



HIX Project Update

Board of Directors Meeting
September 11, 2014

Agenda



- HIX Project IT Update
- Member Transition and Operational Readiness
- Project Budget and Contract Update
- Next Steps

Summary



- With 65 days to go before Open Enrollment 2015, hCentive has delivered its first Release 3.0 code drop, and IT project delivery is now focused predominantly on testing the system for defects and its ability to handle high volumes of users
- hCentive Release 3.0 builds on Release 2.0, which included core Exchange and State Wrap capabilities, with the addition of life event changes functionality (e.g., adding a dependent to coverage)
- hCentive's efforts to build Medicaid program determination into its larger Exchange system are nearing completion, meaning that the Commonwealth is poised to deliver full integrated eligibility a year ahead of schedule

Summary (cont'd)



- hCentive's early delivery of integrated eligibility will mitigate technology risks and setbacks we are currently experiencing with the existing Medicaid Eligibility Platform (MEP)
- Additionally, Optum and hCentive have reported that unanticipated complexity of Account Transfer, the process meant to move Medicaid-eligible applicants between the hCentive and MEP systems, poses significant risk for complete/successful implementation for Open Enrollment 2015
- The Commonwealth's operational readiness planning is laser-focused on ensuring appropriate call center and paper application processing staffing and adequate training for our front line enrollment assisters
- The combination of a functioning IT system and strong back office operations will enable us to successfully transition current members into ACA-compliant coverage and encourage the Commonwealth's remaining uninsured to enroll for the first time during Open Enrollment 2015

HIX Project IT Update

hCentive Release 3.0

Functionality



Release 3.0 builds on Release 2.0 and delivers critical back office capabilities for Open Enrollment 2015

- Applicants can report life event changes
 - This functionality means that consumers can add a dependent, change their address and make other modifications to update their application
- Customer service representatives (CSRs) can act “on behalf of” applicants to provide application support
 - This critical functionality allows CSRs to submit online applications on behalf of an individual who calls a call center, providing an enhanced consumer experience
- Residency check and additional verification functionality
 - Strengthens program integrity
- Application enhancements to support Medicaid determination
 - Provides functionality to screen applicants for state-specific MassHealth eligibility categories, like HIV and cervical cancer
 - Supports 24 aid categories and MMIS connectivity

hCentive Medicaid Program Determination (Full Integrated Eligibility)



- hCentive is developing and demonstrating the ability to conduct Medicaid program determination, noticing and connectivity to MMIS ahead of schedule
 - This functionality, commonly referred to as MEP Plan B, will allow for full system integration between the Health Connector and MassHealth, was originally scheduled to be delivered next year
- Given the production and Account Transfer risks associated with MEP Plan A, we are actively assessing the feasibility of leveraging hCentive for MassHealth determinations starting 11/15
 - Early test results of program determination in hCentive are very positive – 93% pass rate for prioritized smoke test scenarios
 - Testing for MassHealth notices begins on 9/15; MMIS connectivity coding is complete
- We are finalizing a due diligence risk analysis of pursuing MEP Plan A and MEP Plan B for Open Enrollment 2015
- Plan B project schedules, requirements mapping and testing plans are in development in preparation for the completion of our assessment and a final decision

Testing Assessment



Functional Testing: Testing to ensure the system works the way it was designed

- hCentive Release 2.0 testing is 89% complete with an 80% pass rate
- MEP Release 1.2 testing completed on 8/11 with a 99.6% pass rate
- MEP Release 2.0 coding development is complete and testing began on 9/8

Performance Testing: To gain insights into a system's behavior under both normal and anticipated peak loads

- Scope and approach is complete
- Performance measures are documented
- Performance testing is in progress for hCentive Release 2.0
- Modeling for two key populations – Anonymous Browsers and Eligible Members – is complete
- Identified two peak days for concurrent users – 11/15 (46K) and 12/25 (26K)

Performance Test Load Analytics

November 15, 2014
Open Enrollment starts

Peak #1

Total 46,038 Concurrent Users
(@ 289 TPS)

Anonymous Browsers
= 40,038 Concurrent
Users
@ 200 TPS

Eligible Members =
5,998
Concurrent Users
@ 88 TPS

December 25, 2014
Open Enrollment closes for coverage
starting 1/1/15

Peak #2

Total 26,248 Concurrent Users
(@ 326 TPS)

Anonymous Browsers
= 6,256K Concurrent
Users
@ 31 TPS

Eligible Members =
19,992
Concurrent Users
@ 294 TPS

TPS = Transactions Per Second

MEP Challenges



MEP Production Instability

- Production deployment of Release 1.2 attempted evening of 9/3; had to be rolled back after application issues following deployment caused www.mahealthconnector.org to be unavailable on 9/4
- MassIT conducting root cause analysis to identify and remediate deployment issues
- Testing and production environments in the CGI-built HIX do not match and are unstable
- Inability to deploy Release 1.2 to production has stalled overall MEP development, and will delay progress on Release 2.0, which includes functionality necessary for Open Enrollment 2015 readiness

Account Transfer

- AT allows subsidized and non-subsidized applicants to enter through the hCentive front door, with Medicaid-eligible applicants transferred between the separate hCentive and MEP systems for processing
- The complexity of synchronizing and reconciling program determination between systems has resulted in unanticipated requirements and levels of effort to develop and test AT. As a result, the AT solution cannot be implemented by 11/15 with full functionality.
- Without full AT functionality, the Commonwealth will not be able to deliver a seamless experience for consumers using both hCentive and MEP, properly coordinating QHP and Medicaid determination where family members may be eligible for both.



Member Transition and Operational Readiness

Summary



- The Commonwealth's nation-leading 97% rate of insurance has proven that health care reform is about more than just a website – it's about reaching people where they are and connecting them to coverage through a variety of online, in-person and paper tools
- Open Enrollment 2015 will feature a comprehensive consumer outreach and public education plan targeting as many as 450,000 people who must take action to continue their coverage. Additionally, we need to encourage the remaining uninsured to sign up for the benefits of the ACA
- The short Open Enrollment period combined with the complexity of transitioning a predominantly low-income population that has historically relied on paper to apply for health insurance requires us to seek limited coverage extensions from CMS and develop a targeted mailing schedule for paper applications. Doing so will avoid coverage gaps, protect access for those who are unlikely to sign up online and mitigate back office operational burdens for the state, health plans, providers and front line enrollment assisters
- Our outreach plan is supported by a coordinated, cross-agency operations back office of call center, data entry and training staff to ensure the Commonwealth is fully prepared to meet high volumes of online, phone and paper application traffic throughout Open Enrollment 2015
- We have shared our coverage extensions proposal, mailing calendars and staffing levels with CMS and external stakeholders, including consumer advocates, insurers and providers, in order to solicit feedback and bring the community's best thinking to our planning

Direct Member Contact



QHP (~34K)

10/20 (~34k) ◆

◆ 11/3 (~34k)

◆ 12/8

◆ 12/31 ◆ 1/12

◆ 2/9

CommCare / MSP (~100K)

◆ 11/3 ◆ 11/17 (~100k) (~35k)

◆ 12/8

◆ 1/12

◆ 1/31 ◆ 2/9

Temporary Medicaid Wave 1 (~100K)

◆ 11/15 (~50k) ◆

◆ 1/12 ◆ 1/15

Temporary Medicaid Wave 2 (~100K)

◆ 12/1 (~50k) ◆

◆ 1/12

◆ 1/31

Temporary Medicaid Wave 3 (~100K)

◆ 12/15 (~50k) ◆

◆ 1/12

◆ 2/15

- ◆ Preview Postcard
- ◆ Open Enrollment Packet
- ◆ Reminder Postcard
- ◆ Paper Application
- ◆ Coverage End Date

Automated and Live Agent Outbound Calls (~2.3M calls deployed)

Door Knocking Campaign (target 200,000 doors)

Coverage Extensions



- Last year the Commonwealth worked with our federal partners to implement several temporary solutions to ensure applicants had access to health care coverage while working to address technology challenges. Because of those efforts, Massachusetts continues to lead the nation in the percentage of residents covered and has added to the ranks of the insured
- The Health Connector's and MassHealth's legacy and temporary coverage programs that we implemented or extended to protect coverage last year are currently slated to end on December 31, 2014
- MassHealth has requested CMS allow the Commonwealth to extend, through the Designated State Health Programs provisions of our 1115 Waiver, the following programs beyond December 31, 2014:
 - Commonwealth Care/MSP
 - Temporary Medicaid
- If granted the needed authorities, we will not only be able to mitigate potentially significant coverage gaps, but we will also be able to better manage back office operations activity during Open Enrollment

Coverage Extensions (cont'd)



- Our plan for leveraging extension authority is to provide legacy and temporary coverage members with at least 60 days to submit a new application for coverage before their existing coverage ends
- For the Commonwealth Care and MSP programs, we plan to extend their coverage from December 31, 2014 to January 31, 2015
 - Provides an additional 30 days to apply without a gap
 - Will require extensions to existing health plan contracts and partnership with the MCOs to operationalize the additional coverage period
- For Temporary Medicaid members, we plan to extend (and end) their coverage in waves – dividing the population into three approximately equal groups (est. appx 100K per group), sequenced based upon a "first in, first out" logic

	Wave 1	Wave 2	Wave 3
Notice Date	11/15	11/30	12/15
Termination Date	1/15	1/31	2/15

- For those in Waves 1 and 3 who submit a new application on time and become eligible for a QHP effective 2/1 (Wave 1) and 3/1 (Wave 3), we will provide gap coverage up through their new QHP effective date

Direct Member Contact: Paper Applications



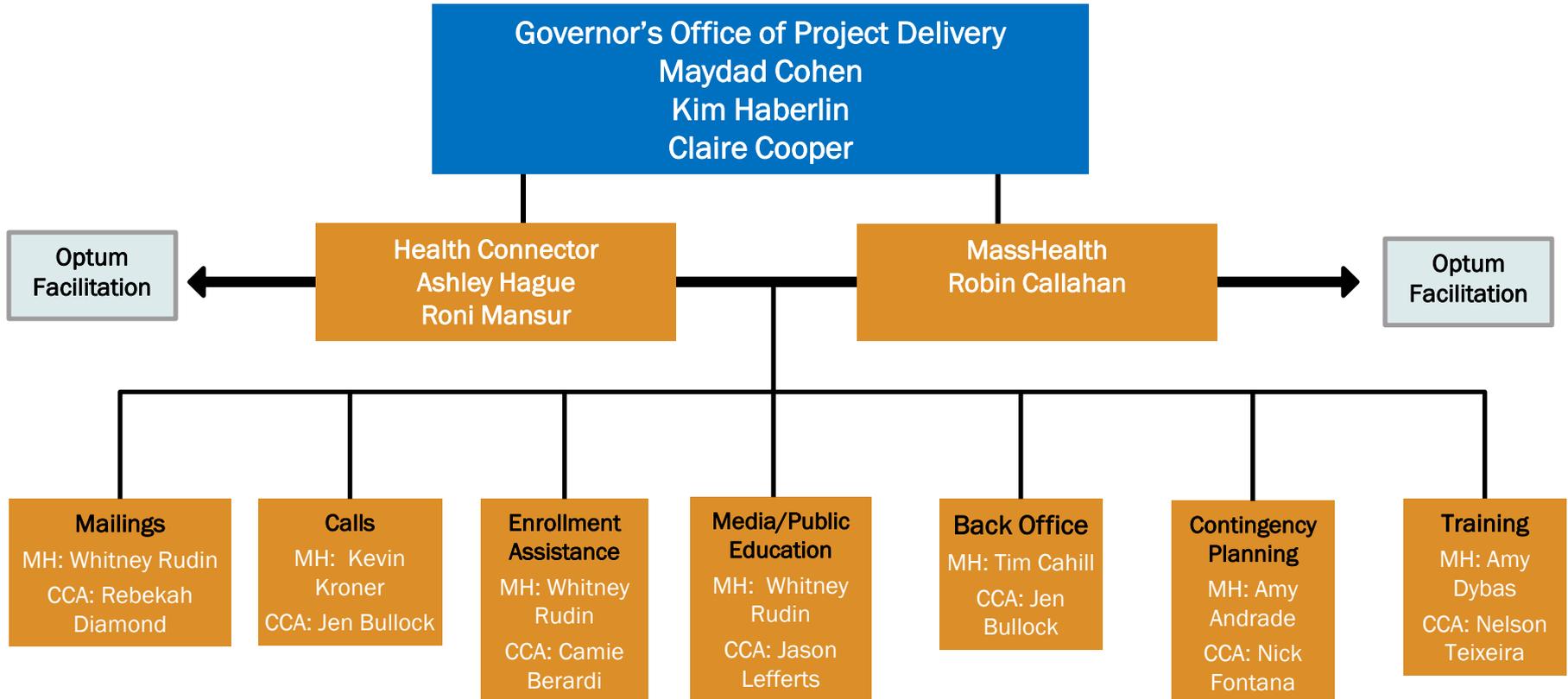
We plan to send paper applications to a subset of the transition population during Open Enrollment 2015 to help those who may not have access to a computer or are uncomfortable applying online for coverage

- We are mindful that the online application may be a barrier to coverage for some residents and we will strategically offer the paper application for those who need it, while aggressively marketing the online application and explicitly discouraging the use of paper for those who have the access and ability to apply online
- We will, therefore, be sending paper applications to a subset of the ~450,000 individuals who we are targeting with direct member outreach
- For Commonwealth Care and Medical Security Program (MSP) members, we will prioritize the ~35,000 individuals who did not apply or who applied by paper last year, specifically those who may have language barriers or who have not had to pay a premium to remain in coverage
- For Temporary Medicaid members, we will prioritize paper applications to between ~115,000-150,000 households that applied by paper last year in three waves during Open Enrollment. Final numbers will be dependent on the final count of individuals in Temporary Medicaid, which is currently 285,030 members as of August 30, 2014
- While all consumers will always have the opportunity to obtain a paper application, either by downloading one from the website, calling the call center or in person at an enrollment assister's location, we will continue to remind applicants that the web is the fastest and most efficient way to enroll in health care coverage

Operational Readiness Governance Structure



Coordinated, cross-agency outreach and operations planning is governed by the same single point of accountability structure that oversees IT project delivery.



Operational Readiness Staffing Plans



- Following the development of our member transition and consumer outreach plan, we asked Optum, the state's Systems Integrator, to conduct an assessment of the Health Connector and MassHealth's current call center and paper application processing forecast and staffing plans to evaluate the Commonwealth's business operations readiness. Based on the assessment completed, the Commonwealth is taking actions to ensure appropriate staffing levels for Open Enrollment
- Additionally, our operational readiness includes preparing contingency plans in the event that certain functionality is not available or technology does not perform as expected during Open Enrollment. Contingencies will include preparing operations for additional work-around processes and increased call center and paper application volume
 - The Commonwealth understands that contingencies may require additional staffing and is working closely with various vendors to identify potential staffing needs and subsequent staff ramp training timelines
- We will continue to work closely with external stakeholders, including consumer advocates, health plans and providers, to vet and implement our operational readiness plans to ensure a smooth consumer experience for Open Enrollment 2015



Project Budget & Contract Update

HIX/IES Budget & Contract Update



- Last month, the Commonwealth submitted a request to CMS for enhanced federal matching funds to support \$80M in new IT development. Separately, we requested \$18M for consumer outreach and member transition activities during Open Enrollment 2015
- We are in regular touch with CMS about these requests, and our conversations to date have been positive. CMS leadership has been clear they want to support a successful Open Enrollment in Massachusetts. A final decision on both funding requests is expected later this month
- Contract negotiations between the state and our Systems Integrator, Optum, are nearing completion and should be finalized by the next Board of Directors meeting in October.

Next Steps



- Final contract and budget
- Check-in with CMS Administrator: Late September
- Next Health Connector Board of Directors meeting: October 9, 2014