications have been submitted. Ms. Wcislo asked why there was an increase in the Commonwealth Care population. Ms. Hague explained that CCA anticipated an increase in Commonwealth Care enrollment due to increased media attention and outreach. Mr. Mansur then provided an overview on customer service. He stated that CCA has aggressively increased staffing to accommodate call volume. He explained that volume accounted for individuals calling to apply, individuals who want to check on status of application and those who want to speak with someone in order to deal with problems encountered on the website. Mr. Mansur noted that CCA began with 65 customer service representatives (CSRs) and now has 155 CSRs. Ms. Hague thanked Jen Bullock, CCA's director of customer relations and operations, and her team as well as Dell for their hard work and extremely creative work in making this as member friendly as possible.

Mr. Mansur then provided an overview of where CCA currently is with website functionality. He reminded the Board that CCA had some non-group functionality on October 1, 2013, as well as small group functionality. However, since October, the scope of the Health Insurance Exchange / Integrated Eligibility System project (HIX/IES) has remained mostly static in terms of non-group functionality. Mr. Mansur stated that CGI has not deployed enrollment functionality. Additionally, small business functionality is still on CCA's existing platform with the Small Business Service Bureau (SBSB). He further stated that besides delayed scope, overall performance of HIX/IES is far from where it needs to be and the deployed system has consistently struggled. He noted that users are frustrated and while some fixes have been implemented, the vendor has not been able to resolve these issues as quickly and as effectively as they need to be in order to serve the market. Mr. Mansur stated that the vendor has also found some data persistency issues, but there is no indication that data security has been compromised. Mr. Mansur concluded that, given this, CCA will not be able to use the website to enroll individuals into coverage for January 1, 2014.

Ms. Hague then presented CCA's solution for this problem in order to provide pathways to coverage for January 1, 2014. Ms. Hague stated that CCA's number one priority is to make sure the people CCA serves and those seeking access to coverage have access to coverage without gaps or delay. She explained that CCA has worked with the Executive Office of Health and Human Services (EOHHS), CCA's customer service and business operations vendor and the carrier community who has been especially cooperative and supportive of efforts to effectuate the ACA in Massachusetts. She noted that CCA has to solve the remaining coverage gap in Massachusetts and this also continues to be a priority. Ms. Hague provided an overview of the protections in place for certain programs such as current Commonwealth Care members, Medical Security Program

members and Insurance Partnership members. She also mentioned the population of unsubsidized applicants who can receive coverage so long as they remit payment by the due date. Ms. Wcislo asked how CCA and EOHHS is letting individuals know about these protections being put in place and thanked CCA for a thoughtful plan. Ms. Hague explained that Commonwealth Care members will receive a letter either telling them that they will be enrolled in MassHealth coverage or explaining the extension of Commonwealth Care until March 31, 2013. She further explained that CCA is using enrollment assisters, customer service and other consumer advocacy groups to spread the word. Ms. Hague also stated that Insurance Partnership members will receive a letter within a week and that Medical Security Program members will receive letters, as well. Mr. Duncan asked about the applicants for subsidized coverage. Ms. Yang explained that the majority of these individuals will be covered by a current program that is being continued but that some who are not in those programs will receive plan selection letters from CCA. Ms. Hague noted that CCA is focusing on those new applicants who may not be in any coverage for January 1 and that CCA has stood up a process to get those applicants through to plan selection. She explained that CCA's call center is supporting this on the back end and is also effectuating billing and enrollment with the carriers. Ms. Hague further explained that for anyone whom CCA cannot automate through this process, CCA will be providing temporary access to coverage through legacy systems for January 1. Ms. Hague finished the presentation by stating that CCA's primary focus is ensuring that these different pathways to coverage are working and are implemented smoothly so that CCA can process applications and get individuals into the right coverage as open enrollment continues. Ms. Hornby took a moment to acknowledge that this is a stressful transition and the value of what CCA is trying to achieve is monumental. She noted Ms. Mitchell's support of what is being done. Ms. Wcislo also stated her appreciation for CCA's efforts to find pathways to coverage for people. Ms. Turnbull echoed Ms. Wcislo's sentiment. Secretary Shor took a moment to thank the Board for their support and counsel at such an important time. He further stated that this framework is protecting gains in coverage Massachusetts has worked hard to achieve but also adding new people to the ranks of the insured. He noted that MassHealth is a full partner in this endeavor and that the Commonwealth is deeply frustrated with IT vendor underperformance which is a serious concern and a driver of hard work to compensate for the website's deficiencies. Secretary Shor stated that the website is a path to getting ACA-compliant health insurance and that this path needs to be corrected, but in light of the deficiencies, CCA and MassHealth are focused on execution of pathways to coverage with carriers, advocates and providers. He commented that this is reminiscent of the implementation of the individual mandate in 2007, that challenge is not unknown in this market and that all parties have pulled together to deliver the mission of health reform before. Mr. Mansur stated that on behalf of Ms. Yang and Ms. Hague he wanted to thank CCA staff who have shown incredible commitment and that the work they do and sacrifices they make to achieve this mission are second to none.

- IV. Final Student Health Insurance Program Regulations (VOTE):** The PowerPoint presentation "Proposed Final Student Health Insurance Program Regulations (VOTE)" was presented by Andrew Egan and Edward DeAngelo. Mr. Egan began the presentation by providing a summary of proposed amendments from the October Board meeting

including alignment with the ACA and extension to self-funded schools, plan design requirements, enrollment and refund rules, waiver rules and reporting requirements. Mr. Egan then provided a summary of the written comments and testimony that was received during the formal notice and comment period. Mr. Egan stated that feedback was received from schools, carriers, advocates, brokers and a state Representative. Mr. Egan explained that the summary of public comments and testimony was not exhaustive but highlighted areas where CCA changed the draft regulations or where CCA maintained a particularly significant policy position. Among the areas discussed were the scope of required benefits, the role of Student Health Services, the time in which a student may take up a Student Health Insurance Program (SHIP) after losing other coverage, prorated refunds, dependent coverage, cost sharing requirements, disclosure of information to students and comparable coverage. Ms. Wcislo asked how someone would get coverage for a dependent if such coverage were not offered by the school's SHIP. Mr. DeAngelo explained that if the student's household income fell below 300% of the Federal Poverty Level (FPL) then the student's child would be eligible for Children's Health Insurance Program (CHIP) and if the student's household income fell above that FPL then the family could get coverage through employer sponsored insurance (ESI) or they could purchase a separate policy. Ms. Turnbull added that the issue of dependent coverage is a difficult one for schools because of the effect on per person cost. Mr. Egan then provided an overview of the regulatory timeline. Ms. Turnbull thanked CCA for updating these regulations. The Board then unanimously voted to promulgate 956 CMR 8.00 as final.

- V. **Final ConnectorCare Regulations (VOTE):** The PowerPoint "Proposed Final ConnectorCare Regulations (VOTE)" was presented by Merritt McGowan and Edward DeAngelo. Ms. McGowan began the presentation by explaining that CCA based the ConnectorCare program on the Commonwealth Care program. She differentiated the two by explaining that for coverage starting in 2014, the ACA expands Medicaid for individuals up to 133% FPL and establishes advance premium tax credits for people up to 400% FPL. However, Ms. McGowan stated, there is a gap in the levels of enrollee premium and cost-sharing between what is provided with federal subsidies alone and what is currently offered through Commonwealth Care. As such, to maintain coverage for the Commonwealth Care population that is as affordable to this population as it is today, the Commonwealth is investing additional state dollars to "wrap" ACA tax credits and subsidies for the population earning up to 300% FPL that is eligible for coverage through the Health Connector in a new program: ConnectorCare. Ms. McGowan then provided a summary of draft regulations including eligibility requirements, financial hardship policies and special enrollment period policies. She then provided a summary of responses to testimony and public comments including responses to comments regarding clarity regarding the relationship to federal law, drafting changes to definitions, premium cost, coverage of delinquent payments, payment options, recoupment of payments, special enrollment period language, hardship waivers and appeals. Mr. Duncan asked who covers the cost if someone receives care in months two and three of delinquent payments. Mr. DeAngelo answered that the carrier would pend reimbursement to the provider and if the insured is subsequently disenrolled for delinquency, then the insured is disenrolled retroactively for that period and the carrier will not pay the provider. Mr. DeAngelo explained that this is a federally prescribed

change and to change this policy to protect providers would be outside of the scope of these regulations. Mr. DeAngelo stated that he was very grateful for the advocacy of the organizations who commented on these regulations that helped CCA in considering policies and in redrafting the regulations. Ms. McGowan the provided an overview of the regulatory timeline. The Board unanimously voted to promulgate 956 CMR 12.00 as final.

VI. Commonwealth Care Customer Service Contract Extension (VOTE): The PowerPoint “Commonwealth Care Customer Service Contract Extension (VOTE)” was presented by Jen Bullock. Ms. Bullock began the presentation by reminding the Board that although the Commonwealth Care program formally ends on December 31, 2013, CCA and EOHHS have worked collaboratively with the Centers for Medicare and Medicaid Services (CMS) to provide continuation coverage through March 31, 2013 for the Commonwealth Care program. During the period of January through March of 2014, Ms. Bullock further explained, there will need to be continued customer service, account maintenance and billing support for this program. Ms. Bullock stated that in order to continue to service these members, CCA is proposing to extend its current contract with Dell through June 30, 2014 which would account for any run off activities. Ms. Bullock then presented the proposed pricing for the contract extension. Mr. Malzone asked what would happen if there were no membership. Mr. DeAngelo explained that if Dell performs no services, CCA pays them nothing. Ms. Turnbull noted that this is an extraordinarily important contract to continue. The Board voted unanimously to authorize the Executive Director to enter into a contract extension with Dell Marketing LLP to provide Commonwealth Care customer care services, as recommended by staff.

VII. Risk Adjustment Contract Extension (VOTE): The PowerPoint “Risk Adjustment Update and Consultant Contract Extension (VOTE)” was presented by Daniel Apicella. Mr. Apicella began the presentation by providing a background on the Massachusetts risk adjustment program and progress to date. Of the key milestones, Mr. Apicella mentioned the completion of a full-scale simulation of the program in the spring, generation of customized and detailed data quality reports for all carriers in the market, enhancements of file submissions with the Center for Health Information and Analysis (CHIA) and continuing to formalize the procedures for the program. Mr. Apicella then presented an implementation roadmap showing work streams and key milestones achieved to date and future implementation activities. Mr. Apicella then discussed the work being done by Milliman, which has provided essential support and will have a critical role in 2014 implementation. Mr. Apicella further explained that Milliman will have a lead role in performing quarterly risk adjustment simulations, supporting reporting requirements, providing input for operating procedures and updating mapping. The Board then unanimously voted to authorize the Executive Director to extend the current contract with Milliman to provide risk adjustment implementation support through December 31, 2014.

The meeting was adjourned at 11:20 AM.

Respectfully submitted,
Rebekah D. Diamond