



*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, October 9, 2014
8:00 AM to 12:00 PM
One Ashburton Place
21st Floor
Boston, MA 02108

Attendees: Jean Yang, Glen Shor, Nancy Turnbull, Dolores Mitchell, Celia Weislo, Kristin Thorn, George Gonser, Rick Jakious, Jonathan Gruber, John Bertko, Joseph Murphy and Louis Malzone.

The meeting was called to order at 8:05 AM.

- I. Minutes:** The minutes of the September 11, 2014 meeting were approved by unanimous vote.

Secretary Shor took a moment to welcome the newest Board member, John Bertko. He noted that Mr. Bertko has a wealth of experience that will benefit the organization and make the Health Connector (CCA) a transformative health insurance Exchange. He emphasized Mr. Bertko's role implementing the Affordable Care Act (ACA) and his position as chief actuary at Cover California. He also congratulated George Gonser who was re-appointed by Governor Patrick, stating that he has been a terrific and highly involved member of the Board that represents an important section of the market.

- II. Executive Director's Report:** Ms. Yang echoed Secretary Shor's remarks. She stated that while Mr. Bertko is new to the Board, he and Ms. Yang have spoken numerous times on many important issues related to market reform and the 3Rs. Ms. Yang also took a moment to thank Ian Duncan, noting that he helped CCA on many critical issues such as Commonwealth Care, Commonwealth Choice, Wellness Track and the state-based Risk Adjustment program. She thanked him for his tough questions and involvement that made CCA the strong organization it is today.

III. Small Business Service Bureau Contract Extension (VOTE): The PowerPoint presentation “Small Business Service Bureau Contract Extension (VOTE)” was presented by Ed DeAngelo. Mr. DeAngelo began the presentation by providing a background on CCA’s relationship with the Small Business Services Bureau (SBSB). He explained that when CCA extended their contract with SBSB in the early part of 2014, SBSB was also serving the unsubsidized non-group market until those members transitioned. He noted that this contract extension would be to serve the small group market only. He explained that this extension would allow SBSB to serve the small group program until August 2016. Mr. DeAngelo then reviewed the contract details. Ms. Mitchell asked whether SBSB would be a candidate to serve CCA’s small group program in the future. Mr. DeAngelo explained that the future vendor for small group is not pre-decided and that CCA would be looking for a vendor that could implement Employee Choice, most notably. Mr. DeAngelo explained that due to the rapid pace at which the Commonwealth team built hCentive to support the non-group open enrollment in 2014, small group was not included in this scope. Ms. Turnbull stated that it would be interesting to follow how the federal Exchange is supporting small group. Secretary Shor agreed and stated that the flexibility of extending the current contract will allow CCA to look at other models and make a more informed decision for the future of small group. Mr. Gruber asked what the trajectory was for Employee Choice. Mr. DeAngelo explained that there is not a clear trajectory, but that CCA is committed to providing Employee Choice. Ms. Yang added that Employee Choice was deferred for 2015 as the federal government was supportive of Massachusetts’ prioritization of non-group implementation and was also aware of the Commonwealth’s transitional factors that make this implementation particularly challenging. Mr. Bertko confirmed that many states are wrestling with similar issues and it will be helpful to see how this works in other states. Mr. Jakious asked whether there will be a period of time during which the fee to SBSB would be reduced. Mr. DeAngelo noted that there are certain points in the contract at which CCA can reduce or terminate the contract and fee depending on the level of servicing required at those points in time. The Board voted unanimously to authorize the Executive Director to enter into a contract extension with the Small Business Service Bureau through August 2016, as outlined by staff, subject to final agreement on contract.

IV. Update on Outreach and Communications for Fall 2014 Open Enrollment: The PowerPoint “Update on Outreach and Communications for Fall 2014 Open Enrollment” was presented by Ashley Hague, Jason Lefferts, Rebekah Diamond, Camie Berardi, and Whitney Rudin from MassHealth. Ms. Hague began the presentation providing an overview of what has been done on this front since the September Board meeting. She discussed specific deliverables that have occurred, including close collaboration with stakeholders, planning for enrollment events, legislative briefings, training of enrollment assisters and development of mailings and outbound call material. Ms. Hague then discussed the project management tools being developed to track the effectiveness of this campaign as well as the stakeholder collaboration that has been instrumental in developing a well-informed campaign. In response to a question from Mr. Gruber, Ms. Diamond explained that the activity occurring after open enrollment will be specifically targeted at individuals who likely can enroll outside of open enrollment because they are

Medicaid or ConnectorCare eligible. She stated that this would be in the form of a robo call to these individuals prompting them to take action. Ms. Hague reviewed the language support offered throughout the outreach campaign. In response to a query from Ms. Weislo, Ms. Diamond explained that translation is only available in Spanish for mailings, but that a “babel sheet” stating in multiple languages that this message is important will be included in all mailings so an individual can call customer service and receive translation services regarding their mailings. Ms. Hague elaborated, stating that typically, all CSRs at CCA are bilingual but given the drastic increase in staffing for open enrollment, only a majority of CSRs are bilingual but all have access to a comprehensive language line. Ms. Diamond proceeded to discuss member mailings, reviewing those mailings sent in October and those that will be sent in November. She provided an update on the outbound call campaign as well, explaining the joint effort between MassHealth and CCA to develop scripts in collaboration with other stakeholder partners. In response to a question from Mr. Malzone, Ms. Diamond explained that live agent calls, while having a lower connection rate than robo calls, are exceedingly valuable because it is an opportunity to take an individual over the finish line of enrollment in one step, whereas robo calls have a less direct effect on enrollment. Ms. Hague added that having live agents for the outbound call campaign is also a way for CCA to have contingency agents when the inbound center is overwhelmed. Ms. Diamond elaborated, explaining that outbound agents can be added to the phones within a several day turnaround and that they will be trained as inbound agents as well as outbound agents. Ms. Hague then reviewed the reporting that CCA will be compiling during the campaign in conjunction with Optum and hCentive to determine effectiveness and also to tailor outreach of the campaign. In response to a question from Mr. Jakious, Ms. Diamond explained that this campaign is mainly targeted at the transition population, but that media and enrollment assister efforts have the capacity to reach additional individuals, such as the uninsured. She also noted that when Medicaid expanded in January 2014, many eligible but uninsured individuals were placed into a Medicaid benefit. Ms. Turnbull noted that the Department of Revenue (DOR) should have information on the uninsured and that the Commonwealth should take greater strides to obtain this information to close the uninsurance gap in Massachusetts. Ms. Hague replied by explaining that while she understood this frustration, tax data has historically been highly protected information and the DOR has been hesitant to share for that reason. However, she stated that CCA could try pursuing this again. She also noted that many individuals who are uninsured may not file taxes and so DOR data would not show comprehensively those in the Commonwealth who are without insurance. Ms. Hague then discussed an online payment solution that will be available for open enrollment. She explained that initially, CCA was only going to be able to support offline payment options such as payment direct from one’s bank account or the mailing of a check after receipt of an invoice. Understanding that an online payment option would be extremely important, especially given the short time frame during which an individual can get into coverage during open enrollment, CCA sought an online option. Pursuing this option was also due to feedback from carriers, consumers and advocates. With this online payment functionality, a member will be able to access the online portal after completing shopping or from the front page website at any time to make a payment. Ms. Hague noted that for the long

term, a more integrated approach with additional payment options available online is envisioned. Ms. Wcislo noted that this will be a great benefit for members.

Ms. Berardi discussed the work being done by Health Care For All (HCFA) for open enrollment. She discussed the door-to-door canvassing campaign, the use of an online forum for assisters called “In the Loop”, support during enrollment events, local and ethnic media as well as an outbound call campaign targeting those HelpLine clients who have worked with HCFA previously. Ms. Berardi also discussed the continued work being done with Navigators, ensuring that they are trained and have many opportunities to become familiar and comfortable with the new website. She stated that Issuer Enrollment Assisters would also be receiving training in October. Ms. Rudin then discussed work being done with Certified Application Counselors (CACs). She stated that there has been extensive training with this group, composed of 170 organizations and over one thousand individuals, in the form of regular conference calls, training forums and the opportunity for lead CACs to have hands on training.

Mr. Lefferts discussed the Navigator Press Tour being done in the Commonwealth, providing an opportunity for Navigators to introduce themselves to their communities through local press exposure. He further noted that public education events are also underway to communities who do not have a Navigator organization close by. These events are being coordinated with local Community Action Councils to build awareness with local stakeholders. Mr. Lefferts then discussed the enrollment events that will be held in four areas of the Commonwealth during open enrollment, meant to be large-scale events specifically targeted at getting individuals enrolled. In attendance at these events will be Navigators, carriers, HCFA, local officials and other stakeholders. In response to a question from Ms. Mitchell, Mr. Lefferts noted that he has been in contact with her colleague who organizes many of the Group Insurance Commission enrollment events and thanked her for her agency’s expertise. Mr. Lefferts mentioned that the open enrollment television advertisements were being recorded that week and that radio, print and television media would begin to roll out on November 15. Mr. Lefferts also shared that many state agencies had expressed their willingness to support and promote CCA during open enrollment using their member base and communications opportunities. Lastly, Ms. Hague reviewed next steps for this stream of work before the next Board meeting.

- V. **HIX Project Update:** The PowerPoint “HIX Project Update” was presented by Maydad Cohen, John Santelli, Bill Oates, Roni Mansur, Ashley Hague and Sanjay Singh. Mr. Cohen began the presentation by providing a summary of the project to date. He emphasized his confidence in the website and in the testing results he has seen. He noted that no website rollout is perfect, but that the Commonwealth is actively working on contingency plans and workarounds in case those prove necessary. Mr. Cohen then discussed hCentive’s capabilities to date and the end-to-end consumer experience.

Mr. Santelli reviewed the functional testing timeline. He explained that the testing is broken into two cycles, which is then followed by a code freeze. He showed the number of test cases executed and the percentage of those that passed. He noted that MassHealth

is in yellow because Medicaid determination was incorporated at a later point. Mr. Santelli then proceeded to discuss integration testing. He noted that testing types have been defined by the federal Centers for Medicare and Medicaid Services (CMS) in many scenarios. Mr. Gruber asked why a test case would not be executed. Mr. Santelli explained that most test cases are automated but that sometimes automation does not work so it needs to be corrected. In response to a query from Mr. Gruber, Mr. Santelli stated that the goal for a pass rate is always 100 percent, but that 90 percent is very good quality. He stated that it also depends on what the defect is affecting the pass rate. Mr. Cohen noted that full execution has not been achieved because not all functionality is ready for testing, especially on the MassHealth front. In response to a query from Ms. Wcislo, Mr. Santelli explained that the amount of end-to-end testing is lower because focus has been on the portal and then will shift to integration. In response to a question from Mr. Jakious, Mr. Santelli explained that it is common in projects to go to code freeze prior to completion of all test cases. Mr. Santelli echoed comments from Secretary Shor that defects are addressed in order of severity and, in response to a question from Ms. Turnbull about what a non-critical defect might be, stated that this might be the need to click a button twice – something that provides functionality, though imperfect. Mr. Santelli reviewed defect remediation. Mr. Bertko asked what the size of the inventory of fixes was. Mr. Santelli states that there are roughly 100 open defects, which are then broken down by severity level and that critical high defects are on track to be remediated. Mr. Bertko commented that on a different platform he worked on, there were 500 open defects so this is a very low number, comparatively. Mr. Bertko noted that the peak user projection being used for performance testing was very strong and also asked what Optum has planned for server capacity as this was an issue around the country. Mr. Santelli explained that there is failover testing for the servers being used, stating that all servers are meant to handle the load in concert, but when one fails the others can take over with no interruption and that Optum has oversized the server capacity intentionally. Mr. Santelli further noted that if server capacity does run out, Optum has built this platform on a cloud environment so capacity can be automated and built on demand within hours. Mr. Santelli, in response to a question from Ms. Mitchell, explained that Optum will be able to track how many users are going through the application successfully and that there will be robust monitoring and an incident management is in place if anything causes alarm.

Mr. Oates then discussed the security preparedness for this project. He stated that security has been a high priority on this project to protect personal information and maintain system security. He explained that the Commonwealth Office of Information Technology (MassIT) has authority over this and introduced Kevin Burns and Scott Margolis from MassIT who have been instrumental on this portion of the project. Mr. Oates stated that the focus is to continue to monitor the old system while also readying the new system. He said that this is done in conjunction with Optum, which also brings a depth of experience in privacy and health information given its other customer work. Mr. Oates stated that this is a critical effort for the Commonwealth team within the context of the aggressive timeline and that the dialogue has been crucial. He noted that the operational readiness review with CMS went very well. He further stated that the Commonwealth has a third party vendor, BerryDunn, which will conduct an assessment

of the system for vulnerability and penetration. In response to a query from Mr. Jakious, Mr. Cohen explained that BerryDunn continues to be involved with the project on a continual basis and do a variety of checks. He explained that they are present at senior meetings and provide daily input on issues that arise and follow up with the Commonwealth team regularly on any concerns they have.

Mr. Cohen discussed member transitions and operational readiness. Mr. Fontana spoke about contingency planning, noting that this had begun in late July. He explained that the team has built in capability to turn off any particular feature of the most recent release so that it does not take the whole system down. Furthermore, Optum is leveraging several data centers so they do not need to divert to disaster recovery sites. From an operational standpoint, there will be two and a half times the customer service staff at CCA than there was last year and there will be additional Optum agents prepared for paper processing. Ms. Turnbull asked whether there was a communication planning process. Ms. Hague stated that there are communications plans with assisters and customer service centers and stakeholders receive job aids to deal with any contingency planning. She noted that every day there will be multiple check-ins throughout the day to assess what is happening and whether it warrants communications to various stakeholders.

Mr. Cohen finished the presentation by providing a contract update. Mr. Cohen reviewed the various check-ins that the Commonwealth has provided to the public throughout the past several months. He noted that the Commonwealth thought the contract would be between \$100 million and \$110 million and it ended up being \$102 million. He noted that the finality of the contract allows the Commonwealth to finalize the cost of the Information Technology (IT) budget. Mr. Cohen stated that CMS has approved a federal funding request for \$80 million and that there is also a state match component of \$26.1 million. Mr. Cohen elaborated, saying that the \$26.1 million was available capital for the IT development and the Commonwealth does not have to seek any additional funds for that cost. Mr. Cohen noted that the contract includes significant at-risk components, protection of intellectual property and penalties for not reaching service level agreements.

Secretary Shor then provided an update on emerging coverage costs. He emphasized that the ACA expands coverage in the Commonwealth even in addition to the excellent coverage provided in Massachusetts prior to the ACA. Further, he noted that the Commonwealth's outreach effort may likely capture individuals who are now eligible under the ACA to access more affordable insurance. Secretary Shor noted that temporary Medicaid has been the mechanism for families that the Commonwealth knew were uninsured or that could not afford insurance to get subsidized coverage. He stated that the team has been tracking the cost of health insurance coverage in the Commonwealth, and that this was part of testimony provided and also part of a comprehensive report put together in addition to the regular reporting that has been provided to the Board. He explained that in Fiscal Year 2014 (FY14), the Commonwealth budgeted for more membership related to ACA coverage, and total costs have been no more per person than they would have been had the website worked and individuals could get into their proper coverage type. He noted that there has been no use of supplemental appropriation. Secretary Shor reported that in FY14, on a gross basis, the cost of this program was

\$138.7 million. He assured the Board that this has been transparent and that there have been updates based on any claims lag. He then stated that in the first three full months of FY15, there has been \$182.2 million in costs on a gross basis. He stated that, as the year progresses, the Commonwealth will closely follow other programs and costs associated as individuals get into the right coverage. Secretary Shor ended the meeting thanking the staff at CCA and MassHealth who have pulled off such a great achievement and expressed sincere gratitude for the efforts of the teams.

The meeting was adjourned at 11:35 AM.

Respectfully submitted,
Rebekah D. Diamond