



*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza, 6<sup>th</sup> floor  
Boston, MA 02108*

CHARLIE BAKER  
Governor

KRISTEN LEPORE  
Board Chair

JEAN YANG  
Executive Director

**Board of the Commonwealth Health Insurance Connector Authority**

**Minutes**

Thursday, December 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, Nancy Turnbull, Dolores Mitchell, Celia Wcislo, Kristin Thorn, George Genser, Rick Jakious, Gary Anderson and Louis Malzone. Jonathan Gruber and John Bertko joined by telephone due to geographic distance. Katie Hammer attended on behalf of Glen Shor.

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

- I. Minutes:** The minutes of the November 13, 2014 meeting were approved by unanimous vote.

Secretary Shor joined for the beginning of the meeting before having Ms. Hammer attend on his behalf. Ms. Turnbull noted that this was Secretary Shor's last meeting and thanked him for being part of the brain and heart of health reform. She stated that his contributions have been indelible and longstanding and that there are thousands of people across the Commonwealth who have insurance and financial security because of him. Secretary Shor thanked Governor Patrick, Leslie Kerwin and Jay Gonzalez for giving him the opportunity to contribute to such a great cause. Secretary Shor thanked the Board for their companionship and their incredible contributions to health reform. He then thanked everyone in the room he had an opportunity to work with. He noted that the Health Connector (CCA) has made health reform a success by creating a market for people buying coverage on their own, has created policy on the individual mandate and has inspired national health reform, which has changed lives. He stated that in the wake of this organization's darkest hour the Commonwealth has seen its most exceptional work. He thanked the CCA team and then expressed his pride to be associated with Ms. Yang, stating that, when the walls were falling in, her determination and creativity

allowed the Commonwealth to protect people's coverage. He noted that she played a leading role in structuring the governance of this project and in choosing Optum as a partner, and also led the path to success with an off-the-shelf solution to serve both CCA and MassHealth. She kept her team focused in a storm. He stated that it is thoroughly warranted to thank her for her service to the Commonwealth. Everyone in the room applauded Ms. Yang. Secretary Shor then had Vice Chair Mitchell take over the meeting.

**II. Executive Director's Report:** Ms. Yang said a few words about Secretary Shor, noting that he had been the one to introduce her to the Health Connector and that he allowed her to have the privilege of working on some of the most impactful things in her professional life.

**III. Extension for Marketplace Portal (hCentive) Integration with Dell Financial Management System (VOTE):** The PowerPoint presentation "Small Business Service Bureau Contract Extension (VOTE)" was presented by Jason Hetherington. Mr. Hetherington explained that this work order was the last of the hCentive integration work orders with Dell and that it was mainly a mechanism for staff augmentation of the Dell team. He noted that there are three components: governance and oversight, environment support and stabilization as well as development and testing. Mr. Jakious asked whether this is an extension of previous work or a work order for new work. Mr. Hetherington replied that this is a planned extension of prior work for testing the Electronic Data Interchange (EDI) interfaces to finalize that work. He further noted that the 820 development was on track and that the 834 development is somewhat behind but that was a decision made collaboratively with the teams to ensure the initial enrollment functionality was ready for November and account maintenance and changes were extended to December 15. The Board voted unanimously to authorize the executive director to enter into a work order with Dell Marketing, LLP as outlined by staff.

**IV. Commonwealth Care Extension (VOTE):** The PowerPoint presentation "Small Business Service Bureau Contract Extension (VOTE)" was presented by Ed DeAngelo and Ashley Hague. Mr. DeAngelo began by providing a background on the extension of the Commonwealth Care program. He explained that on March 17, 2014, the Board voted to extend the then-existing contracts with the five Commonwealth Care managed care organizations (MCOs), for a period of time running through December 31, 2014. He stated that after further consideration, CCA and the Executive Office of Health and Human Services (EOHHS) worked collaboratively with CMS to obtain approval and federal funding in order to provide continuation coverage through January 31, 2015 for non-Medicaid eligible Commonwealth Care members and former Medical Security Program (MSP) members to allow one extra month for transition into January 2015. As such CCA will extend the contracts with the current MCOs through January 2015 to support this one month extension. Mr. DeAngelo noted that after a review by an independent actuary, CCA will increase the medical capitation rate by seven percent to remain in the actuarially sound rate range (ASRR) and that there would be no adjustment to the administrative capitation rate. Furthermore, the independent actuary recommended a separate adjustment for the former MSP members. Lastly, Mr. DeAngelo noted that the ACA provider fee tax requires CCA to retroactively pay the MCOs for the Commonwealth Care program. He stated that the methodology and procedures are in

accordance with applicable CMS guidance, and the Health Connector has worked closely with the Executive Office for Administration and Finance (ANF) and MassHealth to develop the process. Ms. Turnbull noted that the total cost is dependent on membership which is unknown. Mr. DeAngelo confirmed that. Mr. Gruber asked whether the rate increase reflects inflation from the year. Ms. Yang explained that the bulk of the increase is due to experience and MCO losses and that trend is much more minimal. The Board unanimously approved authorization for the Executive Director to enter into extensions with the five current Commonwealth Care MCOs through January 31, 2015 and to modify the calendar year 2013 base rate for four MCOs subject to the Health Insurer Provider Fee.

- V. **Proposed Draft Risk Adjustment Regulations (VOTE):** The PowerPoint presentation “Proposed Draft Risk Adjustment Regulations (VOTE)” was presented by Ed DeAngelo and Jean Yang. Ms. Yang began the presentation by noting that in the risk adjustment process, there is data submission, and then reconsideration as needed, which is followed by data validation. She stated that for each of these stages of risk adjustment, data submission is an ongoing process and that data credibility needs to be built up so that by the time the settlement stage is reached, the data is recognized as valid. In response to a query from Ms. Turnbull, Ms. Yang confirmed that this is based on paid claims as carriers submit claims data as it becomes available. She noted that there are reports provided for simulation to make sure the data has sufficient lag. She further explained that the settlement process would not begin until the data is sufficiently lagged. Mr. Bertko noted that within 90 days most carriers have 98 percent or more of claims and that for risk adjustment, only diagnosis is needed rather than every single claim for chronic categories. Ms. Yang then discussed the transfer calculations, payment and charges. She noted that it is extremely important to complete charges and payment on time as risk adjustment is a 100 percent budget neutral process. Ms. Yang discussed reconsideration and remediation as well as data validation. She noted that even after settlement and dispute resolution there will be a separate data validation process so carriers can see whether the data are accurately reflected. She noted that there is limited specificity on data validation in the regulations because data validation is not part of the first-stage risk adjustment process. She further explained that the data validation process will be consistent with HHS’s approach. In response to a question from Ms. Mitchell, Ms. Yang noted that the data validation will be done by an actuary different than the actuary who reviews the preliminary data because data validation is related to medical coding.

Mr. DeAngelo provided an overview of the regulatory process. He stated that the proposed risk adjustment regulations affect a defined number of entities, primarily the carriers, and that their feedback had been incorporated in the draft regulations after having discussions with them on the topic. He noted that, following public comment and hearing on the draft regulations, CCA will make revisions in accordance with that feedback and come back to the Board to seek a final vote at the February 12th meeting. Mr. Gruber requested a copy of the existing documentation on the risk adjustment methodology. Mr. Bertko stated that he had a chance to work through the regulations and the process with Ms. Yang. He explained that he worked on risk adjustment when he worked for HHS in Washington D.C. and that these regulations do a great job and,

furthermore, the All Payers Claims Database (APCD) is an excellent mechanism for carrying out the plan. Given this, he expressed his strong support for the regulations as drafted. The Board voted unanimously to issue regulations regarding risk adjustment at 956 C.M.R. 13.00 in draft form for public hearing and comment.

**VI. Open Enrollment and Systems Update:** The PowerPoint “Open Enrollment and Systems Update” was presented by Maydad Cohen, Ashley Hague, Roni Mansur and John Santelli and Sanjay Singh. Mr. Cohen began the presentation by providing a summary of open enrollment thus far, noting unique visitors to the website, account creation and applications started. He stated that, as expected, some issues were encountered in the early days of the website launch including higher-than-expected call volume and handle times and some smaller coding issues which were then remediated quickly. He also discussed the incoming functionality for life changes which will be implemented on December 15 and discussed ongoing efforts on public education and outreach to ensure that individuals are given the information and the tools to get the coverage they need. Mr. Cohen discussed system performance to date, noting excellent performance and high levels of activity online by users. Mr. Cohen also discussed the consumer experience on the website and at the call centers, remarking on the high volume and the state’s fast response to ensure adequate staffing to account for the volume. Mr. Cohen also discussed other tools developed by the team such as the getting started guide and application tutorials. Mr. Malzone asked how long it takes for a payment to be processed. Ms. Hague explained that depending on the mode of payment, online or through the mail, a consumer should have their payment processed by the Health Connector within a day of receipt. That payment is then sent to their health plan and they are then processing enrollments sent. She and Mr. Cohen emphasized that payments need to be received no later than the 23rd or a month for coverage that begins the following month. Optum staff shared a tool showing program determinations throughout the Commonwealth, showing areas where there may be opportunity for outreach. Ms. Wcislo asked whether some of the information about areas that could use increased outreach could be shared with her. Mr. Cohen outlined the various public engagements that have taken place since the start of the project with various stakeholders, press regarding the new system, social media posts as well as the open enrollment dashboard being shared on a daily basis. Mr. Cohen discussed upcoming functionality being developed and tested for account changes and the preliminary roadmap for 2015. Ms. Hammer provided an update on the budget. She stated that the Commonwealth previously reported IT costs for building the integrated eligibility system will total \$254 million, which is \$80 million more than originally envisioned. She stated that no additional appropriations were used to support the temporary MassHealth program and that the state paid \$359.5 million for the program in the first five months on a gross basis. She stated that even though enrollment has risen, costs have flattened, indicating that many have likely moved onto their correct coverage type. Mr. Gonser asked about the payments made figure. Mr. Cohen explained that these are Qualified Health Plan (QHP) members. Ms. Mitchell thanked the team for their clear presentation. Mr. Cohen thanked the Board for their continued support of the Health Connector and the Commonwealth team.

**VII. 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, Niki Conte, Seamus Kelley, JoAnna Waterfall and Whitney Rudin from MassHealth. Ms. Hague began the presentation by providing a summary of the open enrollment outreach campaign. Ms. Diamond provided an update on calls deployed, mailings sent and increased call center staffing. Mr. Kelley and Mr. Lefferts discussed the highly successful enrollment events in Springfield and in Boston. They remarked on the high number of attendees and the services available to these members, including help with application, plan selection and payment as well as counsel on MassHealth programs from MassHealth staff and health and dental insurance plans from carrier representatives. They noted that food and entertainment were provided for attendees, as well. Mr. Kelley stated that the next enrollment events would be held in Worcester and Fall River in the month of January. Mr. Lefferts discussed the partnership with Patrice Bergeron who not only attended the Boston enrollment event but who also stars in a commercial for the Health Connector. Ms. Conte reviewed enrollment assistance and community outreach activities, highlighting work done both with the Navigators as well as Health Care For All. Ms. Waterfall then discussed the use of data from Dell and hCentive, which has allowed the team not only to track movement of the transition population but also to tailor the outreach efforts being done during the open enrollment period. She presented data on enrollments in QHPs based on legacy population, enrollments in QHPs by metallic tier and carrier as well as enrollments in ConnectorCare by carrier and plan type. Ms. Hague discussed next steps.

The meeting was adjourned at 11:35 PM.

Respectfully submitted,  
Rebekah D. Diamond