



The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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CHARLES D. BAKER
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KRISTEN LEPORE
Board Chair

LOUIS GUTIERREZ
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, January 15, 2014
9:00 AM to 12:00 PM

Suffolk University Law School
120 Tremont Street
Boston, MA 02118
First Floor Function Room

Attendees: Jean Yang, Kristen Lepore, Nancy Turnbull, Dolores Mitchell, Celia Wcislo, Robin Callahan, Jonathan Gruber, John Bertko, George Gonser, Rick Jakious, Gary Anderson and Louis Malzone.

The meeting was called to order at 9:00 AM.

- I. Minutes:** The minutes of the December 11, 2014 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Ms. Yang thanked the Secretary and the Board for their support, guidance and friendship during her tenure as Executive Director. Ms. Yang thanked the Commonwealth team, MassHealth and the Governor's office for their collaboration and support during her time as Executive Director. She thanked the Health Connector (CCA) staff for their perseverance and hard work that allowed Massachusetts to have a successful open enrollment. Ms. Turnbull, Ms. Wcislo and Ms. Mitchell all commended Ms. Yang on her ability to lead her team during such a difficult time.
- III. Milliman Contract Extension (VOTE):** The PowerPoint presentation "Risk Adjustment Update and Consultant Contract Extension (VOTE)" was presented by Ed DeAngelo and Michael Norton. Mr. Norton began the presentation by providing background on the

Massachusetts risk adjustment program under the Affordable Care Act (ACA). Mr. Norton discussed the advantages of having a state-based risk adjustment program, including better predictability and transparency based on Massachusetts specific data, as opposed to nationwide data which is used by the federal Department of Health and Human Services (HHS). Mr. Norton then reviewed the steps taken for program implementation to-date, including full-scale simulations, detailed data quality reports, monthly reporting, development of a supplemental diagnosis policy, development of Risk Adjustment Data Validation (RADV) framework and issuance of draft regulations. Mr. Norton described in more detail the process of the simulations and discussed the process for ensuring data quality and data readiness with support from Milliman. Mr. Norton laid out the 2015 activities for the risk adjustment program. He outlined the scope of work for Milliman and the associated costs for January through April of 2015 and showed the expenses for Milliman each year. Ms. Yang noted that contract pricing with Milliman has typically been a ceiling, and that spending has been below that projected pricing. Mr. DeAngelo explained that the vote for the Board would allow for a one-year contract extension with an initial work order through April 2015, and then subsequent work orders to be determined. Ms. Mitchell asked whether the subsequent work orders would cost a similar amount. Ms. Yang stated that this was unlikely given that many of the activities Milliman is supporting will occur during the beginning of 2015. She also emphasized that the price for the first work order was a ceiling and that spending would likely come in at a lower rate given CCA's history of expenditures with Milliman. The Board voted unanimously to authorize the Executive Director to extend the current contract with Milliman to provide risk adjustment implementation support through December 31, 2015, with a work order for services through April 20, 2015.

- IV. Open Enrollment and System Update:** The PowerPoint presentation "Open Enrollment and System Update" was presented by Maydad Cohen, Ashley Hague, Roni Mansur and Sanjay Singh from hCentive. Mr. Cohen began the presentation by noting that in just 60 days of open enrollment, MAhealthconnector.org has made over 353,000 program determinations for ACA coverage, has received 2.8 million unique visitors and has supported the creation of over 285,000 accounts and almost 226,000 applications. He noted that the Commonwealth is positioned to surpass the estimate of 175,000-225,000 individuals in the member transition population who would use the new system to access ACA coverage with 30 days left of open enrollment. Mr. Cohen shared stories of individuals who experience success in accessing new coverage and the positive impact it had on their life. He noted that while these consumers had good experiences, he knows that not everyone has had the same positive experience and that the team was constantly working on improvements. Among those, he described measures that will be implemented to reduce call wait times and improve user friendliness of the system during the week of the January deadline. Mr. Cohen briefly reviewed system performance, noting that the system continues to perform well and that there have been no major concerns and noted that life event functionality implemented on December 15 has been successfully used in over 25,000 member accounts.

Mr. Cohen explained that January will be a particularly busy month, as the majority of the transition population will lose their coverage on January 31. To support what will likely be a busy time, Mr. Cohen explained that additional Optum customer service

representatives (CSRs) and additional CSRs from Maximus (MassHealth customer service) will be supporting calls during this time. He noted that there will be expanded walk-in center and call center hours, new options for phone and payment support over the phone and a call back option to reduce wait times. He encouraged individuals to act early so as not to experience longer wait times during the last-minute rush to get February coverage. Ms. Wcislo asked whether an individual who pays on January 23 will have coverage on February 1. Ms. Hague explained that the deadline is always the date that payment is received, and that an individual whose payment is payment received on this date will have coverage effective February 1, but that that individual may not receive a health insurance card for up to two weeks. Secretary Lepore noted that there was no intention of extending the January 23 payment deadline at that time.

Mr. Cohen then reviewed upcoming activities, including the recruitment of a vendor for the Small Business Health Options Program, planning for closed enrollment and updating the MassHealth federal poverty levels on February 28. Mr. Cohen then reviewed next steps.

- V. 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, Seamus Kelley, Niki Conte, JoAnna Waterfall and Whitney Rudin from MassHealth. Ms. Hague began the presentation by providing a summary of the open enrollment outreach campaign. She noted the increased volume expected for January and the measures that CCA will take measures to mitigate potential negative impacts on the consumer experience. Further, she noted that CCA is using data to target those areas of the Commonwealth where CCA has identified large numbers of transition members who have yet to take action. Ms. Diamond presented an image mean to illustrate the average member’s experience during open enrollment and the number of touch points members have received via different channels. She noted that an average individual has received four mailings, two e-mails and four phone calls. Ms. Conte described the availability of 85 Navigators to individuals in need of in-person support and Ms. Rudin noted that, in addition, there are nearly 13,000 Certified Application Counselors (CACs) who also provide in-person assistance across the Commonwealth. Mr. Kelley added that there are two CCA customer service walk-in centers and have been four enrollment events that also provide direct in-person consumer support. Lastly, Mr. Lefferts described the average number of media touch points (television, radio, ethnic and local media, web etc.) that an average individual would have seen to-date. Ms. Mitchell asked whether CCA had been able to track the efficacy of these outreach efforts. Ms. Diamond stated that tracking of phone call connection and e-mail open rates is one way to track this information. Ms. Hague added that, anecdotally, assisters, CSRs and staff have heard that consumers are acting based on CCA outreach. Mr. Jakious noted that he had heard from individuals who had received calls to action when they had already performed that action, causing confusion and frustration. Ms. Hague noted that when developing lists for mailings, calls and e-mails, there is an inherent data lag between when that list is generated and when the communication goes out and individuals may act during that time. She stated that CCA would look into how this issue could be mitigated. Ms. Diamond added that language

can also be added to these communications to note that individuals may have already taken this step.

Ms. Waterfall then reviewed program determination and enrollment data as well as information regarding enrollment broken out by metallic tier, carrier and plan type for both subsidized and non-subsidized Qualified Health Plans (QHPs). Ms. Hague discussed those individuals who still have to act and the steps CCA will be taking to target those individuals. She referred to a map, indicating where there are still members of the transition population who have to act and outlined next steps to support transitioning members and target those who need to act. Ms. Diamond reviewed the number of member mailing and phone calls that have been deployed thus far for open enrollment. Mr. Kelley noted that there would be an increase of CSR member support for phone calls and that hours would be extended for the call center. He also stated that CCA would be expanding walk-in center staffing and hours leading up to the deadline. Secretary Lepore asked why there was no expanded walk-in center support available Monday. Ms. Hague noted that there was limited availability for the space but that CCA would look into this. Ms. Kelley then discussed the enrollment events, noting how important they were not only for consumer, but also for staff to have a first-hand experience with the system. Ms. Conte reviewed the work being done both by the assister community and Health Care For All and described their next steps to support consumers during open enrollment. Mr. Lefferts discussed plans for media and press engagements. Lastly, Mr. Lefferts reviewed next steps.

The meeting was adjourned at 11:23 AM.

Respectfully submitted,
Rebekah D. Diamond