



*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, September 11, 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, Dolores Mitchell, Celia Weislo, Kristin Thorn, George Gonser, Rick Jakious, Joseph Murphy and Louis Malzone. Ian Duncan joined by phone due to geographic distance.

The meeting was called to order at 9:07 AM.

- I. Minutes:** The minutes of the August 14, 2014 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Ms. Yang began the meeting by noting that wrap carriers for 2015 will be announced, which will be an exciting milestone. She thanked the health plans that have remained committed to the wrap-eligible population. She also noted that a lot of hard work is continuing to be done to ready the Health Connector (CCA) for fall open enrollment and expressed her high level of confidence in the team that Massachusetts will be ready for fall open enrollment.
- 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 reminding the Board that in February the Governor directed the team to diagnose the problem with the website and to give all stakeholders regular updates on progress. He stated that, as of the present Board meeting, the Commonwealth has nearly achieved this objective. Massachusetts will also be delivering an integrated application with MassHealth through the new hCentive application platform, which is a year ahead of planned. Mr. Cohen stated that the Governor knows that this project is getting close to

the goals set forth in February. He further noted that the team has been focused on the Information Technology (IT) project but a lot of work is also being done on member transitions and operations. He stated that there are 65 days until open enrollment that will focus on IT testing. Mr. Cohen discussed the functionality released for the most recent code release. He noted that there was an end-to-end experience in the earlier release but that this release included life change events, residency verification, Medicaid enhancements and functionality for customer service representatives. Mr. Gruber asked whether previous issues with the system are resolved in this release. Mr. Cohen stated that the application has been reviewed with advocates and that any known issues will be discussed with them in case workarounds need to be identified. Mr. Jakious asked how consumers will know how they can change their application with the report-a-change functionality. Mr. Cohen noted that there will be a number of changes that consumers can make online and some for which they may need help from an assister. Mr. Mansur further explained that customer service will be trained to help consumers make these changes.

Mr. Cohen discussed the Medicaid IT work being done. He explained that the current plan is for Medicaid eligibility to be determined through hCentive; previously, there had been a consideration given to an alternative method, which involved having Medicaid eligibility determined outside hCentive. He explained that hCentive had been always slated to deliver an integrated application and that this would be available for 2014 fall open enrollment. He noted that now, under the current plan, hCentive will be able to determine whether an applicant is eligible for one of the 24 aid categories of Medicaid that use Modified Adjusted Gross Income (MAGI) eligibility. He also noted that the most recent code release provides development on program determination and aid categories and connectivity to the Medicaid enrollment system (MMIS). He explained that Medicaid noticing is a necessary component that is currently being worked on. Mr. Gruber asked how this current plan is different than the alternative plan that had been contemplated earlier. Mr. Cohen answered that CCA shopping will not be affected by this decision to proceed with this plan and that this plan is superior to the other plan because it offers a faster determination for Medicaid programs. Ms. Turnbull noted how beneficial this will be for consumers. Mr. Mansur, in response to a question from Mr. Gruber, noted that contingency plans are being developed for the Medicaid program functionality. Mr. Jakious asked whether, under the new plan, Medicaid would be able to do real-time determination for individuals eligible for Medicaid. Mr. Cohen said that this was the plan. Secretary Shor stated that MassHealth and Ms. Thorn have worked closely on this plan to mitigate risk. Mr. Cohen elaborated on this, noting that the MassHealth team reduced the number of notices from 35 to seven in order to facilitate this process. Mr. Cohen, in response to a question from Mr. Jakious, explained that there will be ample time to test the integrated eligibility plan being implemented for Medicaid and noted that Optum has a testing team to effectuate this. Ms. Wcislo asked why the Medicaid Eligibility Portal (MEP) was being tested if the plan was not to use it. Mr. Cohen explained that the slide was prepared based on the old plan, but this was no longer the case. Mr. Cohen then discussed performance testing, stating that anonymous browsing was being tested because this often takes up more CPU space than an eligibility application. Mr. Cohen provided an overview of the MEP system challenges, notably the

environment inherited from the CGI system as well as challenges associated with the account transfer process that would have been required. For those reasons, the Commonwealth decided to use the alternative option. Mr. Cohen, in response to a question from Mr. Jakious, stated that functionality from the previous code release should be sufficient to enroll individuals into CCA coverage even if there are any problems with the Medicaid portion of the system. Ms. Yang, in response to a question from Ms. Mitchell, explained that MAGI integrated eligibility is available through other state Exchanges. Mr. Mansur reiterated Ms. Yang's point and explained that bringing full Medicaid eligibility into the system would be exceedingly complex, but that MAGI eligibility is what will be available for the fall in hCentive; legacy Medicaid systems will process non-MAGI program eligibility. Secretary Shor noted that Massachusetts will have a single application and eligibility system for ACA coverage in the Exchange and Medicaid and also has the most robust set of subsidies for low income individuals, such as the ConnectorCare program. Taken together, this system will be the gateway for getting the greatest access to affordable coverage. In response to a question from Mr. Jakious, Mr. Cohen explained that the team would discuss contingency plans on more detail at the next meeting and further noted that the team has a very strong operational readiness plan.

Mr. Cohen reviewed the direct member contact by population. Ms. Weislo and Ms. Turnbull reassured Mr. Gruber that the consumer advocate community supports the direct member contact strategy to stagger outreach and control volume to the website, call center and assisters. Ms. Hague added that there are weekly meetings held by CCA and MassHealth and that this strategy was developed in conjunction with them and finalized with their approval. She also noted that there have been mechanisms discussed, such as color coding, to make the staggered approach easy to navigate from a consumer and assister perspective. In response to Mr. Gruber stating concern regarding gaps in coverage for the temporary MassHealth population, Mr. Cohen explained the need to stagger action among those members and Ms. Turnbull explained that the process is very similar to how redeterminations have traditionally worked. Mr. Cohen then reviewed the governance structure and operational readiness and staffing plans for CCA and MassHealth.

Secretary Shor provided a budget and contract update. He stated that, at the last CCA Board meeting, it was indicated that a request was sent to the federal Centers for Medicare and Medicaid Services (CMS) for \$80 million for IT and \$18 million for consumer outreach and open enrollment activities. He stated that these asks are still pending but the team is having a very good dialogue with CMS about this. Secretary Shor noted that temporary MassHealth coverage has been the principal vehicle to allow residents of the Commonwealth to get the security they need and deserve via a fee-for-service program. He stated that slightly over 285,000 individuals have been enrolled as of the end of August and that, in fiscal year 2014, \$139 million has been paid on a gross basis and that this was afforded in the MassHealth budget. He noted that, in total, \$259 million in claims have been paid on a gross basis over the life of the temporary Medicaid program. He stated that the Commonwealth does not view this as added cost but payment for care for individuals who would have been enrolled in state coverage in any

scenario. Mr. Cohen stated that the Commonwealth expects a final contract with Optum in the near future. Mr. Cohen then reviewed next steps. Ms. Turnbull congratulated the Commonwealth on being approved to use the state-based solution as she was unable to attend the last Board meeting.

**IV. Update on Outreach and Communications for Fall 2014 Open Enrollment (VOTE):**

The PowerPoint “Update on Outreach and Communications for Fall 2014 Open Enrollment (VOTE)” was presented by Ashley Hague, Jason Lefferts, Rebekah Diamond, Camie Berardi, Seamus Kelley and Whitney Rudin. Ms. Hague began the presentation by providing a summary of the multi-faceted outreach and education program previously shared with the Board in August and progress to date. Ms. Hague then reviewed the schedule by which members will be outreached, a schedule that will allow staggered activity at call centers, on the website and with assisters. She also discussed the plan to send paper applications to a subset of subsidized members who may be more likely to apply by paper given past behavior and noted that the workforce to enter paper applications would be augmented in advance of open enrollment. Ms. Diamond then gave an overview of direct member mailings being sent to the transition population. In response to a question from Mr. Gruber, Ms. Diamond noted that there were many available e-mail addresses for individuals in temporary MassHealth and that last year a collection was done to get more e-mail addresses for the Commonwealth Care population, though there is still a small percentage of individuals for whom CCA has e-mail addresses. In response to a question regarding information about enrollment assisters from Ms. Wcislo, Ms. Yang explained that the open enrollment packets for Commonwealth Care members would include information on the closest Navigator. Ms. Diamond also provided an update on the outbound call campaign. Ms. Diamond noted that only the individuals in QHPs who will have a coverage end date of December 31 will receive the preview postcard. She explained that this was in direct response to concerns from advocates and carriers that sending a postcard to the larger subsidized population would cause panic in the market before November 15 when it will be possible to take action. Ms. Berardi then provided an update on the door knocking campaign and Ms. Diamond discussed the various outreach materials being created. Ms. Berardi provided an update on enrollment assisters, noting that Navigators have begun training and that they have several more phases of training in the coming weeks. Whitney Rudin from MassHealth discussed work being done with Certified Application Counselors (CACs), outlining training and communication plans for this group. Ms. Diamond provided an update on the Issuer Enrollment Assister program through the Health Connector. Lastly, Mr. Kelley provided an update on public education and enrollment events planned to take place in advance of and during the open enrollment period.

Ms. Gasteier provided an overview of the results from a survey of the former Commonwealth Choice population. She explained the goals of the survey, which were to inform how we approach the open enrollment period that is upcoming, to determine how CCA can improve the experience for non-group enrollees, to learn where individuals who did not re-enroll with CCA went, and to inform outreach efforts. Ms. Gasteier then discussed the survey methodology and walked through the various survey responses including overall satisfaction with CCA, awareness of open enrollment, website experience and usage, customer service experience and usage, plan selection experience,

and re-enrollment information. Ms. Gasteier, in response to a question from Ms. Turnbull, noted that there were other responses that were not included in the Board presentation because they were fewer than five percent of responses.

Mr. Lefferts then provided an overview of the focus group results conducted in advance of open enrollment to inform communications and messaging. He stated that the key findings indicated that members are looking for clear messages and calls to action, members had limited recall of technical issues from the last open enrollment, members expect glitches for 2015 open enrollment but do not distrust CCA and Commonwealth Care members understood there were complications that led to the continuation of their coverage, indicating that they are reading mail sent to them by CCA. Mr. Lefferts then outlined the engagement with Weber Shandwick. In response to a question from Ms. Turnbull, Mr. Lefferts indicated that some messaging from other states was tested with CCA members and those did not test well. Ms. Yang added that the target population in Massachusetts is very different than the target population in other states. Mr. Lefferts discussed the television story board, which will highlight Navigators and the theme of being able to get help on an application. The Board then unanimously voted to authorize the Health Connector to enter into a work order with Weber Shandwick, subject to agreement on terms, as recommended by staff.

- V. Final Award of 2015 Seal of Approval (VOTE):** The PowerPoint “Final Award of 2015 Seal of Approval (VOTE)” was presented by Sarah Bushold, Michael Norton and Ashley Hague. Ms. Hague began the presentation by thanking Ms. Bushold and Mr. Norton for their work on the Seal of Approval (SoA) process since the Division of Insurance (DOI) released rates for the upcoming calendar year. She noted that these rates were the major outstanding issue for the SoA process and also informed which carriers would be selected to provide ConnectorCare for 2015. Ms. Hague reviewed the goals of the 2015 SoA and the results, as well as the requirements. Mr. Norton then outlined the ConnectorCare program recommendation for 2015. He discussed the framework and summary of the ConnectorCare program. He also described the issuer selection process for the ConnectorCare program, which takes into account zip codes, rate regions, price competitiveness, experience in serving the population, value added benefits, reasonable plan choice, continuity of coverage, the plan design of the base Silver plan and overall value. Mr. Norton then announced the ConnectorCare carriers for 2015, which are Boston Medical Center HealthNet Plan, CeltiCare, Fallon Community Health Plan, Health New England, Neighborhood Health Plan, Network Health and Minuteman Health. Mr. Norton reviewed the premium constellation of the silver base plans for a 40-year-old individual in each region. Mr. Norton also discussed the proposed enrollee contribution schedule by showing the blended average ConnectorCare 2015 rates as compared with the Commonwealth Care 2014 rates. Ms. Hague noted that this is much more complicated than appears and that these summaries will be exceedingly helpful to inform the member transition process. Ms. Turnbull also noted that these carriers are also CarePlus carriers, which will also provide ease for members who transition between CCA products and MassHealth products. Mr. Norton noted that individuals will also have a new choice in Minuteman, which is a competitive new carrier, not available currently.

**VI.** Ms. Bushold then provided an overview of the QHP and Qualified Dental Plan (QDP) final recommendations for the 2015 SoA. She thanked the DOI for its support and partnership through the process. Ms. Bushold noted that CCA is also recommending a Harvard Pilgrim product only recommended for small group for the conditional SoA for both small group and non-group for the final SoA. She stated that among the standardized plans, there is a weighted premium increase of 2.9 percent, which is lower than the market average of 3.1 percent. Ms. Bushold then discussed the QDP rates, noting that approximately half of the premium increases seen for 2015 are a result of the decreased Maximum Out-of-Pocket (MOOP) amounts prescribed by the federal government, requiring a change in premium to keep the products within the actuarially sound rate range. Ms. Wcislo noted that this means the protection for consumers is much better even though the premiums went up. Ms. Hague further stated that dental products don't typically have MOOPs so having these in products that also have an affordable price is great for consumers. Ms. Bushold, in response to a question from Ms. Turnbull, explained that the Blue Cross Blue Shield premiums are lower due to a difference in rating methodology, which is similar to what they do on the medical side, using a broader risk pool with individuals accessing the pediatric component in the rest of the market. Ms. Hague also noted the special element of the pediatric dental benefit under the ACA, whereby all purchasers outside of the Exchange have to have a pediatric dental benefit included or reasonable assurance that the benefit has already been purchased. Ms. Bushold then reviewed the dental product shelf. The Board then unanimously voted to award the final Seal of Approval for 2015 for Qualified Health Plans and Qualified Dental Plans to 11 medical issuers and five dental carriers, as outlined by staff, subject to final agreement on contract.

The meeting was adjourned at 11:47 PM.

Respectfully submitted,  
Rebekah D. Diamond