



*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, April 13, 2017
9:00 AM to 11:00 AM

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

Attendees: Louis Gutierrez, Nancy Turnbull, Gary Anderson, Michael Chernew, Celia Wcislo, Louis Malzone, Mark Gaunya, Rina Vertes, Lauren Peters (who was sitting by designation on behalf of Secretary Kristen Lepore).

The meeting was called to order at 9:03 a.m. by Dr. Chernew who was presiding as Vice Chair of the Committee.

- I. Minutes:** The minutes of the February 23, 2017 meeting were unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began the meeting with a brief synopsis of Open Enrollment 2017 (OE), acknowledging that this was a successful period, but that the Health Connector (CCA) continues to move forward with new initiatives to improve service to members and applicants in both the non-group and small group market. He continued that, with the settling of Open Enrollment activity, we can now assess our membership more clearly, noting that individual enrollment for April is 244,756. He continued that this number reflects those who may have left coverage by the way of non-payment of premiums. Mr. Gutierrez continued that total individual membership, which includes small- group members and individuals enrolled only in dental, has reached an all-time high of 263,000 members. He stated that even as the idea of health care reform is debated nationally, there is a high level of interest in CCA. He continued that CCA continues to keep a close eye on action being taken by the federal government, with

particular focus on cost saving reduction commitments and their important function within the Affordable Care Act (ACA) and overall future federal reform plans. He stated that, while we are cognizant of developments on the federal level, CCA continues forward with consumer and employer focused initiatives, the Group Market Exchange (GME) and payment portal. Mr. Gutierrez made note of the progress that has been made since the GME project was approved during the February Board meeting. He shared that for the individual market the new payment portal will launch in June and provide members with a range of new tools. He continued with a brief update on the Seal of Approval (SOA) process, concluding that there is an expectation that all carriers, with more than 5,000 covered lives in the merged market will comply and submit for SOA. Mr. Gutierrez reiterated that stability, expanded choice and customer experience enhancements remain the priority for CCA. He recalled the interest of Board members in small-group market statistics during a previous Board meeting and directed the attention of members to the Massachusetts Employer Survey report released by the Center for Health Information and Analysis (CHIA). Mr. Gutierrez concluded by offering Board members the opportunity to review the materials and discuss health insurance coverage in the small-group market in greater detail with CHIA representatives in the future.

III. Recap of 2017 Open Enrollment and Community Outreach: The PowerPoint presentation “Recap of 2017 Open Enrollment and Community Outreach” was presented by Marissa Woltmann, Jason Lefferts, Sarah Buonopane and Audrey Gasteier. Ms. Gasteier began the presentation recalling that throughout the Open Enrollment process Board members were updated frequently, and now there is an opportunity to provide a retrospective look using data and member experience to gain greater insight on membership as a result of CCA’s new approach to outreach. She continued that with a record number of new enrollees, increased member movement and shopping among 15 per cent of members changing carriers, this was a successful Open Enrollment period. She noted that CCA is reflecting on lessons learned and how to apply them to Open Enrollment 2018. She recognized that there are 13,000 net new members and explained that as benefits change, there is a natural churn among members coming into and leaving CCA coverage, along with movement between plan types. She continued that CCA is always trying to better understand who the members are that have left CCA, and we have learned some of the member losses are attributed to non-payment of premiums and others due to failure to verify information. Overall, she continued, CCA saw an 88 per cent retention rate among members. She noted that CCA continues to work to identify those members and non-members who are in greatest need of outreach so that those populations can be carefully targeted.

Mr. Lefferts then informed Board members that prior to Open Enrollment 2017 three target populations were identified through the use of data that provided the framework for a greater focus on ethnic media and grass roots marketing and outreach. As such, he explained, CCA contracted with Archipelago Strategies Group (ASG) to engage the targeted populations. He reiterated that new member enrollment increased by 28 to 29 per cent in Open Enrollment 2017 from 2016, and that a number of efforts contributed to the increase in membership and engagement among new members in targeted communities, including; focus groups with Spanish speakers in Boston and Springfield, radio interviews

with Cape Verdean and Haitian community leaders, and a strong Navigator and ASG partnership information sharing. Mr. Lefferts continued that three main activities focused on during Open Enrollment included Paid Media, engaging on the local level through community radio shows, Earned Media, making sure that three to four pieces were in a newspaper or on the radio each week during Open Enrollment and that those pieces spanned all languages and community events, at which time ASG went door to door to get signs up in local shops, which differed from years past when paid signage was relied upon. He continued that community engagement included involvement in the Chinese New Year, and working with the Cambodian Center in Lowell, all new approaches. Mr. Lefferts explained that enrollments were highest in communities where CCA was able to take advantage of targeted and concentrated media. In response to question from Ms. Turnbull regarding the nuances of outreach among different ethnic groups Mr. Lefferts and Josiane Martinez, CEO and Founder of Archipelago Strategies Group, responded that messaging even within the Latino community differs. She explained that Springfield has a large base of Puerto Ricans, whom as United States citizens have different needs and think differently from Central Americans that comprise a lot of the Eastern, MA immigrant communities and have gone through the immigrant experience; these factors contribute to differences in family values and priorities. Mr. Lefferts continued that a second group that was a focus during outreach to bring into coverage were those individuals with a higher risk of uninsurance, such as younger men. He noted that taking an athletic marketing approach through urban media, which included radio campaigns at times that would specifically reach younger individuals, were employed. In response to a question from Ms. Turnbull regarding risk selection, Mr. Lefferts responded that this Open Enrollment, more than any prior, CCA tried to be present in the communities where the uninsured are and as such CCA saw that the new enrollee age group is younger than the returning population. He noted that a younger, healthier insured population is better for the entire market. In response to Ms. Turnbull's mention of the marketing campaign in Colorado that produced edgier advertisements than those in Massachusetts and how successful they are, Ms. Gasteier commented that a more methodological comparison may be worthwhile and that she and Mr. Lefferts attended an event in D.C. last year that focused on millennial outreach. She also noted that Massachusetts has been successful in reaching their younger populations and as such youthful messaging is often overlaid with other population outreach. In response to a question by Dr. Chernew regarding active collaboration with community health centers, Mr. Lefferts commented that CCA has participated in outreach and with Navigators at Community Health Centers and walk-in centers, agreeing with Dr. Chernew that the level of trust that exists is evident from the utilization by members. In response to a comment from Dr. Chernew regarding remaining interests in the population that is left to be engaged by CCA, Mr. Gutierrez replied that even though Massachusetts leads the nation in rate of insured, there was a sense at the beginning of last year's Open Enrollment that CCA had not begun to plumb the depths of ethnic media and community outreach, and the results of Open Enrollment prove that this population exists. He continued that the membership of CCA is not a static population and it is critical to reach people at the point of decision making to stay in insurance. Ms. Gasteier added that we are fortunate to have organizations such as CHIA that are able to provide rich data that CCA uses as a tool to tailor and target outreach towards subcategories of uninsured. She continued that other data points need to be considered, and require greater attention, when

examining the churn of membership, including dynamics in the labor market and trends that drive the gaps in insurance coverage, all of which influence CCA's messaging. Mr. Lefferts commented that this is the first time that social media marketing has targeted individuals who are losing their jobs or becoming self-employed. In response to a question from Dr. Chernew regarding the impact of controversy surrounding the ACA on CCA enrollment, Mr. Gutierrez commented that since the November Presidential election CCA experienced a strong open enrollment, which may be due to individuals trying to enroll in health care coverage before changes are made or due to increased awareness because of the national conversation, regardless, so far there has not been a negative impact on enrollment.

Ms. Buonopane then informed the Board of the grant funded Navigator program explaining that Navigators provide linguistically appropriate in-person assistance. She continued that the goals of Navigators include assisting new and current members in the enrollment process, raising awareness about the Health Connector, and providing member support throughout the entire plan year. She noted that Navigators have attended community events, partnered with ASG in conducting radio interviews and have participated in personal outreach efforts. Ms. Buonopane continued that CCA has received very positive feedback with regard to the Navigator program, commenting that Navigators provide a better understanding of health plans to members and the necessary steps to maintain coverage, providing peace of mind year round. In response to a question from Ms. Turnbull regarding the experience of members in Plan Type 1 (PT1) who witnessed a large premium increase this year, Ms. Buonopane replied that Navigators do provide feedback on trends and have shared stories of helping \$0 premium members walk through new plan options and ensure that each hospital, doctor and prescription the member requires is covered in a new plan. In response to a question from Mr. Malzone as to whether Navigators would be able to provide support to seasonal workers who have incomes that diminish during certain times of the year, though their bills remain unchanged, Ms. Buonopane commented that Navigators can assist seasonal workers in making advanced payments or understanding that they need to save for upcoming payments, or update their income on their applications. Ms. Gasteier added that messaging the option of advanced payments is certainly a strategy to keep in mind for certain parts for the state.

Ms. Woltmann reviewed the results of the monthly member survey that reveals diverse motivation for enrolling in CCA, with 'staying healthy' as the primary motivator among PT1 members. In response to a comment by Ms. Wcislo regarding no response to include coverage for children, Ms. Woltmann noted that the response "staying healthy" incorporates "staying healthy for my family." Ms. Woltmann continued with a breakdown of gaps in coverage and how they differed between plan types. She outlined the extensive outreach that was conducted across CCA subpopulations, which included 35 overall communications. In response to a question from Ms. Turnbull regarding what qualifications make a member a renewing member, Ms. Woltmann responded that they would have been members who crossed over from December coverage into January coverage. Ms. Woltmann continued that CCA continues to watch individuals who have a premium for the first time in 2017, and are noticing that attrition remains concentrated among members who lost eligibility for a \$0 premium plan. She noted that of 2,700

members who became delinquent in January due to non-payment of premium, the majority did not shop and some shopped but did not switch plans. In response to a question from Mr. Malzone relative to what changes occur between January and May that leads to this attrition, Ms. Woltmann noted that there would be a need for more data to see if reinstatement, an opportunity for a member to decide to return to coverage, is being processed or if the member may have other qualifying events that led them to other coverage. Mr. Malzone continued to ask if this is a scenario that may apply to seasonal employees, and how CCA can assist individuals during financially difficult times, assisting members from month to month to avoid a gap in coverage, Ms. Woltmann responded that this is a cycle we see each month and the member reinstates or will return in the future. She continued to note that Exchanges were designed acknowledging that people may make less money at different times of the year and therefore, an annual salary is used for generating benefits. Mr. Malzone noted that it would be important to help seasonal workers understand how they can participate in health care. In response to a question from Ms. Turnbull regarding a third of the \$0 premium payers having attrited by April, and her interest in trends and path of members, Ms. Woltmann provided the breakdown of the 9,800 members enrolled in December who are no longer enrolled in CCA and are in MassHealth or were terminated due to non-payment of premium.

Ms. Gasteier concluded that as we plan for Open Enrollment 2018 CCA will utilize targeted surveys to understand where members went and why, reflect on the member experience and work with our vendors to improve upon our customer service, and implement improvements derived from Open Enrollment 2017 lessons learned.

- IV. Final Affordability Schedule for Calendar Year 2018 (VOTE):** The PowerPoint presentation “Final Affordability Schedule for Calendar Year 2018” was presented by Marissa Woltmann. Ms. Woltmann began by informing the Board that during the Final Affordability Schedule public comment period, which was approved by the Board at the February 23, 2017 meeting, in total one comment was received from Affordable Care Today (ACT!!), and they did not have any proposed changes to the schedule but supported a progressive approach. She continued that the driver of change behind the affordability schedule is the Federal Poverty Level (FPL) standards and technical adjustments for family sizes and progressivity. With no additional question or comments, the Board unanimously voted to adopt the recommended 2018 affordability schedule for individuals, couples and families.

In response to a question from Ms. Turnbull regarding data on Department of Revenue (DOR) tax filings and income eligible individuals, Ms. Gasteier replied that high level data is available for 2015 regarding compliance with Minimum Creditable Coverage (MCC) standards, but a more thorough review is warranted.

- V. Group Market Exchange Update:** The PowerPoint presentation “Group Market Exchange Update” was presented by Michael Piantanida, Heather Cloran and Emily Brice. Ms. Brice began the presentation by providing a brief update of the progress of the Group Market Exchange (GME) platform and outlining the vision of working with the D.C. Health Benefits Exchange (DCHBX) to offer a modern site for consumers. She provided

a reminder of the new models that will be offered to employers while continuing to offer single health or dental plans. In response to a question from Ms. Weislo regarding list billing and the option to mask the dynamics of a family out of concern for possible discrimination, Ms. Brice noted that there is protection against discrimination in place today, but a discussion could be had with DCHBX on this item. Ms. Brice continued to provide an overview of the GME timeline. In response to a question from Mr. Malzone regarding eligible employers, Ms. Brice replied that employers with fewer than fifty employees can use the platform but CCA has seen an interest from microgroups and it is expected that interest will be largely generated from smaller employers. Ms. Brice then confirmed in response to a follow up question from Mr. Malzone that a business with 100 or 200 employees would not be eligible to use the platform. Mr. Gaunya commented that larger employers have more flexibility and access to larger platforms, so they would not need this as a resource. Ms. Brice continued that CCA is joining an existing infrastructure, so there will need to be some customizations, but because of the agile development process, tweaks and additions can be made as we move along. Mr. Gaunya commented that he saw the demo and felt the system was user friendly and intuitive, and he was impressed by the technology; however, he does not support any legislative advantages for the Connector in this set up, and what applies outside of CCA should be applicable inside of CCA and referenced the wellness credit that provides an advantage to CCA. In response to a comment from Ms. Vertes that the rate charged through the GME platform is the same rate charged if an individual goes directly to an insurer, Ms. Brice confirmed that a small employer would use this platform because of the choices, and that CCA exists within the boundaries of state law and will continue to make sure that we operate within the boundaries of state law. Ms. Brice informed the Board of the steps that have been taken and of the need for CCA to release a Request for Licensure (RFL) for a sub-connector alternative distribution channel. In response to concerns raised by Ms. Turnbull, regarding language of the RFL about the sub-connector being responsible for broker commissions; the concern was that there should be no unfair advantages given by certain carriers to brokers, Ms. Brice acknowledged the importance of ensuring commission structure is at parity both on and off the GME. Mr. Gaunya added that carriers determine rates and that there is not a great difference among small group market rates. General Counsel for the Health Connector, Ed DeAngelo, further clarified that the intention of the language of the RFL is to make the sub-connector responsible for arranging brokerage payments with the carrier, and those payments are traditionally decided by the carrier.

Mr. Piantanida provided an update on the progress of the project and development of a streamlined project plan that will catch all work between DCHBX and CCA and identify the dependency of tasks. He explained that the system development is broken into four distinct units of time known as sprints leading to the August 15th go live date. He noted that the use of sprints allows CCA to see things earlier and as the first sprint of the project is coming to an end and CCA is able to see the development and testing environment of the site. Mr. Piantanida stated that an attestation proposal has been submitted to Centers for Medicare and Medicaid Services (CMS) for review and approval, and there will be two gate reviews, and then finalization and testing on customizations. In response to Ms. Turnbull's question regarding the trickiest part of this project, Mr. Piantanida replied that Electronic Data Interface (EDI) customization requires appropriate communication

between carrier systems and composite rating customizations, which will require complicated development, are the two more difficult items. He continued that because the final sprint ends in mid-June there is a two month period before go-live that will provide additional time should anything become more complicated. Mr. Gutierrez added that one of the risks is list billing as it is new to the market and there needs to be attention devoted to the adoption and training around this type of billing.

Ms. Cloran then provided an overview of the project strategy and outreach that has occurred among stakeholders. She went into greater detail regarding outreach underway relative to broker engagement, carrier engagement and employer engagement. She noted that DCHBX has provided demonstrations for stakeholders and that CCA is committed to educating brokers and employers on the platform. Ms. Turnbull expressed her support for the concerns raised earlier by Ms. Wcislo with regard to list billing, which is not new to Massachusetts as it was eliminated 20 years ago, following examination of the very concerns that were raised during the meeting. She noted that list billing should be approached with great trepidation and that creative ways to temper the effects of list billing and limiting information available to employers should be utilized. Ms. Brice responded that there will be an opportunity to review data on who is opting into employee choice models and how they behave in the models. Mr. Malzone added that he also supports moving away from list billing sooner than later, and asks what the need for list billing is. Ms. Vertes provided an explanation to Mr. Malzone noting that in addition to list billing, which is part of the Affordable Care Act (ACA), it is critical that we recognize that subsets of small employer groups are going to go into different plans and as a result carriers deserve the right to set a rate based on the population they are insuring. In response, Dr. Chernew asked if there is no risk adjustment for the small group market, to which Ms. Vertes responded, that most health plans do not want to bet that the risk adjustment will make them whole; they would prefer to charge customers for what they know about them when setting the rates. Ms. Brice noted that CCA is working with carriers to ensure methodology and rating factors, and employee choice may not be for all employer groups; however, CCA wants to provide that option for small employees that do not have the resources to offer the array of plans currently available to large employers and their employees. Mr. Gutierrez welcomed a broader discussion of list billing in the future.

VI. Payment Portal Implementation Update: The PowerPoint presentation “Payment Portal Implementation Update” was presented by Tatsiana Murauyeva and Audrey Gasteier. Ms. Gasteier began the presentation by noting that the payment portal implementation led by Ms. Murauyeva is an exciting opportunity for CCA members in the individual market, providing a more modernized experience for all things payment related. Ms. Murauyeva provided background on the existing payment tool implemented in 2014, which has basic functionality and is not integrated into the larger system. She continued that members consistently provide feedback that they want more information accessible online and additional self-service features. She stated that the new portal will deliver these functions, increase operational efficiencies and allow for possible cost savings. In response to a question from Ms. Wcislo regarding what a customer service representative can see, Ms. Murauyeva responded that a representative can see the bill but other notices are not accessible and the representative may not be able to see what a customer is referencing.

Mr. Gutierrez added that as processing is completed now, the portal will be managed and operated by NTT Data Services (CCA's customer service vendor) but under CCA contracted control. In response to a question from Ms. Turnbull regarding how many members currently have auto payment, Ms. Murauyeva responded that there are 60,000 accounts, with health and dental considered separately. Ms. Murauyeva provided an overview of expected functions of a payment portal that are not available currently, noting that though paper payments and notifications will remain available, online payments will be easier and faster. She continued with a breakdown of outbound mail and inbound calls, half of the volume of which are related to notices and monthly payments. She noted that a lot of calls include questions like "how much do I owe" and "how do I make a payment," which are questions that can be addressed in an online payment system. In response to a question from Ms. Wcislo regarding how many billing inquiries are being directed to the CCA Ombudsman, Ms. Murauyeva replied that will require further investigation. Ms. Murauyeva continued that the portal will provide functionality that was requested by members, providing transition from plan shopping to plan payment and the option to make one payment for multiple plans. In response to a question from Dr. Chernew as to whether data collection will be reviewed later for payment patterns and risk of termination, Ms. Murauyeva replied that data collection will not change as it will be contained in the Financial Management portal, and this is the front end. Ms. Murauyeva then provided an overview of the project timeline, noting that CCA has entered the member communication and customer service representative training stages. In response to a question from Ms. Turnbull regarding security issues, Ms. Murauyeva noted that she has worked with her IT partner on this project and it is secure and in-line with all other contracts and ACA requirements. Dr. Chernew inquired as to how this portal will compare to the federal portal or other states payment portals, to which it was noted that Massachusetts is the only state that conducts its own premium billing; however follow up information on that inquiry can be provided. Ms. Turnbull then asked if members will be able to email with questions, to which Mr. Gutierrez noted that email communications is a valuable tool, but is not currently in the plans as focus has been on training and going live within the call centers. Ms. Gasteier added that broad level feedback is collected and reviewed and it has been found that members are interested in the addition of email communication options and is something that CCA agrees should be considered in the future. Ms. Murauyeva concluded with an update on member communications announcing the campaign and premium billing capabilities. She added that members are being encouraged to update email addresses and log-in with their credentials so they can take advantage of the launch on June 4th.

The meeting adjourned at 10:45 AM.

Respectfully submitted,

Erin E. Ryan