CCA Board Report Metrics

Total Non-Group Medical Enrollment: Current Rolling Quarter**

- "Adds" is defined as the total number of members who begin coverage for that month and were not enrolled in coverage during the prior month as of the report date. Movement between program types is not considered an “Add”.

- "Terms" is defined as the total number of members who are no longer covered for that month and were enrolled in coverage during the prior month as of the report date. Movement between program types is not considered a “Term”.

- The enrollment lines show the total number of members who have coverage for that month.
  - "Enrollment as of Report Date" (blue line) is defined as the total number of members with coverage in that month as of the current report date and reflects retroactive adds and terms in the coverage month they take effect. These enrollment counts are dynamic.
  - "Enrollment as of Initial Report Date" (gray line) is defined as the total number of members who were enrolled in coverage as originally reported in the CCA Board Report Metrics published for that month, excluding retroactivity. These enrollment counts remain static month to month to visualize the effect of retroactivity.

- This report was reformatted in August 2016 with an updated methodology that tracks changes in enrollment (i.e., adds and terms) based on the member’s benefit start date. Previous reports tracked changes in enrollment as of the coverage month they took effect. For example, if an unsubsidized member began coverage in January and then failed to pay her premium for February and March coverage, in April she will be retroactively terminated as of February 1 and she will be reported as a term in the month of February; previously, she would have been reported as a term in April.

**Rolling Quarter time span includes previous three months and current month

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This report was reformatted in August 2016 with an updated methodology that tracks changes in enrollment (i.e., adds and terms) based on the member’s benefit start date. Previous reports tracked changes in enrollment as of the coverage month they took effect. For example, if an unsubsidized member began coverage in January and then failed to pay her premium for February and March coverage, in April she will be retroactively terminated as of February 1 and she will be reported as a term in the month of February; previously, she would have been reported as a term in April.
• 52,729 individuals are enrolled in non-group medical Unsubsidized QHP coverage and 17,093 individuals are enrolled in QHP with APTC plans.

• 3,529 members who were enrolled in August ConnectorCare plans are now enrolled in Unsubsidized QHP (2,716) or APTC (813) coverage for September.

• 76% of members are enrolled in either AllWays Health Partners, Tufts Health Direct, or BMC HealthNet Plan.

• 666 members who were enrolled in Unsubsidized (400) and APTC (266) plans in August are now enrolled in September ConnectorCare coverage.

*Reporting period through September 1st, 2019
Source: NTT Data Financial Management System (FMS) All Spans Extract – September 3rd, 2019*
## CCA Board Report Metrics

### Non-Group Dental Enrollment

<table>
<thead>
<tr>
<th>Month</th>
<th>Adds (Thousands)</th>
<th>Terms (Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>4,543</td>
<td>3,914</td>
</tr>
<tr>
<td>June</td>
<td>4,244</td>
<td>3,572</td>
</tr>
<tr>
<td>July</td>
<td>3,612</td>
<td>3,920</td>
</tr>
<tr>
<td>August</td>
<td>3,978</td>
<td>1,407</td>
</tr>
</tbody>
</table>

*Reporting period through September 1st, 2019*

Source: NTT Data Financial Management System (FMS) All Spans Extract — September 3rd, 2019

### Enrollment by Benefit Configuration

<table>
<thead>
<tr>
<th>Benefit Configuration</th>
<th>Enrollment (Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Standardized</td>
<td>46,395</td>
</tr>
<tr>
<td>Low Non-Standardized</td>
<td>25,579</td>
</tr>
<tr>
<td>High Standardized</td>
<td>25,243</td>
</tr>
<tr>
<td>Pediatric Standardized</td>
<td>137</td>
</tr>
<tr>
<td>Pediatric Non-Standardized</td>
<td>72</td>
</tr>
</tbody>
</table>

### Enrolled Members by Carrier

- Delta Dental of MA (87%)
- Altus Dental (13%)
Small Group Medical Enrollment

Enrolled Members by Metallic Tier**

- Platinum: 16.9%
- Gold: 30.0%
- Silver: 46.5%
- Bronze: 6.6%

Enrolled Members by Carrier**

- AllWays Health Partners (20%)
- Delta Dental of MA (86%)
- Blue Cross Blue Shield of MA (8%)
- BMC HealthNet Plan (6%)
- Fallon Community Health Plan (4%)
- Harvard Pilgrim Health Care (14%)
- Tufts Health Direct (41%)
- Tufts Health Premier (3%)
- United HealthCare (0%)

Small Group Dental Enrollment*

Enrolled Members by Benefit Level***

- High: 88%
- Low: 12%

Enrolled Members by Carrier**

- Delta Dental of MA (86%)
- Altus Dental (14%)

*This report was reformatted in December 2017 to report small group enrollment for the prior coverage month. Group adds and terms represent a point-in-time snapshot of small group membership and do not include membership retroactivity

** Member counts by carrier reflect membership on the DCHBX platform

***Member counts by benefit level reflect membership on the NTT platform
Customer Experience

Call Volume 2018 v. 2019

Average Speed to Answer 2018 v. 2019

Customer Satisfaction Score – August 2019

Abandonment Rate 2018 v. 2019

Overall CSAT 2018 v. 2019

Questions
---How satisfied are you with how our customer service representative resolved your issue today?
---How friendly and courteous our customer service representative was today?
---How satisfied are you with the knowledge of the customer service representative you spoke with today?
---How satisfied are you with the overall service provided to you by the Health Connector today?
Number of Urgent Services Cases Received (Monthly)

The Health Connector and NTT have worked together to determine new call center process flows for Urgent Services cases since bringing all Ombudsman case resolution in-house in February 2019. The Health Connector is working with NTT to determine a new reporting methodology for Urgent Services cases. This will be reflected in the October board report.