



*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza, 6<sup>th</sup> 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 27, 2013  
9:00 AM to 12:00 PM  
One Ashburton Place  
Boston, MA 02108  
21st Floor Conference Room

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

The meeting was called to order at 9:06 AM.

- I. Minutes:** The minutes of the February 13, 2014 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Ms. Yang began her discussion by providing an update on enrollment. She stated that there are roughly 33,000 Commonwealth Choice members and roughly 8,000 new unsubsidized Qualified Health Plan (QHP) enrollments representing an all-time high of commercial membership through the Health Connector (CCA). She also stated that the vast majority of the unsubsidized members shopped through the website. Ms. Yang then discussed the other ongoing work being done at CCA including work being done to support the Commonwealth Care extension, the Commonwealth Choice transition, the upcoming Seal of Approval process for 2015 QHPs and Qualified Dental Plans (QDPs). She noted that CCA will be coming back to the Board in March to provide an update on the Seal of Approval process. She also mentioned that CCA will be launching a small business campaign as April is the most common time for small businesses to renew or re-enroll in health insurance.
- III. 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 providing a summary of activities to date. She noted that nine distinct workstreams have been developed and that each has a twice daily status report. She stated that there are workstreams dedicated to program determinations, data entry tools, shopping, website stability and user experience among other things. Ms. Iselin then described the development of a new tool recently deployed for use that makes the processing of paper applications more efficient. In addition, she reported that new Optum resources have been deployed and that there has been progress in acquiring hardware and software for monitoring website performance. She also noted that there is much to be done to develop near-term and long-term goals. Ms. Iselin provided a recap of the previous Board meeting and then shared a strategic roadmap focusing first on near-term goals. Ms. Iselin explained that the team has been assessing whether to focus on workarounds or the HIX system itself. In addition, she noted that the team has been looking into existing gaps in processes and areas where there has been feedback that the system or workarounds are not functioning as they should. Ms. Iselin shared an update on paper application processing, stating that of the backlog of 72,000 applications has now been reduced to 54,000. Ms. Iselin noted that these numbers were dynamic and that roughly 1,000 new paper applications were being received daily. She then stated that of those processed, 15,000 have been placed in transitional coverage and 7,000 were identified as having previous coverage. She noted that the total enrollment in transitional coverage will be roughly 55,000 individuals once the recent set of 6,000 applications is completed. Mr. Gruber asked what other coverage was identified for these applicants. Ms. Iselin replied that these are individuals who have Commonwealth Care or Medicaid. She further stated that, although they have coverage currently, their applications still need to be data entered for their final program determinations later on in the transition process. Ms. Wcislo asked whether individuals who were considered to have submitted duplicate applications had current coverage. Ms. Yang explained that duplicates could be two paper applications or someone who filled out both an online and paper application and that the team is looking to consolidate applications from one individual. Ms. Turnbull asked whether it had been anticipated that there would 1,000 applications per day. Ms. Thorn said that this is a higher number than was expected but not significantly so and that MassHealth typically sees a higher rate of application earlier in the year. Mr. Gruber asked whether the 7,000 individuals found to have current coverage would be told that their application for new coverage has been received but not yet processed. Ms. Iselin stated that the team can take this into consideration when considering additional communications. Mr. Gruber then asked what transitional coverage was. In addition, Ms. Mitchell asked how individuals in this coverage can access services. Ms. Iselin explained that it is a comprehensive fee-for-service Medicaid benefit that will last through at least the end of June. Ms. Thorn further elaborated, explaining that these individuals can use the letter of enrollment into transitional coverage at the point of service and that this has an identification number included. In addition, Ms. Thorn stated that providers have been contacted regarding this coverage type and that this will show up in their electronic lookup systems. Ms. Hague further stated that CCA has included information regarding network and providers for this coverage on the CCA microsite. Mr. Gruber asked whether individuals could apply for MassHealth directly. Ms. Hague reminded Mr. Gruber that anyone looking for subsidies has to apply on a joint application for CCA and MassHealth. She further explained that unsubsidized paper applications are

processed by Dell for the CCA and there is little to no backlog of those paper applications. Ms. Turnbull asked about the status of presumptive eligibility for transitional coverage in hospitals. Ms. Thorn replied that this is a priority but that the systems issues have been very complicated in implementing this.

Ms. Iselin then reported on progress with regard to operations. She noted that 250 Optum personnel have been working on data entry and that this week, for the first time, they have available the newly developed data entry tool. She stated that this tool has reduced application input time, on average, from two hours to 39 minutes. She stated that she expects these statistics to improve even further next week as staff become more comfortable using this tool. Ms. Turnbull asked whether all portions of the application are necessary. Ms. Iselin stated that this was something the team was looking into. Ms. Hague added that the MassHealth and CCA teams did a lot of work on this paper application and that much of the time required to enter the data is due to the sequence of the input of data as opposed to the amount of data. Mr. Malzone asked where Optum's resources were housed. Kyle McDowell from Optum replied that there are four locations nationwide, two in North Carolina, one in Florida and one in Texas. Mr. Duncan asked why it was so difficult to do a final determination for subsidized members. Ms. Yang explained that Modified Gross Adjusted Income (MAGI) is much more complicated than a simple income calculation. Ms. Hague added that income is only one piece of this puzzle and that there may be other reasons why someone would be Medicaid eligible or ineligible aside from their income. Dan Zerafa from Optum further noted that there are over 4,000 rules for program determination and that the data scenarios are very complex.

Mr. McDowell then provided an update on consumer experience, beginning with an overview of the escalation process. Mr. McDowell then discussed factors that have been complicating escalating cases such as call center wait times, abandonment rates, customer service training and disparities between available tools for MassHealth and CCA. Mr. McDowell then provided a summary of opportunities where there can be improvement and actions that can be taken. He discussed such items as expanding access to tools for customer service representatives, increasing resources, and refining processes for case escalation, as well as including a prompt for frequently asked questions such as those relating to the status of one's application. Mr. Jakious noted that as the team ramps up human resources it will be important to have controls so that more problems are not created. Ms. McDowell noted that protocols will be followed when it comes to system access. Mr. Mansur noted that the reason many of these processes are being developed is because HIX was supposed to be the common place to hold this information. So, he stated, in the absence of that capacity in the HIX at this time, there are several databases that hold information and agencies have to work much more closely to align tools and processes in the absence of the system functionality. Mr. Turnbull asked for metrics and data reporting related to consumer experience. Mr. McDowell noted that this is a high priority but could not give an exact date of delivery. Ms. Wcislo asked how long call wait time has been. Jen Bullock from CCA stated that on a busy day the call wait time has been five minutes but that on the previous day it had been under three minutes. Ms. Thorn stated that MassHealth's wait time is roughly 20 minutes.

Mr. Zerafa then provided an overview on website infrastructure. He stated that new monitoring tools have been implemented to track application performance and availability, there has been capacity added to alleviate memory constraints, there has been an additional physical server installer for performance testing, management processes have been implemented and storage concerns are being addressed. Ms. Yang noted that this work is ongoing and is very valuable and she looks forward to hearing what the market is experiencing given that there will be more activity in the month of March. Mr. Gruber asked who the target audience was for website improvement. Ms. Yang stated that subsidized applicants have run into a lot of trouble and much of this is related to those individuals but that this would apply to everyone touching the system including nonsubsidized members and customer service representatives. Mr. Jakious asked whether there was a sense of how many Optum resources are being used to address near-term needs as opposed to long-term needs. Ms. Iselin stated that the team has been focused on both tracks but that, on balance, resources have been focused on near-term goals that should have long-term benefits.

Ms. Hague then provided an update on the Commonwealth Care extension, reporting broad outreach to stakeholders regarding this extension. She did note that direct member communication has been put on hold until conversations with carriers have commenced so that members have a clear understanding of what will be happening to their coverage. Ms. Yang added that CCA has to negotiate capitation rates with carriers and review actuarial value of the plans. Ms. Hague provided an update on communications for transitional coverage. Mr. Mansur provided an update on the Fast Path approach for Commonwealth Choice transition. Mr. Gruber asked whether unsubsidized shopping worked on the website. Ms. Yang stated that it did work and that the vast majority of unsubsidized shoppers went all the way through the website. Mr. Jakious requested that information be made available to show the difference between the current plan and the suggested plan being offered to Fast Path notice recipients. Ms. Hague then stated that a generic version of this letter will be made available in Spanish on the website and that a follow up e-mail will be sent to members on March 3, 2014. Ms. Yang also noted that CCA would have likely pursued the Fast Path even if the website were fully functional because few people affirmatively shop for new health insurance even though it is part of CCA's mission to encourage more active shoppers. Mr. Mansur then provided an update on 834 file development and transition.

Ms. Iselin then discussed the long-term goals on the strategic roadmap. She stated that there was not much to report except that the team was still considering all options. Ms. Mitchell asked who would be the final arbiter of this decision. Ms. Iselin responded that Optum's Chief Information Officer (CIO) were consulted in this decision making as is the Commonwealth's CIO. She also mentioned that local experts in the community as well as other state and federal Exchanges have been consulted in this decision making. Mr. Duncan asked about the status of financial implications. Secretary Shor responded that the Commonwealth intends to comprehensively cover budget and cost projections at the next Board meeting, however, this is still difficult given that there is a lag in claims reporting with fee-for-service coverage and there are outstanding negotiations for Commonwealth Care extensions. Mr. Duncan then asked whether there is a sense of the

adequacy and completeness of the system specifications. Ms. Iselin replied that the team is challenging themselves in the near term and long term of what needs to be done and the implications of changing course from the original plan, but that everything is being evaluated and all assumptions are being tested. Ms. Turnbull asked who makes the final decision regarding scope of the project. Ms. Iselin stated that she has the authority to advise the Governor about what she believes the right course of action is for this project but that this decision is made with advice and guidance from the executive committee, Secretary Shor and Secretary Polanowicz and the CCA Board. Ms. Iselin then described the next steps for the project and also provided an overview of the week's dashboard.

The meeting was adjourned at 11:05 AM.

Respectfully submitted,  
Rebekah D. Diamond