Open Enrollment 2017 Status

HEALTH CONNECTOR TEAM

Board of Directors Meeting, October 13, 2016
Throughout the run-up to Open Enrollment, we have managed the complexity of this year’s development cycle and the new functionality needed to support redeterminations and renewals. As we move into Open Enrollment, we will help members handle anticipated changes in eligibility for some, and increased premium costs for many.

- Through significant testing of each major business event, we head into Open Enrollment aware of our risks and issues and prepared with contingencies and workarounds, as needed

- We anticipate more activity this year compared to last, as members work to update their applications and shop around for new plans

- We are working closely with our call center vendor to ensure adequate support for our members, as well as the Commonwealth’s HIX systems integrator and development vendor to triage any defects or implement workarounds to provide our members with the best experience possible

- We anticipate that when Open Enrollment starts, members will be able to manage account updates and shopping, and applicants will be able to create and complete new applications. We also anticipate necessary support will be available to ensure consumers take advantage of the programs and benefits for which they are eligible
# Open Enrollment 2017 Timeline

<table>
<thead>
<tr>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
</tr>
</thead>
</table>

### System Business Processes
- **R9 User Acceptance Testing (UAT)**
- **UAT Code Drop 1**
- **UAT Code Drop 2**
- **UAT Code Drop 3**
- **PE Prod-Like Testing**
- **PE C1**
- **PE C2**
- **PE Smoke**
- **PE C3**
- **PE C4**
- **PE C5**
- **FE Prod-Like Testing**
- **FE C1**
- **FE C2**
- **FE C3**
- **FE Smoke**
- **FE Production**
- **IRS FTR**
- **R9 Deployment**
- **AE Prod-Like Testing**
- **AE C1**
- **AE Production**
- **AE C2**

### Notices / Billing & Enrollment
- **Send PE notices**
- **Send renewal notices**
- **Window for reetermined individuals to edit app**
- **Send PE notices**
- **Send renewal notices**
- **Send January invoice**
- **7/14: CCA Board awards Conditional SOA**
- **7/8: CCA Board awards Final SOA**
- **7/1: State deadline for carriers to submit rates to DOI**
- **9/8: CCA Board awards Final SOA**
- **Final plan review/testing, upload of ConnectorCare plans, final rate review/testing, final service areas/zip codes testing**
- **State deadline for final rates to be on file**
- **What to Expect from OE**
- **Sub to Unsub Communication**
- **DOR Letter**
- **Sub to Unsub Communication**
- **OE Reminder to Eligible but Unenrolled**
- **Plan Selection and Payment Reminders**

### Seal of Approval / Plan Management
- **CCA review of proposed QHPs/QDPs**
- **7/14: CCA Board awards Conditional SOA**
- **7/1: State deadline for carriers to submit rates to DOI**
- **State deadline for final rates to be on file**
- **What to Expect from OE**
- **Shopping and rate communications**
- **What to Expect from OE**
- **Sub to Unsub Communication**
- **DOR Letter**
- **Sub to Unsub Communication**
- **OE Reminder to Eligible but Unenrolled**
- **Plan Selection and Payment Reminders**
### Open Enrollment 2017 Status Dashboard

<table>
<thead>
<tr>
<th>#</th>
<th>Business Events</th>
<th>Business Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preliminary Eligibility</td>
<td>▪ This is the process by which we use the newly implemented Redeterminations &amp; Renewals Verification (RRV) services to obtain eligibility information about members. A member will then receive a notice outlining their determination and encouraging them to update their account.</td>
</tr>
<tr>
<td>2</td>
<td>Plan Loading</td>
<td>▪ This is the process by which we upload new 2017 plan benefits and rates into the system in order to facilitate noticing (as part of Step 4) and comparison shopping after the system opens on November 1.</td>
</tr>
<tr>
<td>3</td>
<td>Failure to Reconcile Check</td>
<td>▪ This is the process whereby we re-send our population through RRV to determine whether they have reconciled tax credits from prior years. If they failed to do so, a flag will return that blocks them from receiving tax credits for the coming year. A notice is triggered as a result, in addition to any notice they receive related to Step 4.</td>
</tr>
<tr>
<td>4</td>
<td>Final Eligibility</td>
<td>▪ This is the process by which we finalize eligibility based either on information received through Steps 1 or 3 or information received as a result of a member reporting a change to their application between Steps 1 and 4.</td>
</tr>
<tr>
<td>5</td>
<td>Auto-renewal</td>
<td>▪ This is the process by which we renew members that have not yet actively shopped into their 2017 mapped plan (either the same plan as their 2016 plan, or a plan selected for them based on eligibility and availability). This process is not member-facing; it supports seamless enrollment into 2017 plans and supports Step 6.</td>
</tr>
<tr>
<td>6</td>
<td>Bill Run</td>
<td>▪ This is the process by which we generate bills for an upcoming month’s premium; specific to renewals and Open Enrollment, this activity focuses on generating a bill in December for January 1, 2017 coverage.</td>
</tr>
<tr>
<td>7</td>
<td>Customer Support</td>
<td>▪ This reflects a series of processes that together support our members through Open Enrollment, including, but not limited to call center activities, work with assisters, etc.</td>
</tr>
</tbody>
</table>
Detailed Updates
Preliminary Eligibility

<table>
<thead>
<tr>
<th>#</th>
<th>Progress</th>
<th>Key Accomplishments</th>
<th>Upcoming Activities &amp; Open Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>▪ Successfully utilized batch RRV services to obtain and process federal data information</td>
<td>▪ ~700 households remain for initial processing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Processed over 385,000 household eligibility determinations, including mixed households</td>
<td>▪ ~63,000 applications slated to be processed after system fixes have been completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Mailed ~131K notices to date</td>
<td></td>
</tr>
</tbody>
</table>

- To date, more than 131,000 preliminary eligibility notices have been mailed to Health Connector members informing them of their potential eligibility for financial assistance in 2017.

- Unless members take action and update their applications, many of our members will experience a “downgrade” in benefits.

<table>
<thead>
<tr>
<th>2016 Program Type</th>
<th>CHIP</th>
<th>MassHealth</th>
<th>ConnCare</th>
<th>APTC Only</th>
<th>Unsubsidized</th>
<th>Pending</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>48</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>MassHealth</td>
<td>0</td>
<td>870</td>
<td>14</td>
<td>2</td>
<td>6</td>
<td>141</td>
<td>1,033</td>
</tr>
<tr>
<td>ConnCare</td>
<td>27</td>
<td>1,749</td>
<td>143,689</td>
<td>8,996</td>
<td>26,016</td>
<td>1,026</td>
<td>181,503</td>
</tr>
<tr>
<td>APTC Only</td>
<td>14</td>
<td>64</td>
<td>382</td>
<td>9,990</td>
<td>3,271</td>
<td>72</td>
<td>13,793</td>
</tr>
<tr>
<td>Unsubsidized</td>
<td>5</td>
<td>81</td>
<td>171</td>
<td>228</td>
<td>37,145</td>
<td>169</td>
<td>37,799</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
<td>2,764</td>
<td>144,256</td>
<td>19,216</td>
<td>66,440</td>
<td>1,408</td>
<td>234,178</td>
</tr>
</tbody>
</table>

- To encourage members to report changes, we sent materials outlining the redeterminations process to explain notices they should expect to receive and the actions they should take to keep their benefits.
We have seen an increase in members reporting changes to their applications since we launched preliminary eligibility, and thus expect the distribution below to change before the end of Open Enrollment.

<table>
<thead>
<tr>
<th>2016 Program Type</th>
<th>2017 Program Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHIP</td>
</tr>
<tr>
<td>CHIP</td>
<td>48</td>
</tr>
<tr>
<td>MassHealth</td>
<td>0</td>
</tr>
<tr>
<td>ConnCare PT1</td>
<td>0</td>
</tr>
<tr>
<td>ConnCare PT2A</td>
<td>1</td>
</tr>
<tr>
<td>ConnCare PT2B</td>
<td>9</td>
</tr>
<tr>
<td>ConnCare PT3A</td>
<td>11</td>
</tr>
<tr>
<td>ConnCare PT3B</td>
<td>6</td>
</tr>
<tr>
<td>APTC Only</td>
<td>14</td>
</tr>
<tr>
<td>Unsubsidized</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>94</td>
</tr>
</tbody>
</table>
### Plan Loading

<table>
<thead>
<tr>
<th>#</th>
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</thead>
</table>
| 2 |          | ▪ Loaded 62 medical plans and 12 dental plans representing products from 13 carriers  
  ▪ Completed loading and three rounds of testing of all 2017 plan rates, benefits and regional availability  
  ▪ Sign off from carriers and Health Connector staff provided September 30 | ▪ Completed |

- Starting in May, the Health Connector team worked with our carriers to collect, review, load and test the health and dental plans that we will offer on our shelf for 2017
  - In total, the team has managed the end-to-end process for dozens of versions of 68 unique templates, including SERFF materials and Massachusetts-specific templates to support the ConnectorCare program
  - Plan details and benefits, as well as rates and geographic availability, have been tested by both project and Health Connector staff, as well as representatives from all of the carriers

- This step is a key prerequisite before moving to Final Eligibility and opening shopping on November 1, to ensure notices and member communications are populated with accurate premium information, and members are able to compare plans as soon as Open Enrollment begins
Plan Loading (cont’d)

2016 & 2017 Plan Comparison Tool

If you are enrolled in a 2016 Health Connector health plan and will renew your coverage for 2017, this tool can help you compare 2016 and 2017 plan benefits and costs, side by side.

Shopping for a new plan? Not only can you use this tool to compare your 2016 plan's benefits to the one you were matched to for 2017, but also all other plans that will be available in 2017. This Open Enrollment, shop and compare for the deals.

Click on your 2016 plan name below to see benefit costs
Use the sliders to see more plans

Click on a plan name below to compare 2017 benefit costs
Use the sliders to see more plans

Definitions (click on a term below to learn more)

- Frozen Plan
- Coverage Level
- Standardized and Non-Standardized Plan Benefits
- Annual Deductible
Failure to Reconcile Check

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</table>
| 3 |          | ▪ Processed more than 274K FTR responses  
▪ Received ~3,800 FTR indicators, affecting ~2,700 enrolled members  
▪ Research error records (representing less than 1% of total records processed)  
▪ Obtain responses for remaining records from IRS (count less than 10) |

- After nearly completing the process to check whether our members have adhered to the requirement to reconcile their tax credits, we are pleased to note that, of our total enrolled population, only 2,733 failed to file their taxes and reconcile any tax credits received in 2015 (or earlier)

- This is significantly less than we predicted, based on our review of national-level data published by the IRS about the 2014 tax season and the fact that this was the first time Massachusetts residents, long accustomed to receiving financial assistance at these incomes, would have to file taxes to maintain their subsidies going forward

- We plan to continue outreaching this population to encourage them to file taxes, including targeted emails later this month, and have been working with consumer advocates on locating resources for those who still need tax filing assistance outside of the typical tax filing “season”

- We are also making available new system functionality later this month that will allow members to attest to having filed taxes if their tax filing is pending with the IRS due to late filing and thus blocking them from subsidies, we will then recheck their information at a later date
Final Eligibility

Once the processes for final eligibility are complete, and eligible members’ advance premium tax credits (APTC) are calculated for 2017, members will begin receiving notices that include a determination of eligibility, available APTCs, plans and premiums for 2017.

In addition to this packet, we will be outreaching members with emails and robo-calls, as well as sending those members with material premium changes special packets that walk them through, in “plain English”, their options and how they can take advantage of our tools (e.g., Provider Search, Plan Compare) to find the right plan for them for 2017.

We also plan to send targeted communications in the beginning of November to members with significant eligibility changes that did not take action to update their account before Final Eligibility was run.

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| 4 |          | • Processed APTC calculations via FDSH in two business days  
• Executed initial batch of CCA only households on schedule  
• Currently ~40% complete with finalizing eligibility and generating renewal notices to Dell | • Continue processing final eligibility and applicable renewal notices for remaining population  
• Testing and deploying system fixes to finalize eligibility  
• Generate and mail ~180K final eligibility notices |
Auto-renewal

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<tr>
<td>5</td>
<td></td>
<td>◢ Executed first of three production-like tests for 2017 auto enrollments and effectuations</td>
<td>◢ Execute two additional cycles of testing, inclusive of carrier transactions and billing processes&lt;br&gt; ◢ Remediate system issues in advance of auto enrollment execution&lt;br&gt; ◢ Execute auto enrollment in production beginning November 18, 2016&lt;br&gt; ◢ Process an estimated ~210,000 renewal transactions for medical and dental policies (note that though dental has rolling enrollment, all 2016 policies are renewed for 2017 at the same time)</td>
</tr>
</tbody>
</table>

- “Production-like” testing is well underway, and is scheduled to proceed into November to test the effectiveness of any additional code updates

- Once the auto enrollment process is complete, members will be effectuated in coverage for 2017 and we will begin sending bills for January coverage
# Bill Run

<table>
<thead>
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</tr>
</thead>
</table>
| 6 |          | ▪ Agreement and plan to increase QC of invoice mailing by 100%  
▪ Plan to add more QC of invoices right before the mailing by an independent party (CCA Staff)  
▪ Completed design of new invoice template to make it more informative, user friendly and consistent with other bills members get | ▪ Production-like testing including invoices PDFs review  
▪ Complete bill run and finalize mailing by December 8  
▪ Estimated production of ~200K invoices |

- Bills will go to members in the beginning of December, and payment is required by December 23 for January 1
- Starting with the December bill run, we will be sending members a new and improved bill that is easier to understand and that contains helpful information
- We will also be providing inserts into the bills sent in November and December, promoting shopping and reminding members to closely review their bills during the renewal period
- Members who have an automatic EFT account will receive additional information on potential changes to their EFT accounts during the renewal period
- Members who have plan selected but not paid will get a specialized robo call in December
## Customer Support

<table>
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</table>
| 7 |         | ▪ Hired 296 of needed 344 Customer Service Representatives (CSRs) at peak  
▪ Completed Open Enrollment call forecast & staffing plan including Spanish language, extended business hours and Shopping queue plans  
▪ Defined Shopping Queue service model; plan execution underway  
▪ Secured temporary Walk-In sites & began training for first wave of Walk-In CSRs  
▪ All Navigators have undergone Open Enrollment training | ▪ Complete training & hiring for remaining CSR positions through December 2016  
▪ Implement extended business hours starting November 1  
▪ Implement Shopping Queue November 1  
▪ Conduct business event refresher trainings through January 2017  
▪ Train Navigators on the assister portal and onboard them in time for Open Enrollment |

- The Health Connector Call Center will be open for expanded business hours during Open Enrollment, starting November 1
  - The Health Connector Call Center and Boston & Worcester Walk-In centers will remain open on Martin Luther King, Jr. Day (January 16th)
  - The Health Connector Call and Walk-In Centers will be closed in observance other remaining major holidays during Open Enrollment
- Six Walk-In Centers will be available during Open Enrollment
  - Year-round sites in Boston, Worcester & collocated with the MassHealth Enrollment Center in Springfield
  - Three Open Enrollment sites collocated with Community Health Centers in Lowell, Fall River and Brockton

### Closed Enrollment Hours

<table>
<thead>
<tr>
<th></th>
<th>Closed Enrollment Hours</th>
<th>2017 OE Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Thursday</td>
<td>8AM – 6PM</td>
<td>8AM – 8PM</td>
</tr>
<tr>
<td>Friday</td>
<td>8AM – 6PM</td>
<td>8AM – 6PM</td>
</tr>
<tr>
<td>Saturday</td>
<td>Closed</td>
<td>9AM – 5PM</td>
</tr>
</tbody>
</table>
We are increasing staffing levels in order to support customers during Open Enrollment.

- Call volume is projected to be significantly higher than last year due to premium rate increases and eligibility determination changes impacting customers.
- Staffing levels are being adjusted to meet expected increased demand, with nearly 350 Customer Service Representatives (CSRs) on hand at peak.

Extensive training is taking place leading up to and during Open Enrollment to ensure customers are well supported during all the phases of the renewal process.

- New Hire training continues through December.
- CSRs will be brought back in for training throughout Open Enrollment in advance of critical business events to reinforce key topics.
Customer Support (cont’d)

Assister Training & Support

- Assisters have received additional training, specific to this Open Enrollment, focusing on premium increases, eligibility changes, and how to update accounts and shop
- New for this year’s Open Enrollment, we are launching an “Assister Portal” that will allow authorized assisters to better support members
- Additionally, assisters will continue to have access to an exclusive “Assister Line” that allows them to quickly access CSRs if needed

Community Health Center Partnership

- In addition to partnering with CHCs to support our walk-in centers, this year we have selected 6 CHCs to be Navigators and are collaborating with 5 more on outreach events and health fairs
- We are also actively working with the MassLeague of CHCs to formalize partnerships with Navigators and local health centers so that we can be present at more events throughout the Commonwealth, especially during Open Enrollment
Next Steps

- When we next update the Board in early November, Open Enrollment will have begun, with our doors opening on November 1 at 7 AM Eastern Standard Time.
- We are targeting completion of our redetermination processes and anticipate that we will have sent the majority of our members their renewal notices for 2017.
- Our call centers will be operating on expanded business hours and six walk-in sites around the Commonwealth will be serving applicants and members.
- Assisters will continue to work with applicants and members and will receive additional training and access to the new Assister Portal.