



*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, June 12, 2014  
9:00 AM to 12:00 PM  
One Ashburton Place  
21<sup>st</sup> Floor  
Boston, MA 02108

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**Attendees:** Jean Yang, Glen Shor, Nancy Turnbull, Kristin Thorn, George Gonser, Celia Weislo, Rick Jakious, Ian Duncan and Louis Malzone. Catharine Hornby attended in place of Dolores Mitchell. Kevin Beagan attended in place of Joseph Murphy. Jonathan Gruber was absent.

The meeting was called to order at 9:03 AM.

- I. Minutes:** The minutes of the April 8, 2014 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Ms. Yang stated that the July and August Board meetings will include the seal of approval presentation for conditional approval, the Fiscal Year 2015 (FY15) Administrative Budget as well as a presentation related to the selection of Navigators for the program's second year. She also noted that while there typically is not an August Board meeting, the Health Connector (CCA) would be having one this year. Ms. Yang finished her report by stating her confidence in the current plan and her appreciation for how much progress is being achieved. She thanked the Board for their pointed questions and guidance.
- III. HIX Project Update:** The PowerPoint presentation "HIX Project Update" was presented by Roni Mansur, Ashley Hague and Maydad Cohen. Mr. Cohen began the presentation by stating that the team has made incredible progress but that the short timeline until open enrollment is still a big risk. He also noted that the presentation would include information on the upcoming checkpoint with the federal Centers for Medicare and Medicaid Services (CMS) as well as an update on the budget. Mr. Cohen stated that the previous night, the Commonwealth received approval to extend

Commonwealth Care and temporary Medicaid until December 31, 2014. Ms. Weislo asked when members would get notice of this extension. Mr. Cohen answered that the letters are ready and would be sent to the printer that day. Mr. Cohen then reviewed subsidized enrollment in the Commonwealth, emphasizing that there has been an increase in enrollment overall in Massachusetts. Mr. Cohen stated that on the hCentive platform, the Massachusetts look and feel had been loaded, off-the-shelf program determination rules were in place and that some plans had been loaded for testing. He stated that risk areas included federal data services hub integration, not because hCentive could not support this, but rather, because this integration was being moved to earlier on the schedule to ensure time for testing. He also flagged integration with vendors as a risk area as this was a great deal of work in a short time period; however, he stated that the team had been working closely with Dell, Optum and other key vendors to ensure a seamless integration with the new system. He reiterated that the key risk area is the short timeline in which this needs to be implemented but that every day included ruthless prioritization of time and resources. In response to a question from Mr. Duncan, Mr. Cohen explained that the program determination falls into those that are Affordable Care Act (ACA) determinations based on Modified Gross Adjusted Income (MAGI) and those that are based on other eligibility factors. He stated that hCentive performs determination of MAGI eligibility under the ACA. Mr. Cohen explained that if an individual is assessed as Medicaid eligible in the hCentive system, that individual will then be sent to Medicaid. Ms. Hague clarified that program determination from a Qualified Health Plan (QHP) perspective is different than Medicaid program determination.

Nicholas Fontana from the Health Connector and Pinkul Goyal from hCentive then did a demonstration of the hCentive development environment for the Board, showing the process for a tax credit recipient from eligibility application through shopping. Mr. Fontana noted that improvements to this environment were being made on a daily basis. Mr. Fontana explained that much of the application process is based on federally required information and is also present on other Marketplace applications. Mr. Fontana and Mr. Goyal showed plan comparison, anonymous browsing capabilities as well as a quick eligibility check that hCentive provides. Mr. Fontana stated that for the Fall, provider lookup would be turned off and that a direct link to provider directories would be provided instead. He stated that more advanced functionality for provider search would be added at a later point in time. Mr. Fontana, in response to a question from Mr. Duncan, noted that there would be two enhancements to the hCentive product – ConnectorCare and a residency verification service.

Mr. Cohen then reviewed evaluation framework based on meetings with CMS. He stated that the Commonwealth has been working closely with CMS to determine what factors for success are, from CMS's perspective, in order to determine whether hCentive will be the system of use for open enrollment in the Fall. He noted that there is a critical first checkpoint in July where the Commonwealth will have the opportunity to display work-to-date in hCentive and demonstrate the ability to meet the evaluation criteria framework.

Mr. Mansur then provided an overview of the hCentive releases leading up to open enrollment. He stated that by June 30 the goal will be to stand up the base product that

had been shown to the Board in the demonstration in addition to an identity management solution, a standard user interface and static content. He also stated that the team is looking to load five Massachusetts plans into hCentive, show noticing capabilities and demonstrate that CCA can successfully link Dell and hCentive by generating a sample outbound XML file for billing and enrollment. He also noted that the account transfer process with MassHealth will be part of the June 30 presentation to CMS. Mr. Mansur then reviewed the key project milestones, noting that a tremendous amount of work had been done for plan management largely in conjunction with the carriers. He stated that several work sessions were held with them and that their benefits templates will be completed on time. He also noted the work done on the user interface, identity management and program determination fronts and that three of the five environments have been completed and the remaining two are not scheduled to be complete until later releases. Mr. Mansur also provided an overview of the enrollment and billing functionality, federal data services hub integration, account transfer, end-to-end testing and back office work. In response to a question from Mr. Duncan, Ms. Hague explained that the June 30 release would not include wrap because it is not at the core of ACA functionality as a Massachusetts specific program, but this was a critical piece of the second release.

Ms. Hague then provided an update on work being done to prepare the Commonwealth for migration to the FFM in the event that hCentive is not ready in time for the Fall. She stated that the biggest milestone was understanding the model that Massachusetts would pursue under an FFM construct, which is a Supported State-Based Marketplace (SSBM) model. This represents the roles and responsibilities for the state. It means that if Massachusetts were to rent the FFM for 2015, the Commonwealth would maintain autonomy over plan accreditation and approval, administering our own small group products and our own risk management program as well as our own consumer assistance and outreach. Ms. Hague reviewed the CMS criteria including plan loading via SERFF templates, connectivity for billing and enrollment using Dell and account transfer capability with Medicaid. Ms. Hague also noted that Allison Kean from CCA can be credited for getting much of this work done as the lead on the track and thanked her for her tireless efforts to make this a viable contingency for the Commonwealth. Ms. Hague stated that much of the work for the two tracks was common and that the team has worked to keep this aligned. She noted that the collaboration with carriers has been extensive and that there have been multiple meetings every week with a leadership team and then with individual subgroups on targeted areas such as plan management, testing and billing and enrollment. She also noted that for billing and enrollment, CCA has obtained confirmation from CMS that Dell can be used as a clearinghouse for all issuers who participate with CCA so that carriers did not have to do their own billing and enrollment directly with the FFM. She noted that Dell has experience doing this in other markets. Mr. Jakious asked how Ms. Hague would compare the FFM work with the work being done for hCentive in terms of deliverables and timelines. Ms. Hague stated that the FFM work was on track and, in many cases, ahead of schedule. She noted that the billing and enrollment work was on a similar timeline as the hCentive track. She further explained that for Medicaid account transfer, the FFM is prescriptive regarding this work and the state Medicaid agency will plan for how it receives the information.

She noted that there was no concern for the FFM and that the biggest challenge would be the wrap and that there is not yet a solution for this.

Ms. Thorn then provided an update on the Medicaid Eligibility Platform (MEP). She noted that program determination testing was yielding better accuracy and that there were more complex test scenarios being used. She also stated that worker portal was necessary for case maintenance functionality. Ms. Wcislo asked what the timelines were for Medicaid. Ms. Thorn stated that the last Board meeting included a project timeline but that what was being reviewed today was specific to the June 30 checkpoint with CMS; however, Medicaid plans to go live earlier than either the FFM or hCentive track. Mr. Cohen, in response to a question from Ms. Turnbull, noted that there will likely be an online pre-screening tool to help individuals determine whether to apply for Medicaid first or whether to apply in the Marketplace first in addition to customer service agents having this information to help steer people to the right application. Ms. Thorn noted that the Medicaid application would be available online as well as telephonically and through paper.

Secretary Shor then provided an update on the program budget. He began his presentation by reminding the Board that instead of dropping residents from coverage, the state extended the Commonwealth Care program and created temporary Medicaid for individuals whose household incomes were between 0-400 percent of the Federal Poverty Level (FPL) and who had applied for subsidized coverage but who were unable to access it due to a technology challenges. While this is a different world because of system issues, combined spending under the original vision of the budget and the current reality, they are closely matched even when looking at areas that are most affected by ACA implementation. He stated that the aggregates are roughly in-line with original budget assumptions and that there would be no supplemental appropriations bill for MassHealth or CCA. While there is slightly more membership than projected, the cost is lower because temporary Medicaid so far is low cost but that this will have to be assessed as it evolves given claims lag. Secretary Shor then discussed the HIX/IES budget. He stated that \$174 million had been received in federal funding for this project, which was meant to go to a variety of areas including vendors such as CGI, Berry Dunn and other consultants as well as the purchase of software and hardware among other activities. He noted that \$65 million had been spent to date. Additionally, Optum was brought on in February 2014 to help ensure that the Commonwealth could enroll individuals in health insurance, assess the path forward and improve the current system. The total cost for Optum's services from February through May is \$25.8 million. Secretary Shor noted that the past month the dual track approach estimated cost was \$121 million and this is still a preliminary estimate. Further, he noted that the Commonwealth is working on an at-risk and pay-on-delivery contract with Optum through the state's Information Technology Division. He also mentioned that there has been discussion of the range of ACA grants received for overall ACA-related activities not related to the HIX system. With those grants, the state has done recent re-budgeting and has identified at least \$40 million in savings that can be re-purposed to reduce requests to CMS for additional funding. Ms. Wcislo stated that she hopes funding can be available for member outreach and enrollment, which will be critical. Secretary Shor stated that grant funding will be

dedicated to customer support in the coming months. Ms. Yang reminded the Board that next month, CCA will be presenting on the administrative budget and much of this information will be discussed in more detail. In response to a question about Medicaid redeterminations from Ms. Turnbull, Ms. Thorn stated that MassHealth is discussing this with CMS and is looking for ways to control the volume. Mr. Jakious asked how the team determined what areas to request grant funding for. Secretary Shor answered that the team looks at the range of federal grants and updates anticipated spending and repurposing costs before determining the difference of what will be requested. He stated that the team does anticipate that there will be a request but that they want to make sure it is a conservative and well-thought-out grant request. Mr. Cohen then reviewed the next steps of the project, including the first release of the hCentive project, upcoming CMS meetings and the next report out to the Board on July 10.

- IV. Health Connector Operations (VOTE):** The PowerPoint presentation “Health Connector Operations VOTE)” was presented by Jen Bullock and Jason Hetherington. Ms. Bullock began the presentation by describing the critical partnership that has existed between Dell and CCA, especially when faced with the challenges of an underperforming system. She stated that Dell was instrumental in enrolling over 30,000 individuals into new coverage and has been supportive during a time with unprecedented call volume, adapting quickly to meet the needs of consumers. Ms. Bullock then provided an overview of the work order pertaining to account changes.

Mr. Hetherington provided an overview of the Dell work orders related to hCentive and the FFM to provide a proof of concept environment. Mr. Hetherington noted that the FFM approach is more complicated and that this is reflected in the higher cost of this work as compared to work for hCentive. In response to a query from Ms. Wcislo, Mr. Hetherington explained that these work orders will be implemented to ready CCA for both an hCentive path and for an FFM path but that eventually, only one path would be pursued for open enrollment. Mr. Duncan asked Mr. Hetherington what the system of record was. Mr. Hetherington explained that currently, the system of record is the HIX/IES system for eligibility and Dell’s Financial Management System (FMS) for financial transactions. He stated that in the event CCA uses hCentive in the Fall, that will be the system for eligibility and enrollment and FMS would continue to be the system for financial transactions. Ms. Bullock explained that there has been a great deal of work to keep FMS as the system of record for financial transactions and this work will continue to be beneficial in an hCentive implementation. Ms. Yang added that Dell has essentially moved non-functioning functionality from the CGI system to its systems, which has been extremely important. Mr. Hetherington then reviewed work that Dell had done prior to the proof of concept work, explaining that this work was substantial but did not require a Board vote. Mr. Hetherington reviewed the proof of concept environment work orders, pointing out similarities between the hCentive and FFM work, such as plan information and data mapping, as well as plan names and IDs; but, he added, these work streams are different enough that Dell required two separate work orders. The Board voted unanimously to authorize CCA to enter into three work orders with Dell Marketing, LLP, subject to agreement on terms a recommended by staff.

- V. **Repeal of Employer-Related Regulations (VOTE):** The PowerPoint presentation “Repeal of Employer-Related Regulations (VOTE)” was presented by Audrey Gasteier and Merritt McGowan. Ms. Turnbull noted that the General Court had already repealed the statutes authorizing these regulations and that this was an administrative step to remove the regulations from the Register as they no longer have legal force. As such, the Board voted unanimously to issue a draft repeal, subject to public comment, of 956 CMR 11.00 (Fair Share Contribution), 956 CMR 4.00 (Section 125 Requirement), 956 CMR 9.00 (Free Rider Surcharge) and 956 CMR 10.00 (HIRD).

The meeting was adjourned at 11:49 AM.

Respectfully submitted,  
Rebekah D. Diamond