### Member Experience: Open Enrollment 2017

<table>
<thead>
<tr>
<th>Eligibility Redetermination</th>
<th>Plan Renewal</th>
<th>Billing &amp; Payment</th>
<th>Starting 2017 Coverage</th>
<th>Open Enrollment Ends</th>
</tr>
</thead>
<tbody>
<tr>
<td>This year marks the beginning of an annual redeterminations process that will use data from state and federal resources to update the eligibility of our populations; as such, <strong>many members will experience a change in eligibility</strong> this year that they did not trigger themselves.</td>
<td>In addition to eligibility changes, many of our members will also see a <strong>material increase in their premiums</strong> for 2017. Some members may experience both, and see large premium increases <strong>driven by an increase in a health plan’s rates and/or a loss or decrease in subsidies.</strong></td>
<td>If members do not actively update their application or shop for a new plan, they <strong>may see a much bigger premium in their December bill</strong> for January coverage, and those with automatic debits will have the new amount withdrawn.</td>
<td>Some members who do not shop may encounter <strong>issues accessing services if they haven’t paid their premiums.</strong> Members who do switch plans may need to <strong>find new providers.</strong></td>
<td>Customers who need to switch plans have until January 31, 2017, or else they <strong>will need a qualifying event.</strong> Members who select plans after December 23 will have an effective date of February 1 or later.</td>
</tr>
</tbody>
</table>
Supporting Members through Open Enrollment 2017

This year’s Open Enrollment will be challenging for members, both because members may see a “downgrade” in eligibility through no action of their own, and because premiums are going up while subsidies are going down.

- In light of the particular challenges members will experience unique to this year, we have been working to develop a series of special “interventions” to call members’ attention to what they need to do:
  - **Check to make sure their application is up to date**, and if necessary, provide updated income or reaffirm previously reported income, and, as needed, confirm that they have filed their taxes to reconcile any tax credits received in prior years
  - **Shop around** – check to see if other plans that offer the same value in terms of cost-sharing also offer coverage at a more affordable monthly premium, and if important, whether those plans include preferred providers in their networks
- We have developed a number of other strategies as well that take into consideration the various potential “pain points” a member might experience and the different channels available to us to try and support our members along the way
Special Member Supports for Open Enrollment 2017

- Office of Patient Protection
- Legislature/constituent services staff
- Governor’s office
- Congressional Delegation
- Sister agencies

- Highlighting tax assistance sites
- System enhancements to support continued receipt of subsidies for late filers

- Promote availability of hardship waivers
- Investigate appropriate flexibility for SEPs outside of Open Enrollment

- Newly designed, specially tailored mailing to members with material premium increases
- Letter telling members with changes in eligibility what they can do to stay covered

- Tailored reports for Navigators on members with eligibility changes and premium increases
- New assister trainings on how to shop and correct eligibility

- New call center queue exclusively for shopping
- Tagging members in CRM with eligibility or premium changes to trigger special talking points

- Identification of “hot spots” throughout the state where the highest concentration of members need the most help
- Use this data to deploy assisters, special messaging via social and paid media

- Coordinate with carriers on care transition, customer service, PCP access and message alignment
- Work with provider groups to facilitate members transitioning to and from different providers