



*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, November 12, 2015
9:00 AM to 11:00 AM

One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Louis Gutierrez, Dolores Mitchell, Nancy Turnbull, Rina Vertes, Daniel Judson, Marylou Sudders, Mark Gaunya, Dimitry Petion, Michael Chernew. Celia Wcislo participated by phone for reasons of geographic distance. Lauren Peters attended as the delegate of Kristen Lepore.

The meeting was called to order at 9:05 AM.

Secretary Sudders began the meeting by recognizing the efforts of Health Connector (CCA) management and staff for the work they have put into Open Enrollment preparation. She also acknowledged the efforts of the Board of Directors.

- I. Minutes:** The minutes of the October 8, 2015 meeting were approved by all but Mark Gaunya, who abstained because he was not present at the October meeting.
- II. Executive Director's Report:** Mr. Gutierrez began by stating that the execution of Open Enrollment has been stable since shopping opened on November 1. He explained that Open Enrollment allows new members to apply statewide without needing special circumstances and that, to date, the system has made 2,645 new eligibility determinations and has approximately 500 new enrollees. He added that 2,005 existing members renewed into 2016 plans since November 1 and that auto enrollment for all existing

members who do not actively shop will occur later in November. He noted that December 23 is the payment deadline for coverage beginning January 1, 2016.

The PowerPoint presentation “Executive Director’s Report: Customer Experience Update” was presented by Vicki Coates. She first reviewed service center performance, stating that the call center held its strong performance throughout October. Next, she outlined service center enhancements, including 50,000 hours of training for Customer Service Representatives (CSRs), an “agent assist desk” to help CSRs answer difficult questions while on the phone with a consumer, and a dedicated Navigator phone line. She stated that in the first week, the CCA call center received approximately 20,000 calls and had a low Average Speed to Answer (ASA). She noted that the top call drivers were application and eligibility questions, followed by shopping inquiries. She then reviewed walk-in center volume in the first week of Open Enrollment, stating that 812 individuals were served in the centers in the first week. In response to a question from Ms. Turnbull, Ms. Coates confirmed that CCA is tracking whether individuals visiting the walk-in centers are new or renewing members. Ms. Coates then compared this year’s first week of Open Enrollment to the first week in 2014. She stated that this year, the call center received 20,000 calls in the first week, compared to about 25,000 last year. She displayed charts comparing ASA and Average Handle Time in 2014 and 2015, noting that both metrics this year show improvements over last year, particularly in ASA. Ms. Mitchell noted that it would be interesting to look at the experiences of Oregon, Minnesota and Maryland as they had similar troubles as Massachusetts last year. Mr. Gutierrez stated that in discussions with other Executive Directors, they expressed a shared goal to stabilize systemic issues. He added that call center performance results tend to vary across states. Mr. Chernew noted that Massachusetts has fewer uninsured individuals to outreach than other states, and Mr. Gutierrez stated that CCA has been focused on geographic areas and socio-demographic groups that have disparate insurance rates. Secretary Sudders acknowledged these efforts as well. Ms. Coates stated that a continued focus on urgent cases is needed. She added that CCA will continue to investigate the root causes of multiple calls and make weekly adjustments to the call forecast.

Mr. Petion asked if the 20% of individuals who are unsatisfied with the call center are those who must call multiple times to have their issue resolved. In response, Ms. Coates stated that these may be individuals who need to call multiple times, or individuals who have payment issues. She added that some of these callers have questions about an increase in their premium. Mr. Chernew noted that if an individual’s premium increases, the individual can make other choices and use the provider search tool to inform a new plan choice. In response to a question from Secretary Sudders, Ms. Coates stated that the urgent cases inventory includes cases requiring retro-reinstatement in which CCA must work with carriers. She added that this is often a multi-step, manual process. In response to a query from Ms. Mitchell, Mr. Gutierrez stated that individuals who do not actively change plans in November will be auto enrolled into their same or similar plans at the end of November. He added that, after auto enrollment, an individual has until December 23 to pick a different plan for January 1 enrollment and if an individual does not actively change plans in December, the individual can still change through January 23 for

February 1 coverage and through January 31 for March 1 coverage. Mr. Chernew noted that health care is very different from other commodities and individuals may not decide to change plans until they actively use the commodity.

III. 2016 Open Enrollment Readiness & Outreach Update: The PowerPoint presentation “2016 Open Enrollment and Outreach Update” was presented by Rebekah Diamond, Ashley Hague, Jason Hetherington and Jason Lefferts. Ms. Hague began the presentation by stating that early Open Enrollment indicators thus far are stable, with the call centers answering calls quickly, walk-in centers servicing customers and a system that is operating reliably. Next, Ms. Diamond provided an update on CCA’s Open Enrollment timeline and noted that all notices required by the Affordable Care Act (ACA) were sent. She added that CCA is sending additional messaging to the eligible but unenrolled as well as the uninsured. In response to a question from Mr. Chernew, Ms. Diamond stated that CCA is tracking renewing members and new members, as well as monitoring who is shopping in the system and if they are changing carriers and metallic tiers. Ms. Hague added that the system can track if an individual is coming to CCA from MassHealth but noted it is difficult to determine if the individual was enrolled in a CCA program prior to the implementation of the hCentive system. In response to a query from Ms. Turnbull, Ms. Hague replied that CCA does not have a target number of individuals that it would like to see switch plans. Ms. Hague added that a “shopping encouragement” email was sent to unsubsidized and Advance Premium Tax Credit (APTC)-only enrollees and noted that in the past, approximately seven to 12 percent of the population has switched plans when the market experienced premium changes. Ms. Mitchell stated that year after year, the Group Insurance Commission (GIC) sees less than two percent of its members switch plans but noted that the GIC system is older than CCA so the two are not directly comparable. She added that unless a plan is added or dropped, or if some plans experience significant premium increases, people generally do not change plans. Ms. Turnbull stated that in addition to premium changes, the magnitude of the change in benefits is important to note. Ms. Hague stated that CCA sent a specific communication to Bronze plan enrollees explaining the change in benefits in the first week of Open Enrollment. Ms. Weislo asked if, when individuals were mapped to a 2016 plan, they were mapped with the same providers. Ms. Hague replied that individuals were mapped within the same carrier, because providers generally remain with the same carriers over time. Ms. Diamond added that CCA is emphasizing the use of the new provider search tool to help individuals find plans that cover their providers. In response to a question from Mr. Gaunya, Ms. Hague stated that the seven to 12 percent estimate is based on pre-ACA activity during the Commonwealth Care program.

Next, Mr. Hetherington reviewed web statistics, including the number of web portal visitors and its operation speed, during the first week of Open Enrollment. He stated that CCA experienced three production outages since the start of Open Enrollment and noted that two were caused by federal data services outages. Mr. Hetherington explained that when an outage occurs, CCA places a banner on its home page stating that individuals are currently not able to submit applications. He added that individuals’ data is saved in the system when an outage occurs and noted that CSRs are also unable to complete applications during those outages. Mr. Hetherington then discussed the auto enrollment

process and stated that CCA has performed an extensive amount of testing in preparation for this major business event. He noted that approximately 73% of the population expected to go through auto enrollment has been tested.

Ms. Hague then discussed new enrollment activity and decision support tools. She stated that enrollment and service center activities are tracked through the Open Enrollment Coordination Center. She stated that call center activity is tracked on an hourly basis and that system health information is tracked in real time. She added that this information is used to report relevant updates to stakeholders. Next, Ms. Hague reviewed decision support tools added for this year's Open Enrollment period. These include the provider search tool and the 2015-2016 plan comparison tool, which she noted was created this year because renewing members are no longer able to view 2015 plans in the system. Mr. Lefferts then discussed recent outreach and education activities, stating that this year's campaign focuses on CCA's top 10 priority communities and will feature advertisements with the faces of local assisters. In response to a question from Ms. Wcislo, Mr. Lefferts stated that CCA tracks digital advertisements and can adjust the frequency and location of materials as necessary. Mr. Lefferts then discussed recent earned media and Navigator events, stating that by the end of this week, events will have been held at all CCA's walk-in center locations. In response to a question from Mr. Petion regarding outreach to the Haitian community, Mr. Lefferts stated that CCA would like to extend its campaign to this community but there are not many outlets with which to partner. Secretary Sudders commented that the faith community could be one way to reach this population, and Mr. Lefferts stated that CCA is working with the Brockton community and hopes to partner within Boston soon. He added that he welcomes Board members' suggestions and connections to help reach this population. In response to a question from Mr. Petion, Ms. Hague discussed ways in which CCA is trying to track whether new enrollees were previously uninsured. She stated that CCA is able to track whether an individual was previously in MassHealth and noted that the best data available on the uninsured is gathered through the Department of Revenue and surveys conducted by other agencies, such as the Center for Health Information and Analysis. Ms. Turnbull noted that individuals without insurance may be either acutely or chronically uninsured, and it will be important to track whether new enrollees are the persistently uninsured.

- IV. Risk Adjustment Update (VOTE):** The PowerPoint presentation "Risk Adjustment Update (VOTE)" was presented by Edward DeAngelo and Michael Norton. Mr. Chernew abstained from participating in the discussion regarding the contract with Milliman Inc. Mr. DeAngelo began by providing background on the risk adjustment program, stating that CCA is responsible for conducting the state's risk adjustment activities. He noted that risk adjustment is a federal requirement under the ACA. He explained that Massachusetts was approved to conduct a state-run risk adjustment program for benefit years 2014, 2015 and 2016 and that CCA has run the program with support from Milliman, Inc., which provides actuarial and data analysis services. He added that a Request for Information (RFI) was issued to solicit public feedback regarding the possibility of turning to a federally-run risk adjustment program beginning in 2017. Mr. DeAngelo then discussed the procurement for a risk adjustment technical consultant, stating that CCA has worked with Milliman since it was chosen following a

competitive procurement in 2011. As Milliman's existing contract expires at the end of this calendar year, he said, CCA conducted another competitive procurement in September 2015. He stated that Milliman was the only bidder and that CCA has been satisfied with their work and their rates remained relatively constant since the beginning of the contract. Mr. DeAngelo reviewed the scope of work and terms for the proposed contract and noted that the contract runs through 2018 but the initial commitment is only to a work order through 2016. In response to a question from Ms. Wcislo, Mr. DeAngelo stated that the funding for this contract is already budgeted for this year. In response to a question from Mr. Petion, Mr. DeAngelo stated Milliman is the only organization that responded to the Request for Proposals in September and noted that risk adjustment is relatively new and there are not many companies that perform this work. Ms. Turnbull asked for the timeline regarding a decision for moving to the federal model, and Mr. DeAngelo replied that responses to the RFI were requested by next week. Mr. Gutierrez added that this discussion will continue at the December meeting of the Board. The Board voted to authorize the Executive Director to enter into a contract with Milliman, Inc., and a work order for calendar year 2016, on the terms set out in the presentation. All were in favor except for Mr. Chernew, who abstained.

Ms. Mitchell stated that there was controversy surrounding the results of this year's risk adjustment program, both in Massachusetts and across the nation. She stated that she assumes the methodology was correct but that the outcome of small regional plans paying large plans represents a serious threat to the small organizations' survival. Mr. Chernew stated that there could be a number of aspects of the market that disadvantage small carriers. For example, he stated, they could be less efficient than larger carriers or they may not be able to secure the same price discounts from providers. Secretary Sudders requested more information regarding why Massachusetts is the only state in the nation that conducts its own risk adjustment program. Ms. Turnbull noted that small carriers tend to be more likely to contract with public payers, including the exchange and the Medicaid program. Mr. Chernew stated that the theory of an exchange is based on a competitive marketplace and that he agrees with maintaining that. In response to a question from Ms. Wcislo, Mr. Gutierrez stated that CCA has data regarding which plans are purchased among individuals, broken down by carrier and metallic tier. In response to a request from Mr. Gaunya, Mr. Gutierrez stated that at the December Board meeting, CCA can provide information explaining the difference between the federal and state-based risk adjustment methodologies. Mr. Judson stated that the Centers for Medicare and Medicaid Services (CMS) is conducting a working group with states over the next several months and that it will be important to take feedback from those meetings into consideration.

- V. **Health Connector Information Technology and Business Operations (VOTE):** The PowerPoint presentation "Health Connector Information Technology and Business Operations (VOTE)" was presented by Jason Hetherington. Mr. Hetherington first discussed the background for the proposed work order with Dell Marketing LLP, stating that new functionality is needed to support federally-required processes for immigration eligibility, known as Verification of Lawful Presence (VLP) steps two and three. In response to a question from Ms. Turnbull, Mr. Hetherington stated that this process

requires more than just updated software. He explained that VLP1 entails a real-time response from the Department of Homeland Security, while VLP2 requires research to be done by Homeland Security and other agencies and takes about five days to receive a response. VLP3, he stated, is a two to three week process requiring both technical and operational responses. He noted that the goal is to reduce the amount of paper CCA requests from consumers. In response to a question from Ms. Wcislo, Mr. Hetherington stated that this work was already accounted for in the Fiscal Year 2016 budget. The Board voted unanimously to authorize the Executive Director to enter into a work order with Dell Marketing, LLP on the terms set out in the presentation.

VI. State Innovation Waiver Consideration Update: The PowerPoint presentation “State Innovation Waiver Consideration Update” was presented by Emily Brice and Audrey Gasteier. Before the presentation began, Secretary Sudders stated that Secretary Lepore asked CCA to be the organizer of the Section 1332 conversation. Mr. Gutierrez then introduced Emily Brice, who recently joined CCA from the state of Washington. Ms. Gasteier began the presentation by providing an overview of Section 1332, stating that it allows states to pursue alternative paths to achieving ACA goals. She noted that only certain parts of the ACA can be changed and that other states are considering this option but no states have yet applied for a waiver. She stated that it was recently signed into law that CCA has the ability to pursue a Section 1332 waiver and added that CCA is working closely with other agencies and stakeholders as it begins to explore this option. Ms. Gasteier then reviewed examples of provisions that could be waived under Section 1332 as well as the policies that cannot be altered, including risk adjustment. In response to a question from Mr. Chernew, Ms. Gasteier stated that CCA is working with the Executive Office of Health and Human Services and MassHealth regarding the continuity of coverage but noted that Section 1332 pertains to exchanges and the merged market specifically. In response to a question from Ms. Turnbull, Ms. Gasteier stated that waivers last for five years and can be renewed. Next, Ms. Gasteier outlined the steps in the waiver process and noted that it is a consensus-driven process. She stated that the process does not call for a vote from the Board or any other public entity but that there will need to be desire at the state level to move forward. She added that there is a lengthy review process at the federal level, and if approved, the last step would be implementation. Ms. Gasteier then summarized the stakeholder process to date, noting that CCA has seen robust participation from a number of stakeholders. She listed the initial policy areas of interest that emerged from these stakeholder meetings and stated that they mostly fall into three key themes: simplification, affordability of health insurance, and stability given several recent years of transition. She stated that policy areas for exploration include individual and employer mandates, metallic tiers and actuarial value, the Small Business Health Options Program (SHOP), small group rate filing timing, eligibility rules and requirements, the subsidy mechanism on the exchange, affordability and the continuity of coverage.

Ms. Brice then reviewed the policy evaluation framework and noted that CCA has heard from stakeholders that it would be helpful to have Massachusetts-specific principles. She then discussed the possible timeline for exploration, stating that a waiver could take effect as soon as January 1, 2017 but that there is no deadline. She stated that since there

will be a change in federal administration in 2017, CCA is considering a two-phase waiver application. The first phase, she stated, would be submitted before the change in administration, with a second phase submitted later. She added that an application would need to be submitted in early spring 2016 and that the next several months will be spent thinking about policy options, followed by detailed economic and actuarial analysis. In response to a question from Mr. Chernew, Ms. Gasteier stated that while a Section 1332 waiver is being explored, CCA's top priority remains its commitment to serving its consumers. In response to a question from Ms. Turnbull, Ms. Gasteier stated that legislative authorization is required for CCA to approve a waiver and while a Board vote is not required, CCA is committed to consensus. Mr. Gaunya commended CCA staff's efforts on this initiative.

The meeting was adjourned at 11:04 AM.

Respectfully submitted,
Maria H. Joy