



2014 Open Enrollment Review & HIX Project Update

Summary

- We have concluded the open enrollment period, with more people having insurance coverage than before the Affordable Care Act, including many in subsidized insurance for the first time
- We continue to move forward on multiple work tracks to develop and test key functionality that are essential building blocks for an end-to-end process that enrolls people in the right coverage
- We are halfway through the critical analysis that will inform our long-term path recommendation. Our goal is to return with this recommendation at the next Board meeting

Subsidized Enrollment



Program	12/1/2013	4/8/2014	Change in Enrollment
MassHealth	1.41M	1.60M	192,432
Commonwealth Care	216,865	101,766	(115,099)*
Former Medical Security Program	13,489	10,426	(3,063)**
Subsidized Health Connector Plans	N/A	769	769
Transitional Coverage (Temporary Medicaid)	N/A	159,111	159,111
Total Enrollment			234,150

*~107,000 Commonwealth Care members transitioned to MassHealth on 1/1/14 due to Medicaid expansion, and the Commonwealth Care program also has natural attrition

** The Medical Security Program administered by the Department of Unemployment Assistance ended on 12/31/13. The Health Connector continued to offer the direct coverage program and provided an opt-in option for those who received premium assistance in this program

Unsubsidized Enrollment



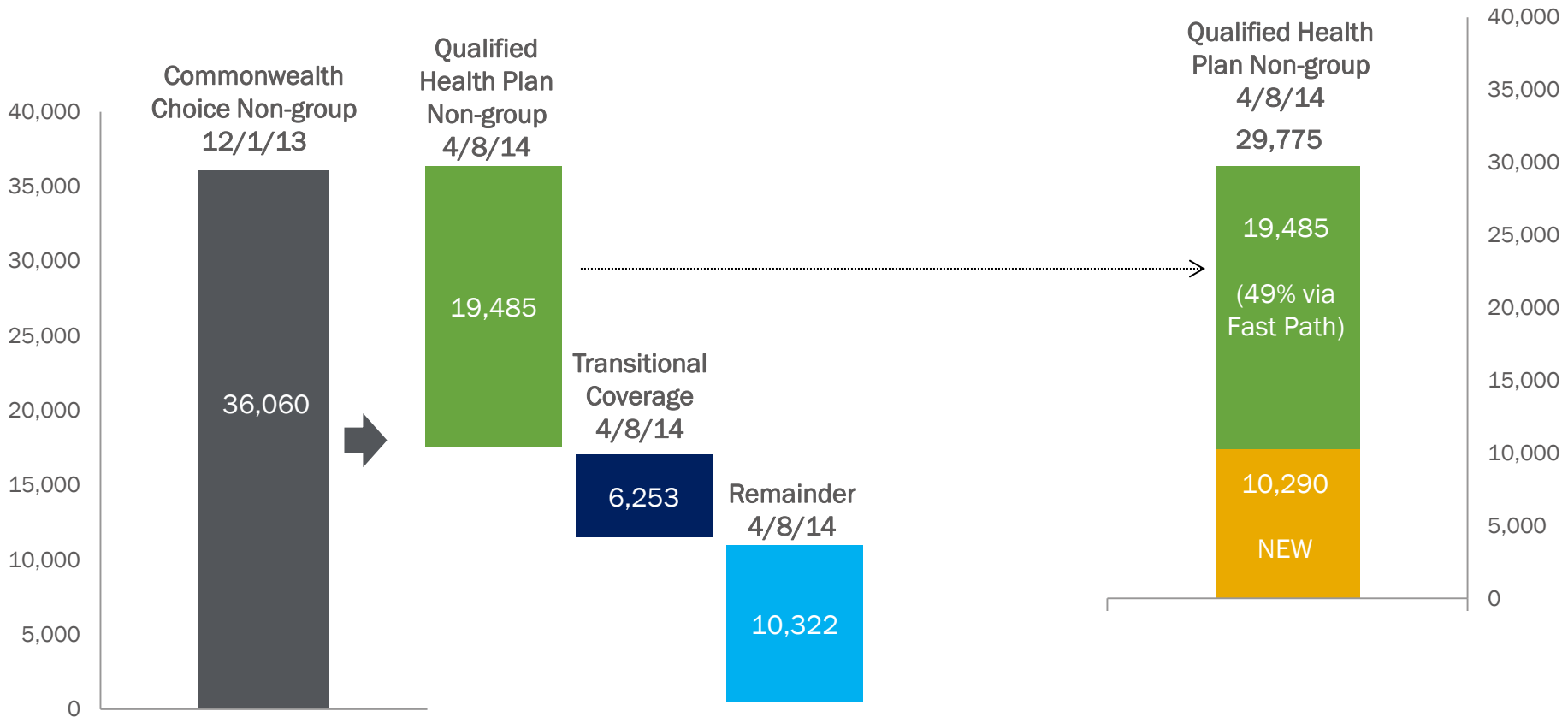
Program	12/1/2013	4/8/2014
Medical		
Unsubsidized Non-group Health Connector Plans	36,060 (Commonwealth Choice)	29,775 (QHP)
Unsubsidized Small Group Health Connector Plans	5,126* (Business Express)	4,265** (Business Express and QHP)
Total	41,186	34,040
Dental		
Non-group Dental Plans	N/A	2,590 (QDP)
Small Group Dental Plans	N/A	132*** (QDP)
Total		2,722

* 2,010 groups

**2,086 members (750 groups) in Business Express and 2,179 members (501 groups) in QHP

*** 28 groups

Unsubsidized Non-group Membership



- The Center for Health Information and Analysis (CHIA) will be issuing quarterly reports on enrollment in private and public coverage to allow us to better understand where former Commonwealth Choice members are now covered
- In addition, we are planning on conducting a survey of the those members who did not renew their health insurance coverage with us to find out: 1) whether they have coverage and 2) why they did not re-enroll with the Health Connector

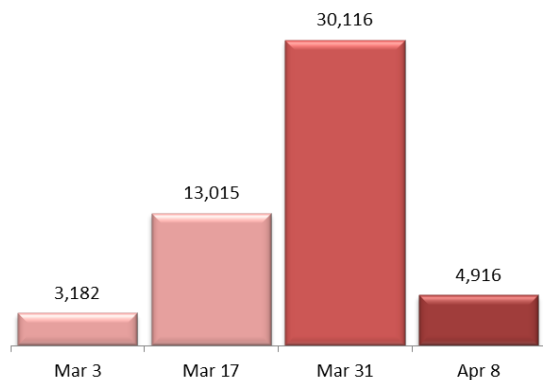
Operations Update

Since the 3/31 spike, traffic has subsided

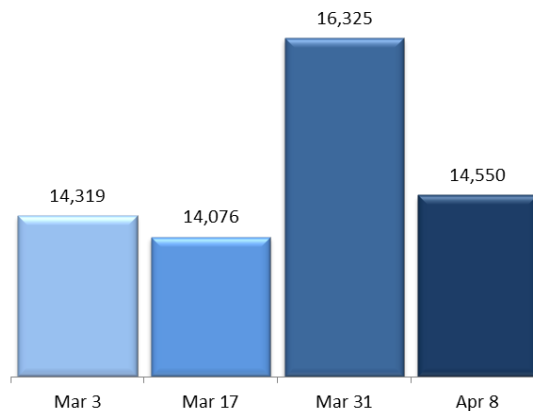
Next areas of Operations Focus

As of: 4/8/2014

Website Traffic (Daily Snapshot)



Call Volume (Daily Snapshot)



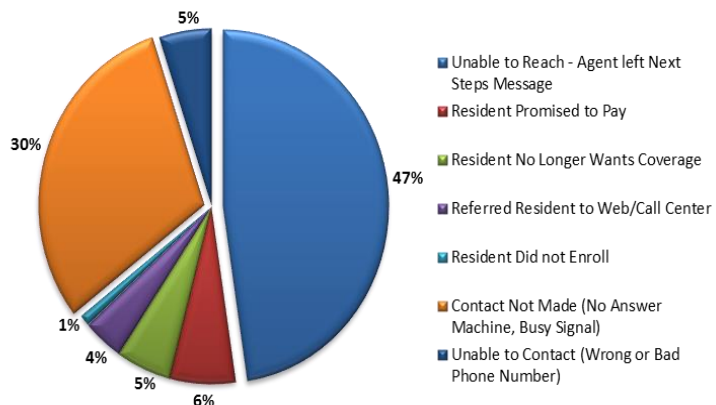
Continue daily “clear desk policy” for all new applications including those with missing data (same day processing and letter generation)

Processing backlog of member changes

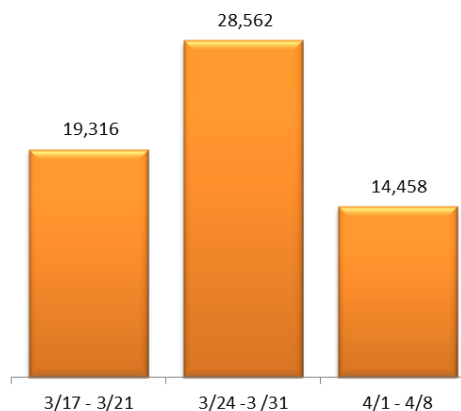
Complete backlog of missing data

Fast Path Outbound Calls

CommChoice Members (3/26 – 3/29)



Weekly Application Volume (Online & Paper)



Areas of Focus

Complete program
determination testing
and fixes

Implement strategic and
operational plan for
member transition

Complete assessment to
advance decision on
long-term plan

Program Determination Testing Update

Program determination testing is being conducted in three waves:

Sampling Test
1
Mar 1 – Mar 10

Initial assessment of program determination accuracy
– 80% pass rate



Sampling Test
2
Mar 10 – Mar 24

Expanded assessment of program determination accuracy
– 75% pass rate
– Failed tests were concentrated around a small number of issues



Comprehensive
System Test
Mar 5 – Jun 27

Full test validation of rules requirements and correction of rules defects
– Version 1 of automated testing tool created
– Rule requirements document created and reviewed
– Group A test execution started – 300 test cases touching 21 aid categories
– Group B1 test data prep and mapping in progress

Transitional Coverage and Commonwealth Care Migration

Identified **5 target populations** to focus on and expedite migration to right coverage with a positive consumer experience

Target Population	Migration Status	Transition Activity
<p>>400% FPL Transitional to Unsubsidized Coverage</p>	<ul style="list-style-type: none"> • Developing code for identification and extraction of this population • Establishing post-determination workstreams including shopping, appeals, enrollment and billing 	<p>April-June</p>
<p>Commonwealth Care to Subsidized QHP</p>	<ul style="list-style-type: none"> • Planning outreach to members to obtain HIX applications • Migration dependent on HIX functionality that is in development 	<p>April-August</p>
<p>300-400% FPL Transitional to QHP</p>	<ul style="list-style-type: none"> • Migration dependent on HIX functionality that is in development 	<p>July-August</p>
<p><300% FPL Transitional to QHP</p>		<p>July-August</p>
<p>Transitional to Mass Health</p>		<p>July-August</p>

Objectives, Assessment Approach and Solution Options

Objective

- 2014 (Fall): Achieve a functioning HIX that meets all CMS and state requirements through system automation as well as manual functions
- 2015 (Long Term): Enable a robust MA HIX allowing an enhanced consumer experience with integrated eligibility

Assessment

- Assess unique MA requirements for unsubsidized enrollees, as well as subsidized enrollees, *i.e.*, Medicaid and state wrap
- Review and assess HIX platform options against both mandated and necessary CMS and MA requirements
- Define and recommend a go-forward plan and roadmap for a HIX solution for Fall 2014 Open Enrollment
- All recommendations require a level of remediation of the current MA HIX, *e.g.*, Enrollment, Program Determination, etc.
- All recommendations will continue to leverage some existing third party solutions, *e.g.*, Dell Financial Management

Options

- Rebuild key components of existing MA HIX
- Leverage external HIX solution

Long Term Solution Criteria Selection



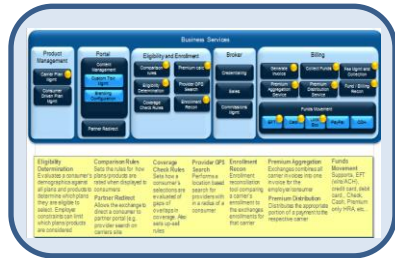
Assessment criteria will be evaluated by:

- HIX requirements as defined by the capability model which includes CMS and Massachusetts-specific requirements
- Risks
- Costs
- Consumer Experience
- Member Management
- Size & Complexity
- Business Operations Impact
- Timeline
- Technology
- Fit with Long-Term Plan

Evaluation Process Overview

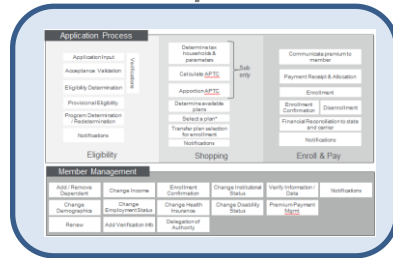
Phase 1 - Define Target HIX

CMS Minimal



Determine minimal CMS HIX Requirements for 2015

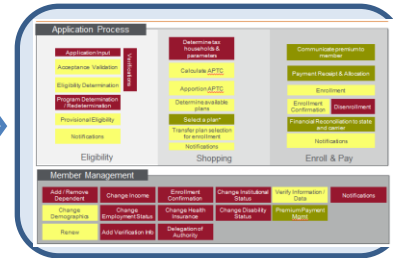
MA Specific



Document unique requirements for MA

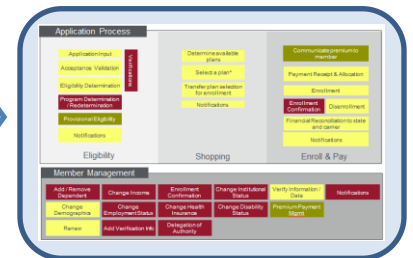
Phase 2 - Establish Baseline of Current MA HIX

Subsidized



Scorecard current HIX capabilities and processes for subsidized

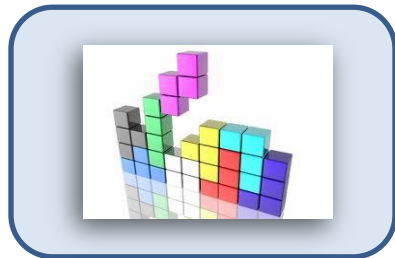
Unsubsidized



Scorecard current HIX capabilities and processes for unsubsidized

Phase 3 - Determine Gaps and Assess Options

Gap Analysis



Identify and prioritize HIX Platform gaps

Option Assessment



Evaluate HIX Options

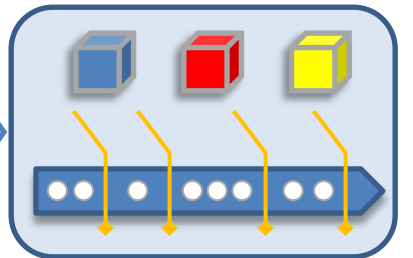
Phase 4 - Present Findings and Recommendations

Recommendation



Document Findings and Recommendations (Pros, Cons, Cost, Risk, etc.)

Timeline



Determine Plan to Open Enrollment 2015