



*The Commonwealth of Massachusetts  
Commonwealth Health Insurance Connector Authority  
100 City Hall Plaza  
Boston, MA 02108*

CHARLES BAKER  
Governor

MARYLOU SUDDERS  
Board Chair

KARYN POLITO  
Lieutenant Governor

LOUIS GUTIERREZ  
Executive Director

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

**Minutes**

Thursday, June 11, 2015  
9:00 AM to 12:00 PM

One Ashburton Place  
Boston, MA 02108  
21<sup>st</sup> Floor Conference Room

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**Attendees:** Louis Gutierrez, Marylou Sudders, Lauren Peters (representing Kristen Lepore), Catherine Hornby (representing Dolores Mitchell), Louis Malzone, Rina Vertes, Mark Gaunya, Michael Chernew, Dimitry Petion, Daniel Judson

The meeting was called to order 9:11 AM.

Secretary Sudders began by expressing concern and well wishes for Celia Wcislo who was not able to attend the meeting because of illness.

- I. Minutes:** The minutes of the April 9, 2015 meeting were unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began by stating that the Health Connector (CCA)'s principal focus since February has been improving customer service. He stated that this includes improvements to the call center and business processes. He explained that this year will be CCA's first Open Enrollment (OE) using the HIX (Health Insurance Exchange website) under the Affordable Care Act (ACA) and that while significant progress has been made, remediation is still needed. He noted that CCA continues to see increases in membership and that for the first time this month, CCA has over 40,000 dental enrollments. He stated that CCA added more than 11,000 members to medical coverage in June, totaling approximately 158,000 medical enrollees as of June 1. He

added that CCA expects membership to continue to increase as MassHealth redeterminations continue.

Mr. Gutierrez then discussed CCA's completion of its review of operations and customer service. He stated that the assessment revealed call center problems and difficulty for consumers wanting to make changes to their applications. He explained that CCA's goal is to bring about steep decline in consumer complaints.

Vicki Coates, CCA's Chief Operating Officer, then provided detail related to customer service improvements. She stated that while there is still much progress to be made, gains have been made in some areas, notably the call center. She explained that April saw a marked improvement in the call center with call wait times decreasing significantly since March. She attributed this improvement to increased call center staff, decreased absenteeism, decreased call handle time and a decrease in call volume. She noted that volume will increase again when OE begins.

Ms. Coates then discussed improvements in customer service issues. She stated that over 900 members were experiencing significant service issues when she began at CCA, some of which were due to the fact that key system functionality was missing. She explained that beginning in April, she had a team assigned to work with these members and over 1,500 have been assisted to date, with 300 more to be resolved by the end of June. She stated that training of front line service staff will be improved to avoid urgent service issues. She then described some issues experienced by members, stating that account changes, such as adding or removing a person on a policy, is one of the largest aged inventories. She noted that with the use of additional staff, this inventory is now at 600. She added that premium payment processing has been a primary source of members' complaints, particularly stalled refund requests. She stated that as of next week, checks will be issued and mailed to all 900 members requesting refunds and that strict financial controls will be put in place to prevent refunds from accumulating in the future. In response to a question from Secretary Sudders, Ms. Coates stated that CCA is working on both individual consumer problems as well as identifying their root causes, covering both micro and macro issues. Lastly, Ms. Coates described improvements to document processing. She stated that the functionality to process a document backlog was not available until a website release on May 6 and that the backlog has declined precipitously since then. She noted the same team that fixed the account changes issues is also working on document processing and that work is expected to be completed by August 30. She emphasized that the goal is to hold the recent gains made in customer improvements while making improvements in other areas.

Mr. Gutierrez then gave an overview of the anticipated agenda for the July Board of Directors meeting. He stated that the conditional Seal of Approval (SOA) will be brought to the Board in July, which will reveal a streamlined plan shelf. He added that risk adjustment settlement figures should be available at the end of the month and that CCA expects to see more moderate monetary transfers than initially forecasted, maintaining market stability. He stated that the Fiscal Year (FY) 15 and FY16 budgets will also be reviewed at the July meeting.

In response to a query from Mr. Chernew, Mr. Gutierrez stated that CCA has several dashboards that are monitored daily and that he invites the Board to provide feedback and suggestions as to what metrics should be measured to monitor functionality and customer service. Secretary Sudders echoed Mr. Chernew's question regarding dashboards, stating that it would be very helpful to have a summary public dashboard. In response, Ms. Coates stated that CCA can produce this in advance of the July Board meeting and provide it to the Board for feedback. Secretary Sudders acknowledged the tremendous amount of work CCA has done to resolve member problems and discover their root causes.

### **III. Administration & Finance Subcommittee Membership (VOTE)**

The Board unanimously approved that Secretary Sudders and Secretary Lepore join the Administration & Finance (ANF) subcommittee and that Celia Wcislo remain a member and chair of the subcommittee.

### **IV. Open Enrollment Planning Update**

The PowerPoint presentation "Open Enrollment Update 2016" was presented by Ms. Coates, Ashley Hague and Patricia Wada. Ms. Coates began by stating that this fall will be the first time CCA members are part of a renewal process under the ACA and that the planning has already begun. She stated that all high-level milestones and measures of success are in place and that CCA is on track for its first major checkpoint the week of July 5, the results of which will be shared with the Board in July. Ms. Hague then discussed the SOA, explaining that CCA will present the conditional awards to the Board in July. She added that SOA is a policy endeavor with many operational implications and is one of the core underlying components of OE. She stated that rates will be filed late summer and that all testing should be done in the first week of October to be ready for OE. She then described the renewals and redeterminations process, stating that this is the first time in a consumer's lifecycle that the consumer will renew into a plan via the hCentive system. In contrast, she explained, all members actively reapplied and reenrolled last year in the span of a few months, but this is not necessary this year. She stated that this year should be a passive experience for many members and that the focus should be on members updating information if they had a change in income or family structure in the past year, or switching plans if they are unhappy with their current plan.

Ms. Wada, the program lead for the Health Insurance Exchange/Integrated Eligibility System (HIX/IES) initiative, then discussed the HIX/IES release status. She stated that she participates with CCA on a daily basis to identify issues and root causes and then described each recent and upcoming website release and its functionality. She stated that Release 5.0 was deployed on May 5 and that the functionality included change scenarios, verifications and notice suppression, among others, allowing for longstanding defects to be fixed. Release 5.1, she said, took place in early June, with the second piece scheduled for June 22. She stated that this release is targeted at fixing defects hampering CCA and MassHealth in particular. She said that Release 6.0 is a large release providing important new functionality, with a target deployment date of July 10. Next, she stated that Release 6.5 focuses on the renewals process. This functionality was previously slated for a later

release, she said, but it was moved earlier so that there is more time to work through the release and plan for training and implementation. She then described Release 7.0, stating that it, and future releases, have some “to be determined” items. She noted that work is ongoing on multiple releases simultaneously and that subject matter experts and vendors are consulted at each stage, and that testing is limited to the overlap of two releases at one time. She stated that she looks forward to sharing an updated status at the next meeting of the Board.

Mr. Petion thanked Ms. Wada for her work to address these issues. He stated that some of the “to be determined” items, such as provider search and payment processing, strike him as extremely important for people when selecting a plan. He noted that given the significance of these items, he would think they would be included in an earlier release. Mr. Gutierrez stated that he appreciated Mr. Petion’s observations and stated that as CCA repairs basic functionality, some new functionality must come later. He noted that a procurement is ongoing for a provider search vendor and that such functionality will be available at a later date, whether it is directly integrated in hCentive or close to the system but not directly embedded. Mr. Gutierrez stated that there is also an ongoing procurement for a new vendor for payment processing, but a contingency plan is being developed to repair the existing payment portal. He stated that these repairs include improved protections against double payment and allowing members to view their invoice amounts. He echoed that these issues are important to him as well.

Mr. Chernew inquired about a usability testing component for the website releases, asking if there is a role for consumers and health plans in the testing process. In response, Ms. Wada stated that there have been a number of user interface (UI) issues that are raised through the call center or the operations teams from CCA and MassHealth. She stated that there have been many UI changes in releases that address those issues. She noted that testing occurs with several groups, such as vendors and subject matter experts at CCA and MassHealth. She stated that scenario-based testing is done with complex test cases and added that in Release 6.0, testing was organized so that the most complicated test cases were executed in the first week of testing so that fixes could be incorporated into the second code drop. Ms. Coates added that feedback was solicited from the advocate community and that CCA and MassHealth staff attend enrollment events and create lists of suggested fixes to the UI. Ms. Wada noted that carrier testing is conducted in all releases.

In response to a question from Mr. Petion, Mr. Gutierrez stated that CCA is trying to use control metrics to help understand the whole consumer process from beginning to end. He stated that CCA is taking a systemic look along each step in the process to mitigate the number of individuals unable to complete application and enrollment into a plan. He emphasized that customer satisfaction is one of the ultimate measures of CCA’s performance. Secretary Sudders echoed this, noting that reframing the primary goal around customer experience has been the driver of all changes made by CCA.

**V. Contract Approvals – Open Enrollment Readiness (VOTE)**

Mr. Gutierrez described the next agenda item, noting that five contract approvals will be

presented under two headings. He stated that the first two contracts are items important for OE readiness and that the last three contracts concern operations support and customer experience. He noted that the ANF subcommittee will meet in three weeks to discuss the FY15 year-end budget as well as the FY16 budget, and that the items presented here can be achieved within CCA's usual budget.

The PowerPoint presentation "Contract Approval – Open Enrollment Readiness (VOTE)" was presented by Kevin McDevitt and Jason Lefferts. Mr. McDevitt began by presenting a request for a vote authorizing work in an amount not to exceed \$4.8 million required to integrate Dell's Financial Management System (FMS) with new hCentive functionality in advance of November 2015, the beginning of the 2016 OE. He then described the major scope of work being proposed, notably the deployment and use of additional environments to match and support supplemental Optum environments required to support multiple concurrent releases.

Mr. Lefferts then presented a request for a vote for work in an amount not to exceed \$2.5 million to be completed by Weber Shandwick to support CCA's outreach and education campaign leading up to and during the 2016 OE. Mr. Lefferts stated that CCA messaging focused on member transition in recent years but this year, messaging will focus on reaching the uninsured. He noted that data help to define where the uninsured live and work and that this data will be used to develop targeted messaging. He stated that CCA will still message current members although the strategy will be more passive than in recent years, encouraging members to assess their and their families' needs for the year and make changes if desired. He stated that the 2015-2016 strategy is to focus on local outlets and shift away from television advertising, as well as utilizing focus groups to test messaging. In response to a concern from Mr. Gaunya regarding \$450,000 reserved for the Small Business Health Options Program (SHOP), Mr. Lefferts stated there are about 5,000 members in SHOP and that SHOP advertising will only be digital this year. He noted that the broker relationship is important and that CCA will explore which industries utilize SHOP most heavily. Mr. Lefferts added that CCA's SHOP membership decreased by half through the ACA transition yet SHOP membership has doubled since the ACA transition and is still growing.

Mr. Petion expressed concern that for the past six years, the uninsured rate has been fairly stable in Massachusetts yet the contract with Weber Shandwick has yet to yield appropriate messaging to reach the uninsured. In response, Mr. Lefferts stated that CCA is taking steps to better reach the uninsured this year, such as moving away from television advertising and implementing a heavily localized strategy. Ms. Hague added some contextual changes relevant to the discussion. She stated that the initial Weber Shandwick campaign was targeted toward reaching young adults, while the last few years targeted all members who needed to act following ACA implementation. She stated that it is noteworthy that for the first time, CCA is the entry point for both Medicaid and CCA, and the uninsured are disproportionately under 138% of the Federal Poverty Level. Mr. Petion reiterated his concern that outreach to this population is not as effective as it should be and that appropriate media and messages should be used. He added that it is important to achieve measurable results. Mr. Chernew inquired about the extent to which

the uninsured are coming into contact with the health care system and asked how that affects CCA's outreach strategy. In response, Ms. Hague stated that data show that the uninsured tend to disproportionately be young men ages 18-25. She stated that CCA partners with community health centers to reach the uninsured and that CCA is also thinking creatively to partner with organizations not associated with the health care system to reach this population. Secretary Sudders stated that since 4% of the Massachusetts population is uninsured, that is a good metric by which to assess progress. She echoed Mr. Gaunya's concerns regarding the \$450,000 for SHOP and also expressed concern that Weber Shandwick probably does not target the population comprising the uninsured. Mr. Gutierrez stated that CCA would like to retain the amount allotted for SHOP but would revisit the number in light of the concerns voiced in this discussion. Secretary Sudders concluded by saying that minute clinics, urgent care centers and emergency rooms, in addition to community health centers, are likely settings where the uninsured access care. The Board unanimously approved that the Executive Director enter into (1) agreements for services to be provided by Dell Marketing LLP and (2) a contract extension for fiscal year 2016 with Weber Shandwick, on the terms set out in the presentation.

#### **VI. Contract Approvals – Other (VOTE)**

The PowerPoint presentation "Contract Approvals – Other (VOTE)" was presented by Ms. Coates and Edward DeAngelo. Ms. Coates began by presenting an item for Board approval related to work not to exceed \$1.867 million to be provided by Dell Marketing Services LLC (Dell), CCA's customer service and business operations vendor, focused on improving the member experience of CCA customers. She stated that the work would make improvements to the existing payment portal and fix immediate pain points. She added that the payment portal work is anticipated no later than August 1 and that the latest date for work related to the remaining inventory is August 30.

Ms. Coates then presented an item for Board approval for work provided by Deloitte Consulting, LLP (Deloitte), which provides crucial day-to-day support for CCA. She stated that this item is a one-year extension of CCA's Master Services Agreement with Deloitte. She outlined the key areas in which Deloitte provides support to CCA and highlighted financial control, in which a payment is tracked from the customer through the system until it is passed to the carrier, as key work to be supported by Deloitte. She added that Deloitte's rates will be held flat for the coming year and that this extension comes from CCA's budget.

Mr. DeAngelo then presented a request for a vote for an extension of the lease on CCA's premises. He stated that CCA has been in its current offices since 2007 and that the proposed extension of the entire space, spanning three floors, is on advantageous terms for CCA. He then detailed the rates for the coming years by floor and added that CCA has the right to terminate the third floor lease annually. He noted that CCA viewed comparable spaces prior to negotiating the lease with the landlord and determined the current space's rates are equivalent to others in the area. In response to a question from Secretary Sudders, Mr. DeAngelo stated that CCA does not work with the Commonwealth's Division of Capital Asset Management in its leases but could consider

working with that division in the future. The Board unanimously approved that the Executive Director enter into (1) agreements for services provided by Dell Marketing LLP; (2) a contract extension with Deloitte Consulting LLP for the period from July 1, 2015 through June 30, 2016, with services to be determined by short term work orders during that period; and (3) an extension of the lease on the Health Connector's premises, all on the terms set out in the presentation.

## **VII. Student Health Insurance Update**

The PowerPoint presentation "Student Health Insurance Program 2016 Procurement Results" was presented by Heather Cloran. Ms. Hague first gave an introduction, stating that CCA has regulatory authority over student health insurance in Massachusetts and that Ms. Cloran would be presenting the results of the recent procurement.

Ms. Cloran began by stating that CCA assists community colleges and state universities in their student health insurance procurement. She then gave an overview of the Student Health Insurance Program (SHIP) and noted that Massachusetts experienced a drop in student health insurance enrollment due to an increase in assistance under the ACA. She then outlined the school segments working with each carrier and stated that it is beneficial for schools to purchase together as it increases purchasing power and encourages parity in benefits across schools. She stated that five bidders submitted proposals for the SHIP Steering Committee's consideration, which includes representatives from each school segment. She listed the organizations comprising the Procurement Management Team (PMT) and described the financial and programmatic evaluations conducted by the PMT. She then summarized the results of the procurement, stating that UMass Boston, UMass Lowell and UMass Dartmouth purchased independently but chose a uniform plan design with the same broker and carrier. She noted that while the 24% increase in premiums for state universities may seem high, Oliver Wyman, an actuarial consultant, projected about a 71% premium increase. She concluded in saying that while CCA is the facilitator and leader of the procurement, it does not sign the contracts.

Mr. Gaunya commented that if the medical loss ratio (MLR) for this population is around 150%, Blue Cross Blue Shield of Massachusetts (BCBSMA) is underpricing its SHIP business. In response, Ms. Cloran stated that the state universities have been working with BCBSMA since 2007 and that BCBSMA has been able to provide those rates in contract renewals each year. Mr. Gaunya expressed concern that since the Massachusetts SHIP program has very rich benefits, there could be adverse selection of students up to age 26 who could otherwise remain on their parents' plans. In response, Ms. Hague stated that this is a decision left to the schools and that each school has a rigorous waiver process to ensure students defaulting into SHIP do not have access to coverage elsewhere. She stated that schools enroll all students into SHIP by default and then require students to take action to leave those plans. She noted that school leaders want to ensure students have access to very robust coverage at affordable rates such that the cost of health insurance is not a deterrent for people to attend school. She added that overall enrollment in student health insurance is relatively low in both public and private institutions of higher education but that enrollment is higher in the population that CCA

supports, which are public institutions with lower out-of-state attendance. In reply to a query from Mr. Petion, Ms. Cloran stated that the 40% drop in coverage at the community college level could be attributed in part to the 2014 Medicaid expansion, allowing 19-year-olds coverage who didn't previously have access, as well as a crowd out provision following the ACA.

**VIII. Final Repeal of Commonwealth Care Regulations (VOTE)**

The PowerPoint presentation "Final Repeal of Commonwealth Care Related Regulations (VOTE)" was presented by Merritt McGowan. Ms. McGowan stated that a draft repeal of the regulations was issued in April and that a public hearing was held on May 19 but no parties testified and no written comments were submitted. The Board unanimously approved the final repeal of 956 CMR 2.00 (Medicaid MCO Participation in Commonwealth Care) and 956 CMR 3.00 (Eligibility and Hearing Process for Commonwealth Care).

The meeting was adjourned at 10:59 AM.

Respectfully submitted,  
Maria H. Joy