



*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, August 14, 2014
9:00 AM to 12:00 PM
One Ashburton Place
21st Floor
Boston, MA 02108

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

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

- I. Minutes:** The minutes of the July 10, 2014 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Ms. Yang noted that the Health Connector (CCA) does not typically have an August Board meeting but that this meeting was necessary as there is much to share. She noted that September's Board meeting will include the final recommendation for the 2015 Seal of Approval inclusive of the ConnectorCare carrier announcements. She emphasized the importance of this meeting, the first Board meeting after the Commonwealth was approved to use the hCentive system for 2015 Open Enrollment. She thanked Maydad Cohen, the Board, consumer advocates, providers, carriers and businesses for their trust and faith in CCA. She thanked the team and noted that the Commonwealth did not abandon the Federally Facilitated Marketplace readiness planning because it was not viable; rather, it was a remarkable success, but unnecessary in light of hCentive readiness.
- 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 noting achievement of the milestone of standing up hCentive sufficiently to know that it will be a successful system for 2015 Open Enrollment. He stated that this

will be one of many achievements to come. He thanked the federal Centers for Medicare and Medicaid Services (CMS), Administrator Marilyn Tavenner and her staff. He noted that Massachusetts will remain a State-based Marketplace which will allow the Commonwealth to retain policies and programs, such as state wrap. Mr. Cohen stated that, as November 15 gets closer, the work will shift in focus to member transitions and outreach and education. Mr. Cohen then provided an overview of the consumer experience including the hCentive product, Account Transfer and Medicaid Modified Adjusted Gross Income (MAGI) eligibility. In response to a question from Ms. Mitchell as to whether other states have a single front door approach, Mr. Cohen stated he would have to get back to her on that. Ms. Yang, in response to a question from Ms. Wcislo, noted that individuals will be notified online and in real time that they are being assessed for MassHealth and that final program determinations will follow after they are processed by MassHealth. She explained that this is a vast improvement to the previous paper-based process.

Mr. Cohen then reviewed the 2.0 hCentive capabilities presented to CMS. He explained that the team intentionally front-loaded the product for the August check-in to provide additional time for testing of the functionality. Mr. Gruber asked what non-ESI MEC was. Ms. Hague explained that individuals cannot access tax credits if they are eligible for Minimum Essential Coverage (MEC) that is not Employer Sponsored Insurance (ESI). She noted that there is a separate check for ESI and that the federal government is seeking an online portal for this information, but that historically CCA has used entities to do third party checks, though not in real-time, and will continue to do so. In response to a question from Ms. Wcislo regarding testing, Mr. Cohen explained that there are many types of testing being done such as functional testing and performance testing. Mr. Cohen stated that all of the 2015 plans had been loaded and that the only outstanding information is the rates, which will not be released by the Division of Insurance (DOI) until later in the month. Mr. Cohen then provided an update on Account Transfer, noting that Optum had built the component. He explained that Account Transfer is a mechanism by which Medicaid-assessed individuals are delivered to Medicaid to receive a final MassHealth determination. Mr. Gruber asked how individuals know they are assessed for Medicaid. Mr. Cohen explained that this is done by a notice sent via regular mail. In response to a query from Mr. Gruber about self-selecting as disabled in the application, Ms. Thorn explained that individuals who answer this in the affirmative are put through a different, more manual process for final determination. Mr. Cohen then discussed the program determination for Medicaid, noting that Optum and CGI have worked together to release this code and that pass rates, which were previously 40 percent, are now at 90 percent. Mr. Jakious asked whether this testing was being done for the most complicated scenarios presented by the 24 aid categories being managed through the hCentive platform. Mr. Cohen answered that the 24 aid categories apply to all individuals who would be Medicaid eligible and that some are consolidated and that others are non-MAGI determinations. Mr. Cohen, in response to a query from Ms. Mitchell as to how much of the Medicaid population is program determined based on MAGI, stated that 1.2 million of the 1.5 million Medicaid members are eligible based on MAGI.

Mr. Cohen then discussed risks that have been identified in the project such as test environments experiencing instability for the Medicaid rules engine. He noted that risk management is focused on testing and defect management and making sure account transfer data to Medicaid is being received properly. Mr. Jakious asked what it means for an environment to experience instability. Mr. Cohen noted that when multiple users test cases there may be slower performance and that these kinds of issues are being evaluated. Ms. Mitchell asked Mr. Cohen how he plans to overcome a public relations challenge of promoting a new website. Mr. Cohen noted that while he is very proud of the product he recognized that there will be some issues as people use the site due to human error or system error and that the team is working to put together a plan for the Legislature, providers and enrollment assisters to mitigate these issues. Mr. Duncan asked if Mr. Cohen was suggesting that the Medicaid rules environment couldn't handle more than 15 users. Mr. Cohen stated that these environments are not meant to handle many users so this is not a major concern. Ms. Thorn added that the code is not problematic. Mr. Mansur noted that instability is not being experienced in hCentive program determination; rather it is being experienced in Medicaid program determination. Mr. Mansur further noted that on the hCentive side the stage environment has been set up where a large amount of performance testing can be done, an area of focus for Optum and hCentive in the coming months. In response to a question from Mr. Jakious asking how MassHealth will deal with a scenario where their program determination does not work, Mr. Cohen responded that there are detailed contingency plans for different components based on lessons learned from last year. Mr. Cohen then provided a preview of consumer engagement and member transitions.

Secretary Shor provided an update on the project budget and contract, noting that he and Secretary Polanowicz sent a report to the Legislature in July indicating costs to date and issues going forward related to the HIX/IES project. He stated that, first and foremost the Commonwealth team is pleased that we are getting individuals into coverage. He noted that the team knows that our success in Massachusetts is about getting many low-income individuals into health insurance coverage and many who were insured who could keep coverage because of health care reform in Massachusetts. He further stated that the ACA gave even more access to insurance to individuals in the Commonwealth and increased enrollment numbers with greater eligibility. Secretary Shor reported that through state fiscal year 2014 cost is still very much in line with what was budgeted. He noted that the Commonwealth is monitoring this carefully and is continually reporting on this evolving figure. He then presented the latest data on temporary Medicaid coverage, noting that paid claims through August 2, 2014 since January 2014 is \$201.4 million in paid claims on a gross basis. He stated that over the last several months, where there is still a claims lag so it does not present perfect visibility, the Commonwealth has seen some form of flattening of paid claims month to month. Further, he noted that now there are 267,000 individuals enrolled in temporary Medicaid coverage which grew from 0-200,000 individuals until April and since April grew to 267,000 showing a very different trajectory in growth since the first several months of the program. Mr. Gruber noted that each individual is costing approximately \$2,000, which is less expensive than a typical consumer, and asked if data could be studied on this group. Secretary Shor answered that as additional data on this group becomes available the Commonwealth can look into this.

Mr. Cohen reported that the Commonwealth is still undergoing contract negotiations with Optum and so the contract has not yet been signed.

Ms. Hague, Nick Fontana from the Health Connector, Nick McNeill from the Health Connector and Krutika Soundararajan from Optum then demonstrated a mixed household application where the children are eligible for MassHealth and the parents are eligible for ConnectorCare through the Health Connector. Mr. Fontana noted that this demonstration shows a more complete solution for Massachusetts and will also show the hCentive product as well as integration work such as connectivity with the Federal Data Services Hub (FDSH), the Medicaid MMIS enrollment system and Dell. Mr. Fontana noted that 2015 plans had been loaded into the system but with old rates and old ConnectorCare plans were loaded as new information is still dependent upon the DOI's release of final rates and the Board's vote on the final Seal of Approval (SoA). Ms. Yang, in response to a question from Mr. Gruber regarding language refinement, explained that CCA has taken feedback from many sources and is actively incorporating that feedback, but acknowledged Ms. Mitchell's point that taking on too many changes would put the whole project at risk. Ms. Hague, in response to a question from Ms. Wcislo, stated that she would look into how same sex couples are treated in the system. The team then demonstrated ConnectorCare shopping. Mr. Gruber suggested modifying the language on APTC. Mr. Mansur reminded the Board that ConnectorCare functionality was implemented in only three weeks and that this is a major accomplishment and that at the end of the day. Secretary Shor underscored Mr. Mansur's statements and reminded the Board that Massachusetts provides the most affordable health insurance programs for subsidized individuals. Ms. Yang acknowledged that there are still some defects being fixed in the user interface. She then stated that this is true online shopping for all shoppers- subsidized and nonsubsidized.

- IV. Outreach and Communications Strategy for 2014 Fall Open Enrollment (VOTE):** The presentation "Outreach and Communications Strategy for 2014 Fall Open Enrollment (VOTE)" was presented by Ashley Hague, Jason Lefferts, Robin Callahan from MassHealth, Jen Bullock, Camie Berardi, Rebekah Diamond, Seamus Kelley and Whitney Rudin from MassHealth. Ms. Hague began the presentation by highlighting the significant amount of work and coordination between CCA and MassHealth in this effort, noting that the two agencies are working closely with carriers, advocates, and CMS. Ms. Hague then reviewed target populations for 2014 fall Open Enrollment. Ms. Callahan discussed the temporary Medicaid population and the focus of moving them into final coverage. Ms. Hague noted that it is not feasible to take old data and push that into the new system; instead, individuals will need to complete a new application to ensure that the most up-to-date information is used to properly determine them. She also noted that some people may not want to continue their coverage because of a change in circumstances. Ms. Hague further noted that CCA will also use a radio and television campaign to outreach the market more broadly regarding Open Enrollment opportunities. Ms. Hague and Ms. Callahan also discussed certain advantages and challenges for the campaign. Ms. Callahan also noted that some lower income individuals may not have access to a computer or may not be comfortable using computers and those individuals may still apply by paper. Ms. Hague thanked the market for their feedback and participation in focus groups. Ms. Hague then summarized the methods of outreach

being used for the upcoming Open Enrollment period including direct member contact, community enrollment assistance, media and public education. Mr. Lefferts discussed messaging that will be used during the campaign, noting that consumers have shown that they want clear instructions on what they have to do to remain in coverage. In response to a question from Ms. Wcislo, Mr. Lefferts stated that there will be advertising in other languages such as Spanish. Mr. Lefferts then reviewed population-specific messaging. Ms. Bullock then discussed in more detail direct member mailings, noting that all transitioning members will receive a series of mailings leading up to and during Open Enrollment, informing them of important deadlines and what actions they need to take in order to stay in continuous coverage. Ms. Callahan noted, in response to a query regarding the use of paper applications, that the Commonwealth will want to display confidence in the website to drive people there, and to the assister community to help with applying online. However, she noted that there are access issues and this should not preclude applications being submitted. Ms. Diamond described the outbound call campaign, noting lessons learned from last year and the use of automated calls and live agent calls. Ms. Berardi then described the door knocking effort that will strive to reach 200,000 doors during open enrollment. Ms. Berardi continued to discuss the enrollment assister engagements and community partner collaboration. Mr. Kelley discussed the strategy in place to engage the Legislature, noting that CCA will work with legislative offices as well as mayoral offices to inform them about changes coming and ways to help their constituents. Ms. Mitchell offered to help with planning logistics of enrollment fairs as she has done them with the Group Insurance Commission. Ms. Berardi then discussed partnership with Health Care For All and described their community outreach effort. Mr. Lefferts provided an overview of media and public education events, emphasizing that messaging needs to be clear and direct. In response to a query from Ms. Wcislo regarding timing, Mr. Lefferts explained that the campaign will start around Open Enrollment so as to give individuals a direct call to action they can act on. Ms. Bullock provided an overview of data analytics being done to support the outreach effort.

Ms. Berardi discussed the year two Navigator program in Massachusetts, explaining the application and review process involved. She noted that Navigators play a critical front line role in the transition effort, particularly with more vulnerable communities in Massachusetts. She stated that all Navigators from year one will again serve in year two with the addition of several new organizations filling some geographical gaps that existed in year one of the program. Ms. Berardi, in response to a query from Ms. Mitchell, stated that she would provide more detail on the 80 full time employees who will be acting as Navigators. Ms. Berardi also noted that the Navigators will be trained and will also take exams to ensure that training is effective and that they are ready to help individuals come Open Enrollment.

Ms. Bullock then discussed Open Enrollment call center staffing, noting that inbound support will need to increase as a lesson learned from last year and with the expectation of greater call volume due to a larger transition population. Ms. Diamond discussed the outbound call campaign that will be used during Open Enrollment as another mechanism to engage transitioning populations. Ms. Bullock provided the detailed information about the work orders for inbound support and the outbound call campaign. The Board

unanimously authorized the Health Connector to enter into two work orders with Dell Marketing LLP, subject to agreement on terms, as 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. Gasteier reminded the Board of the regulations being proposed for final repeal, most of which had been replaced by similar provisions in federal law and has therefore been repealed by the General Court. Ms. Gasteier also noted that no comments were received during the public notice and comment period. The Board voted unanimously to issue a final repeal 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 12:00 PM.

Respectfully submitted,
Rebekah D. Diamond