



*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, February 13, 2013
9:00 AM to 12:00 PM
One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Jean Yang, Nancy Turnbull, Ian Duncan, Kristin Thorn, George Gonser, Celia Wcislo, Joseph Murphy, Dolores Mitchell, Rick Jakious, Louis Malzone and Jonathan Gruber. Kimberly Haddad attended in place of Glen Shor.

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

- I. Appointment of Administration and Finance Subcommittee Member (VOTE):** The Board voted unanimously to appoint Rick Jakious as co-chair of the Health Connector's Administration and Finance Subcommittee.
- II. Minutes:** The minutes of the February 6, 2014 meeting were approved by unanimous vote.
- III. Executive Director's Report:** Ms. Yang began her discussion by explaining that the Health Connector (CCA) has had a lot of discussion about how the team could better work with the Board at this difficult time. She stated that she personally feels that CCA has benefitted from the Board's support during this time and staff feels similarly. She thanked the Board for keeping CCA focused. Ms. Yang further said that she feels that this is a time of supreme challenge when leadership is most important and that CCA is focusing not only on what went wrong but are also taking every minute to fix those issues and move ahead. Ms. Yang stated that she had two takeaways from the prior day's Legislative Hearing. The first takeaway being what can be done to fix this problem and the second being that people need help and that the market cannot be patient.

IV. 2014 Open Enrollment Check-in: The PowerPoint presentation “2014 Open Enrollment Check-in” was presented by Roni Mansur, Ashley Hague and Sarah Iselin. Ms. Iselin began the presentation by stating that she, Ms. Hague and Mr. Mansur will be reviewing what has been done to date. Further, Ms. Iselin shared that the staff of these agencies are committed to fixing this problem and get this back on track. Ms. Iselin stated that roughly 8,400 individuals and families had been enrolled successfully to date in Qualified Health Plans (QHPs), roughly 124,000 Health Connector members were in protected coverage and that over 30,000 individuals were newly accessing subsidies. She noted that taken together, Massachusetts is in line with the enrollment goals of CMS. Ms. Iselin then explained that the new vendor has been hard at work and that she will be reporting out weekly to the public on the progress of the project. She stated that starting next week the team and Optum will begin sharing a detailed dashboard that builds this out more deeply and Optum is working with the team to build this dashboard and that this will be shared with the Board. She then reminded the Board of the prior Board meeting and explained in more detail the governance structure, the project management structure, the Massachusetts Operations Command Center (MOCC) as well as near term goals related to policy, technology and operations. Mr. Duncan asked for more detail on where the Board fits into the governance structure. Ms. Iselin noted that slide 5 presents an imperfect drawing but that it was meant to show the single point of accountability and noted that there is a high level of accountability to the Board as they provide necessary guidance and face tough decisions. Ms. Iselin explained that the team and Optum have quickly stood up the MOCC which is a 24/7 operation which supports and coordinates all aspects of the project. She noted that there are leadership calls every morning and every evening. She explained that the MOCC is not the 300 individuals being brought in to support the Commonwealth; rather, it is the operations center for the project. A representative from Optum then spoke, explaining that this is a very complex problem and the team has to have a different approach focused on collaboration, prioritizing and team management. Mr. Gruber asked why there seemed to be few IT resources represented in the presentation. Ms. Iselin reminded Mr. Gruber that the team is still working with 350 CGI developers and that the team is looking very closely at the development work being done. She further explained that the federal government put out a call and wrote a job description for a particular type of engineer and Massachusetts is trying to do the same thing. She also stated that if the Commonwealth needs to change course from using CGI this will be shared with the Board but currently this would pose a lot of risk. The representative from Optum then added that Optum is providing oversight and advisement to these individuals and that the current team may grow closer to 30 individuals.

Ms. Iselin then stated that the highest priority is to ensure that coverage is available to everyone and to avoid gaps in coverage. She explained that the means to do this right now is by securing coverage extensions as well as maximizing workarounds both through policy and information technology (IT) operational enhancements. Ms. Mitchell asked that the team be clearer in communicating coverage availability so that applicants feel comfortable. Ms. Iselin noted that a takeaway she had from the Legislative Hearing was that there needed to be more clarification of the different coverage types available for the varying populations and the availability of retroactive coverage. She noted that one of the biggest concerns has been to process a backlog of paper applications but that the

Centers for Medicare and Medicaid Services (CMS) has granted the Commonwealth the authority to continue the temporary coverage as well as Commonwealth Care and the Medical Security Program through June 30, 2014 while website problems were being resolved. She noted that despite these extensions, there would still be a great deal of momentum to get this project back on track. Ms. Hague clarified that this does not extend open enrollment. However, individuals can enroll outside of open enrollment if they experience a triggering event or if they are found newly eligible for ConnectorCare.

Ms. Hague then provided an overview of the affected populations. Ms. Turnbull asked for more information on the paper application process. Ms. Hague explained that these applications need to be keyed into a MassHealth system. Ms. Thorn then explained that after they are put into the system they receive a letter to let them know they are covered and receive a MassHealth identification number. She further noted that this letter can be used with providers and pharmacies as a form of proof of coverage and that these individuals will also show up in provider computer systems. Further, Ms. Thorn explained that this coverage is akin to MassHealth Standard and is a comprehensive set of health care benefits. She explained that individuals who applied before the end of December will receive coverage starting on January 1, 2014 and those who applied before the end of January will receive coverage starting on February 1, 2014. She stated that MassHealth typically makes eligibility determinations within 45 days and that they are on track and even ahead of our normal processes to get these individuals coverage. Mr. Gruber asked whether there were federal matching funds for this coverage. Ms. Thorn stated that there was 50 percent federal matching of funds for individuals in this coverage. Mr. Duncan asked whether risk corridors and risk adjustment would be applied for the extension period. Ms. Hague explained that this would be part of conversations that will be held with the individual Commonwealth Care carriers. Mr. Gruber asked Ms. Iselin whether she believed the Commonwealth Care population will need more time beyond June 30, 2014. Ms. Iselin noted that this presents a new deadline and is the near term focus but it is difficult to say whether this is achievable or not. Ms. Hague then explained that while there is functionality for unsubsidized users to shop end to end, CCA has created a paper based decision support tool that will enable individuals to seamlessly transition into new plans that are similar to those they have today. However, she explained, if they would like to they can always shop for other plans.

Mr. Mansur then provided an overview of the end-to-end experience for unsubsidized and subsidized shopping and explained all of the various problems that exist in each of the experiences. Ms. Turnbull suggested that there be better monitoring of when these myriad issues are occurring in the system. Mr. Mansur explained that the team is working with Optum to put in place monitoring tools. Ms. Iselin further noted that Optum has used these tools for the federal website and has a good appreciation of what would be useful in Massachusetts. Mr. Mansur laid out various challenges that the team is working to resolve. He noted the issue of payment reconciliation which is typical but has been exacerbated in volume by system issues and noted that of the roughly 1,800 individuals who have faced this with their payment, fewer than 300 cases are still at issue. Ms. Mansur noted that in addition to this, there is no functionality for life changes in the system and it is something which is exceedingly difficult to do via a workaround.

As for the subsidized workaround process, Mr. Mansur explained that subsidized applicants can apply through the system and can also apply using paper applications, however, there is a backlog of paper applications and it takes roughly two hours to enter these applications into the system. Ms. Yang further explained stating that these applications are sent to MassHealth who then scan them into a system called My Work Space and, once that happens, the MassHealth worker manually enters the information into the system. Ms. Turnbull asked whether nonsubsidized applications were processed through CCA which Mr. Mansur confirmed and stated that CCA has processed 90 percent of those applications. Mr. Mansur noted that the system does not perform program determination fully for the subsidized population and that only very simple cases can be determined either through the website or through a contingency tool. He stated that if CCA is able to process applicants through the contingency tool, these individuals then call the call center and select a plan. However, he again noted that once someone is enrolled in subsidized coverage there is no system functionality for life changes and because subsidized insurance is so complex there is no workaround for this. He noted that CCA currently has 2,500 to 3,000 updates we need to work through, however, critical changes such as having a baby are roughly 1 percent of that volume.

Ms. Iselin then articulated the near term goals of developing and implementing a new data entry tool for paper applications, improving the user web experience and establishing a short term and long term technology plan. Ms. Iselin also stated that 300 Optum resources will be used to support entering paper applications into the HIX/IES system and to help improve issue resolution, resolve complex issues, improve processes and provide quality control support. Ms. Turnbull asked for more information on individuals who have urgent medical need. Ms. Hague stated that CCA treats every case they receive as escalated and tries to move them to resolution. There is a team in place who will be supported by additional resources. She further explained that subsidized cases are resolved with partnership from MassHealth if individuals need to be put into temporary coverage.

Ms. Hague then communicated the immediate next steps including communications regarding coverage extensions, notification to the Commonwealth Choice population regarding the availability of a fast track to new coverage, execution of near term operational and IT goals and the development of a long term plan as well as the kick-off of weekly briefings on the progress of the project. Ms. Mitchell stated that she hopes it is clear that the team is committed to report on the good, the bad and the ugly to the Board in addition to being receptive to the Board's feedback regarding those individuals in need of coverage to whom the Board has a responsibility. She thanked Ms. Iselin and remarked that the Governor had chosen the right person for the job.

- V. Proposed Affordability Schedule for Calendar Year 2014 (VOTE):** The PowerPoint presentation "Proposed Affordability Schedule for Calendar Year 2014 (VOTE)" was presented by Audrey Gasteier and Marissa Woltmann. Ms. Gasteier began the presentation by reminding the Board of the differences between the federal individual mandate and the state individual mandate and the proposal of CCA in 2013 to maintain some aspects of the state individual mandate while phasing in the federal mandate. Ms.

Woltmann then explained the minimal impact of the mandate in Massachusetts and outlined the operational work underway for the alignment of the mandate. Mr. Gruber asked what the eventual goal was for the mandate in Massachusetts. Ms. Woltmann explained that because of the differences in state and federal law it is difficult to say but that CCA is still interpreting federal regulations to determine what will be the best path forward for CCA, members, carriers and the Department of Revenue (DOR). She stated that CCA hopes to come back to the Board no later than the summer with a recommendation. Ms. Gasteier then discussed the state affordability schedule proposal for 2014 and the implications for the following years. Ms. Turnbull asked whether CCA knows how many individuals will be affected by the change to the affordability schedule. Ms. Gasteier stated that CCA projected that these would be small numbers. Ms. Gasteier continued the presentation by further explaining the proposed approach, stating that the income brackets would be updated per the 2014 guidelines and the incorporation of an 8 percent income standard for populations above 300 percent of the Federal Poverty Level (FPL) with an additional transition year for those individuals between 300 and 400 percent FPL. Ms. Wcislo asked that CCA revisit the 300-400 percent FPL next year. Ms. Gasteier stated that this can be discussed and it is the Board who has the authority to approve these schedules. Mr. Gruber noted that he believes the Commonwealth should adopt the federal standard eventually. The Board then voted unanimously to approve the issuance for public comment of the Draft Affordability Schedules for Individuals, Couples and Families for Calendar Year 2014, as set forth in the staff recommendation.

VI. Work Order to Implement the Transaction of Enrollment Files (VOTE): The PowerPoint presentation “Dell Development and Implementation of 834 Enrollment Files (VOTE)” was presented by Jason Hetherington and Lauren Ripley. Mr. Hetherington began the presentation by explaining the use of 834 enrollment files to transmit member data to carriers and the new requirements for these files under the Affordable Care Act (ACA). Mr. Hetherington then explained the reason for this work order being that CGI delayed delivery of 834 functionality and, given the critical nature of communicating enrollment information to carriers, CCA de-scoped this from CGI. Mr. Hetherington explained that Dell will be able to support this functionality and has already performed this service with other clients. Mr. Hetherington then reviewed the scope and timeline of the 834 implementation and explained the means by which enrollment information is being transmitted to carriers in the interim. Mr. Duncan asked whether members were able to be enrolled through the interim solution to the 834. Ms. Hague answered that every member gets through on these reports. Ms. Turnbull asked when the 834 would be ready. Mr. Hetherington answered that a driver is to have the 834 in place in advance of QHP enrollments. He further noted that while the interim solution works, many carriers do not have the capability to scale up with this process. Ms. Yang noted that individuals in temporary coverage are not on this enrollment file.

Ms. Ripley then described the contract terms, explaining that it is a milestone based contract for \$1.1 million with a \$0.20 per member per month (PMPM) fee. Ms. Wcislo asked what the current PMPM fee is for enrollment transactions. Ed DeAngelo explained that this is difficult to say because MassHealth is paid for many services, only one of which is enrollment file transactions. Similarly, he stated, the Small Business Service

Bureau (SBSB) is paid a PMPM but it is inclusive of many member services. Mr. Duncan asked what would happen after 2017. Mr. DeAngelo stated that this would be the end of the current contract with Dell and CCA could procure a new vendor or renew the existing contract and discuss a new fee structure. Ms. Mitchell asked for further detail on the PMPM fee. The Board then unanimously voted to authorize the Executive Director to enter into an agreement with Dell Marketing LP to develop and operate 834 functionality, on the terms outlined by staff.

The meeting was adjourned at 11:41 PM.

Respectfully submitted,
Rebekah D. Diamond