Board of the Commonwealth Health Insurance Connector Authority
Minutes
Thursday, July 9, 2020
9:00 AM to 11:00 AM

Live Stream
https://www.youtube.com/user/TheMAHealthConnector

Attendees: Louis Gutierrez, Marylou Sudders, Nancy Turnbull, Lou Malzone, Michael Chernew, Mark Gaunya, Matthew Veno, Rina Vertes, Gary Anderson, FayeRuth Fisher, Cassandra Roeder (who was sitting by designation on behalf of Secretary of Administration and Finance Michael Heffernan)

The meeting was called to order at 9:00 AM.

I. May Meeting Minutes: The minutes of the June 11, 2020 meeting were approved by roll call vote and Secretary Sudders abstained from voting.

II. Executive Directors Report: Mr. Gutierrez began the meeting by reminding the Board that 15 months prior the Health Connector (CCA) approached the Board with procurement recommendations for vendors Softheon and Faneuil, who came with high recommendations. He informed the Board that the call center was off to a rocky start with long hold times and a high rate of call abandonment. He stated that because staffing can take weeks, Faneuil was working to contract with the previous call center vendor NTT to onboard experienced staff to assist with contact center responsibilities. He noted the initiative was in the final stage of negotiations. Mr. Gutierrez stressed that members deserve excellent assistance and reviewed some of the new customer support options available over the phone and online. He informed the Board that CCA was completing the first step of a sizeable move forward in providing Spanish content to members, with more to come.

Mr. Gutierrez then provided a review of the Seal of Approval agenda item that was before the Board. He stated that issuer, AllWays Health Partners had provided two SOA submissions as part of their Seal of Approval, suggesting a narrower network of providers in certain regions, but mostly retaining access to Partners’ providers. He stated that member access to services is a priority and
AllWays has been cooperative in responding to initial questions presented by CCA and analysis is on-going. He reminded the Board that the conditional vote allows further analysis of submissions and is not a final vote. He stated that developments would be shared with the Board over the course of the next few weeks as the network becomes clearer and when CCA returns to the Board in September.

In response to a question from Ms. Turnbull regarding resolution of the contact center, Mr. Gutierrez stated that he anticipates a rocky two weeks of cut-over, with resolution coming by the end of the next week. In response to a follow up question from Ms. Turnbull, Mr. Gutierrez confirmed that CCA is requiring that Faneuil follow up with calls that have been abandoned. Ms. Turnbull commented on the utterly unacceptable performance of the call center performance. Secretary Sudders commented on the disappointing performance of the contact center and the more than generous two-week period to meet CCA expectations.

III. Customer Experience Project Status Update: The PowerPoint presentation “Customer Experience Project Status Report” was presented by Vicki Coates and Michael Piantanida. Ms. Coates began the presentation by providing the Board with an overview of the cut-over and the go-live that occurred on July 6, 2020. Mr. Piantanida then provided a review of the Enrollment and Premium Billing portion of the project. He began with a review of the data conversion noting that all of the three plan years were successfully converted. He informed the Board that EDI files are being transferred between Softheon and the carriers with carriers being able to receive the transactions. He stated that the member portal was live and that members can actively make payments. He explained that the work continues through post-go-live stabilization activities, noting that CCA will continue to monitor defects and any fixes that are required will be made as a part of a scheduled release or hot-fix is the issue is urgent. In response to a question from Ms. Turnbull regarding hot-fixes, Mr. Piantanida confirmed that a hot-fix provides an immediate resolution to identified defects because they do not need to be bundled with a release.

Ms. Coates then began with her review of the contact center and back office implementation with Faneuil. She informed the Board that it became clear on the Monday afternoon following go-live that the initial plan for the contact center was not working, and a remediation plan was immediately started. She informed the Board of three primary reasons the contact center was underperforming, including a lower than projected headcount of staff. She informed the Board that Faneuil is negotiating a subcontract with NTT that will bring 90 staff from the previous vendor onboard. The contract is expected to be finalized shortly. The onboarding and training plan for this staff will be shortened given their prior CCA experience, and tailored to maximize their impact and fill necessary roles. She continued to note that an additional 30 agents of Faneuil’s will be ready to assist by the July payment week. In response to a question from Ms. Turnbull and Secretary Sudders, Ms. Coates stated that there are financial penalties for non-performance which began on go-live. Ms. Turnbull commented on the willingness of NTT to provide staff for this period of time, and Mr. Gutiérrez expressed deep gratitude for NTT senior management and their immediate offer of support when they learned of the difficulties. Ms. Turnbull then noted that despite Faneuil’s performance, congratulations were due to everyone for an outstanding performance on the system transition, and while the contact center performance is concerning, a remediation plan was quickly implemented and that should not detract from the spectacular job all have done on the project. Secretary Sudders commented on the spectacular transition, despite the setback with the
IV. Conditional Award of the 2021 Seal of Approval (VOTE): The PowerPoint presentation “Conditional Award of the 2021 Seal of Approval (VOTE)” was presented by Audrey Gasteier, Maria Joy Dawley and Samuel Adams. Ms. Gasteier began the presentation by providing the Board with a high-level overview of the Seal of Approval (SOA) process, reminding members of the timeline of SOA and that a final recommendation will come before the Board for a vote in September. She noted that the network review component of the SOA process is separate from the Division of Insurance (DOI)’s network adequacy requirements and review and that the SOA network evaluation is specific to ConnectorCare program adequacy standards. She commented on the on-going review of AllWays Health Partners’ proposal in certain regions and noted their responsiveness to CCA requests. She reviewed the guiding principles of the SOA 2021 process and the CCA proposals, including the introduction of a set copay for at least one type of insulin, to support those principles.

Mr. Adams then provided a review of the product shelf for Plan Year 2021 (PY21), noting a change that no longer requires carriers to offer a standard low-gold plan in an effort to promote competition within the low-gold tier. He stated that CCA received a new carrier entity submission under AllWays Select for participation in PY21. He explained that the current AllWays Health Plan would remain with the Connector but would not participate in ConnectorCare, meanwhile AllWays Select would participate in ConnectorCare. He informed the Board that there were no carrier departures and that carriers will continue to load their non-group silver plans, a practice that began for plan year 2018 in response to the removal of federal cost-sharing reduction payments. He provided a review of the breakdown of plan offerings as they compared to PY 2020, noting the net increases in the number of plans in both the individual and small group market. He shared details of the changes in plan offerings and how CCA will address any member impact. He reviewed affordability initiatives new for PY21, including requirements that carriers offer at least one of each major type of insulin at a set copay or lower for all standard plans. He stated that this requirement will be able to be met by all carriers. He informed the Board of CCA action that will provide greater clarity for members when making plan selections. In response to a question from Ms. Turnbull regarding how the AllWays Select Plans will be presented, Mr. Adams shared the proposed naming conventions of the two distinct plans.

Ms. Joy Dawley then informed the Board of the two submissions by AllWays Health Partners. She reviewed the key differences between the two licenses, including changes to the population served by the current Exchange participant, AllWays Health Partners Inc. for PY21 and an overview of the offerings that will be included as part of the new AllWays Health Partners Select submission. She stated that the new Select submission is anchored around the Partners’ system in eastern Massachusetts but does not include coverage for Dana Farber Cancer Institute or Children’s Hospital. She reminded the Board of the importance of AllWays Health Partners’ participation in the Cape and Islands region, noting that the Select submission will ensure that there is a ConnectorCare offering in the region. She highlighted that the new Select submission excludes Worcester County for ConnectorCare members but that members will have other carriers that offer coverage in the region. In response to a question from Ms. Turnbull regarding access to Dana Farber and Children’s Hospital for ConnectorCare members, Ms. Joy Dawley confirmed that for
the most part, while these hospitals are not in any other ConnectorCare carrier products, most carriers are able to provide coverage through single case agreements. In response to a follow up question from Ms. Turnbull regarding the entrance of the Health New England (HNE) offering in Worcester County, Ms. Joy Dawley responded that CCA is undertaking deeper analysis of the wide breadth of hospitals HNE provides access to and working on a comparison. Ms. Turnbull commented on the confusion that the similar names of the two AllWays submissions will cause for members. In response to a follow up question from Ms. Turnbull regarding the reason AllWays Health Partners will be excluding Worcester from its coverage area, Ms. Joy Dawley responded that AllWays indicated that AllWays was not able to arrive at agreeable reimbursement rates with many providers in the Worcester area. In response to a question from Ms. Fisher regarding member disruption in Worcester and on the Cape and Islands, Ms. Joy Dawley stated that roughly 500 ConnectorCare members in Worcester would be displaced from AllWays, and that on the Islands, about 1,300 members are in ConnectorCare on Martha’s Vineyard and 900 on Nantucket.

Ms. Joy Dawley then provided review of the hospital and provider requirements in order for an issuer to participate in the ConnectorCare program, noting that the AllWays Select network was still under development. She noted that CCA continues to collaborate with AllWays on this network submission to ensure that it meets requirements, and informed the Board that AllWays has been responsive to CCA. She provided an overview of the regional differences within the submission highlighting that about a quarter of the existing primary care providers (PCPs) will be participating in the Select network in Bristol County, compared to Suffolk County where a far greater percentage of providers will remain in network. In response to a question from Dr. Chernew regarding other access measures, Ms. Joy Dawley noted that CCA was waiting to receive information that would reveal how long a member may need to wait for an appointment, or what percentage of doctors are accepting new patients. In response to a follow up question from Dr. Chernew regarding a mechanism to verify that access to services is adequate if the new submission is approved, Ms. Joy Dawley noted a few tools, including monitoring and analyzing contact center trends, network grievance reporting from the carrier and periodic carrier reports. Ms. Gasteier added that member experience surveys are regularly fielded and ask about access and barriers to care. She continued to note that this is an area where CCA is making an effort to intensify its line of sight into network adequacy over time. She welcomed any thoughts and comments from Board members on how CCA can improve in this area.

Ms. Joy Dawley continued with a detailed review of the member impact of the new Select submission, noting that 23% of ConnectorCare members would experience disruption, and that this varies further by region. She noted that ConnectorCare members, in regions other than the Islands, will have the opportunity to select from other carriers, though they may still experience provider disruption. Ms. Joy Dawley explained further that it is the understanding of CCA that AllWays Select provider coverage will not change on the Islands.

Before moving on to the next section, there was a moment for Board member comments as it relates to the AllWays proposal. Ms. Turnbull commented on the naming of the two submissions and the member confusion that it will create, citing current member confusion between two different Tufts offerings through CCA. She stated that “select” could be more limited or viewed as a particularly curated plan. She continued to note the importance of network adequacy and questioned the affordability of a network based entirely in the Partners system, and inquired about
how affordable a “select” option may be. She expressed concerns over the presence of a single carrier in the Cape and Islands region, and the market power that gives to an issuer, supporting an opportunity to review this dynamic further in the future. Secretary Sudders clarified that AllWays is the only participant on the two Islands but that they do not currently participate on the Cape. Secretary Sudders agreed with how confusing the names of products can be for consumers, noting that even outside of Health Connector offerings, often the names do not align with what a product offers.

In response to a question from Ms. Vertes regarding when the price point for this product will be available, Ms. Joy Dawley stated that preliminary rates were submitted and CCA will work to learn more prior to August. In response to a question from Secretary Sudders regarding the inclusion of St. Vincent Hospital in the network, Ms. Joy Dawley confirmed that this hospital is in network and while it is not a MassGeneral Brigham hospital, the network is primarily anchored on the MassGeneral Brigham system with additional providers added as able.

Ms. Joy Dawley then provided a quick overview of the dental plan offerings, noting there have been no changes in offerings from PY2020 and remains consistent with prior year offerings.

Ms. Joy Dawley then reviewed the next steps with the Board, noting that the Conditional SOA is an important step in the overall process, allowing CCA to continue with additional overview and analysis of the offerings before finalizing the 2021 product shelf and bringing the recommendation to the Board for approval. She noted that CCA will continue to work closely with the Board as reviews continue and recommendations are developed. Prior to moving on to the vote, Ms. Turnbull noted that it would be very helpful to understand how many people will experience a disruption in their provider coverage, noting that another carrier in a region may provide access to that provider, resulting in the potential for less member-provider disruption. Dr. Chernew commented that this is a challenging topic more broadly, pitting narrow networks that promote competition against member disruption, requiring choices and trade-offs to be made. He noted that this is worthy of a longer conversation at some time. Ms. Turnbull commented that given the access that AllWays provides, some consumers may choose to pay the higher price because of needs or access to providers they would not otherwise have access to. Commissioner Anderson highlighted that CCA has to go through this exercise each year to address this challenge, which makes it difficult to make long-term changes. Mr. Gaunya agreed that network changes will continue to be a challenge and will get worse, especially in light of the pandemic, noting that these dynamics warrant more attention by CCA and the Board as it will become more challenging.

Secretary Sudders then proceeded with a roll call vote and the Board unanimously approved the Conditional Seal of Approval.

At 10AM Secretary Sudders had to depart from the meeting and Dr. Chernew assumed the duties of Vice Chair.

V. Health Connector Administrative Finance Update (VOTE): The PowerPoint presentation “Health Connector Administrative Finance Update (VOTE)” was presented by Kari Miller and Nupur Gupta. Ms. Miller began the presentation by providing an overview of the presentation. She noted that the administrative budget was heavily influenced by CXP. She explained how the shift
in timing of the project impacted both fiscal year 2020 (FY20) and fiscal year 2021 (FY21). She reviewed the reserves that CCA has built and how it compares to audit recommendations. She then informed the Board that while FY21 projections reflect modest enrollment, uncertainty related to COVID-19 remains. She continued to review the per member per month (PMPM) administrative costs, noting stable costs for both fiscal years and an expectation that FY22 costs may be lower, stressing however, that CCA will wait for the first year of operations to be completed prior to making this projection. Ms. Miller continued with a review of current 2020 enrollment as it compares to prior projections, noting that enrollments during Open Enrollment 2020 were slightly lower than expected, resulting in a lower than projected enrollment figures.

Ms. Gupta then provided an overview of the FY20 Administrative Budget summary, noting that there was a $4.7 million improvement in the position of the budget given the timing of the CXP go-live date resulting in savings for the month of June. Additionally, she noted the slight decrease in enrollment resulted in a small amount of savings. In response to a question from Dr. Chernew regarding the stability of the CommonwealthCare Trust Fund, the biggest source of revenue for CCA, Mr. Gutierrez commented that while the revenue source may be more stable than other sources of revenue, CCA recognizes there are lean times ahead and are taking action to reduce the draw required from CCTF. Ms. Miller added that while there is uncertainty, at this time there is no information that would suggest the projected request to draw $45 million is in danger, but CCA continues to move towards reducing operating costs. In response to a question from Ms. Turnbull regarding GASB 51 adjustment, Ms. Miller responded that this is the requirement that all CXP costs be capitalized for four years and referenced a slide in the appendix for additional details, if members are interested.

Ms. Gupta then continued with a review of the FY21 Administrative Budget considerations, noting that with economies of scale realized with the new vendor, there is the expectation that on-going customer service costs will be less. She reviewed two costs that will off-set these savings, including the shift of the go-live date of CXP into July and the pushing of those expenses into FY21 and the one-month extension of the NTT contract. She continued to inform the Board that with the uncertainties related to COVID-19, three possible membership scenarios and their potential budgetary impacts have been modeled. The middle scenario, she noted was used to project FY21 enrollment. She reviewed projected enrollment prior to providing a summary of the administrative budget. In response to a question from Mr. Gaunya regarding CCA’s investment in personnel, Mr. Gutierrez responded that there will be costs associated with management of new vendor relationships, but of course will take guidance form the Board as necessary. Ms. Miller further explained that some of the increase is a result of annualizing positions brought on in FY20 and retaining CXP positions that were previously accounted for in a different line and are now back into personnel. Mr. Gaunya then expressed an interest in understanding the budgets of other state-based exchanges as a frame of reference. In response to a question from Ms. Turnbull regarding how the contract with the District of Columbia Health Benefits Exchange fits into this summary, Ms. Miller noted that this is included in the first line “Call Center, Enrollment and Premium Processing” and makes up about $4 million of the $49 million.

With no additional questions or discussions, the Board, by roll call vote, unanimously approved the FY2021 administrative budget recommendation. Prior to beginning the final presentation Mr.
Gutierrez assured the Board that their message about spending in certain line-items was well taken and CCA will return to the Board with any adjustments and analysis.

VI. Membership Survey Research Findings: The PowerPoint presentation “Membership Survey Research Findings” was presented by Marissa Woltmann and Nikhita Thaper. Ms. Woltmann began the presentation by reminding the Board of the two surveys that CCA fields to members each year. She informed the Board of the recent change in timing for issuing the Customer Experience Survey so that the Open Enrollment experience is fresher in members’ minds. She provided an overview of the mechanics of the survey. Ms. Woltmann then informed the Board of the key takeaways from the survey, including overall increase in member satisfaction between 2019 and 2020, however, she noted that the survey revealed that members not enrolled in ConnectorCare were much less satisfied than those who were. She highlighted that navigating the website, the volume of notices received, and cost as a barrier to accessing care continue to concern members.

She continued with review of a few dynamics that may contribute to the overall increase in member satisfaction, including the timing of the survey, surmising that members may have more recently made an active choice to remain a member. She explored other possibilities for the increase in satisfaction, including the escalation of COVID-19, which may have also caused a higher appreciation for health care. In response to a comment from Ms. Turnbull, Ms. Woltmann agreed that affordability is a major driver of what we see in survey results. Ms. Woltmann provided additional detail on member satisfaction by program type. She elaborated further with a breakdown of how non-ConnectorCare members felt about their plans’ access to providers and coverage for services, noting that Bronze plan enrollees in particular tend to be more dissatisfied with their coverage. In response to a comment from Ms. Turnbull regarding possible trends over time and if member satisfaction is affected by the introduction of more select networks and lean products, Ms. Woltmann noted that this is something that CCA can review. Ms. Woltmann provided an overview of affordability of monthly premiums and cost-sharing among members, once again finding that non-ConnectorCare members feel their premiums to be less reasonable than their ConnectorCare counterparts. In response to a question from Ms. Turnbull regarding the elimination of premium smoothing, CCA staff confirmed that it would have been around 2016 for Plan Year 2017. Ms. Turnbull continued to note that premium smoothing likely muted some of those trends with respect to feelings towards premium affordability. In response to a question from Mr. Veno, Ms. Woltmann confirmed that networks are not a factor when calculating actuarial value.

Ms. Woltmann continued with review of how members shopped and selected a plan, stating that similar to years past, premium cost is the primary factor, followed by provider access, for members when selecting a plan. She continued to note that three quarters of the respondents reported being happy with their plan and did not shop as a result. She stated that 15 percent of respondents didn’t shop because they did not know how, which is of concern. She provided an overview of how members felt with respect to the number of plans offered, noting that non-ConnectorCare members were more likely to prefer the opportunity to review more plans with filtering tools. She then reviewed how members felt following their plan search and selection, noting that many those who reported being dissatisfied were likely looking for a low cost plan with a broader network that met their needs, and they were unable to find something that met all of that criteria. Mr. Veno commented on responses from members, noting that the top two items people were looking for in
a plan both relate to affordability. He continued to note that this is something to keep in mind as CCA makes network-based decisions, that based on these responses consumers may make a trade-off of access for a lower cost. Ms. Turnbull commented that with the number of plans available, it could be easier for members to find their preferred doctor or hospital, though there is a general dissatisfaction with price. She stated that she would be interested in seeing this information split out between ConnectorCare and non-ConnectorCare members. Mr. Malzone then commented on the balance between too much and too little choice, suggesting that if people were informed that less choice may result in more affordable options, they may forgo their interest in more choice. Mr. Gutierrez commented on the interesting juxtaposition of choice and cost, citing that ConnectorCare limits choice to maintain lower pricing, meanwhile unsubsidized members appear to like choice the most. Dr. Chernew noted that because there are tradeoffs you can’t always say that making changes will improve matters, rather there is a need to address this question more broadly. Mr. Veno commented that the trade-off of choice is leveraging cost, and he noted that the Group Insurance Commission (GIC) wrestles with this question as well. He continued to inform the Board that the GIC is working to set up a survey that forces choices and that he’d be happy to stay in touch with CCA about whether or not the survey provides the insight they are looking for.

Ms. Woltmann continued with the review of survey findings, focusing on challenges members face in paying for care. In response to a question from Ms. Turnbull regarding difficulty paying, Ms. Woltmann stated that difficulty paying did not vary significantly by program type or subsidy receipt. Ms. Woltmann continued with review of medical debt among members, noting that 20 percent of members have medical bills they are paying overtime. She stated that while cost as a barrier to care has grown, it has leveled recently, but overall 23 percent of members have delayed care due to cost. Ms. Woltmann continued to review the details of how members in certain metallic tiers and program types delayed care compared to the group as a whole. Mr. Malzone commented that telemedicine situation in the marketplace needs to be addressed, noting the growing popularity. Mr. Gaunya added that for just one carrier there was a fifty-fold increase in telehealth visits between February and March of 2020. In response to a question from Ms. Turnbull regarding the timing of the survey impacting results, Ms. Woltmann responded that this is possible, as if a member has not been with CCA for a long period of time, they may not have had the opportunity to use the coverage yet and this may have played into the results more than COVID. In response to a question from Ms. Turnbull regarding the increase in members not having access to diagnostic testing, Ms. Woltmann noted that deductibles come into play quickly and members forgo these services.

Ms. Thaper then provided a review of the non-group monthly survey that is fielded to new members and terminating members. She noted that new member survey findings have confirmed that COVID Special Enrollment Period (SEP) enrollees are more likely to have opted out of health insurance coverage previously. The survey results also suggested that terminated members were not leaving coverage due to affordability concerns. In response to interest from Ms. Fisher about the demographics of this population, Ms. Thaper noted that this information is available. Ms. Thaper continued to provide a review of the prior coverage that new members had, noting that on average two-and-a-half percent of COVID SEP members stated this was their first time ever having health insurance coverage. She informed the Board that a higher proportion of April and May new members reported having had employer sponsored insurance prior to enrolling in coverage. She continued to provide more details on the circumstances that lead new members to
CCA, noting that job loss was a significant factor for new enrollments. Ms. Turnbull applauded CCA for recognizing early on how critical it was to allow individuals to enroll in health insurance, noting that in states that did not do this people suffered greatly. Ms. Thaper reviewed enrollee motivation in signing up for coverage, noting that all new members cited the importance of keeping their families healthy and COVID SEP enrollees were more likely to state that they rely on health insurance coverage to help pay for services. She provided an overview of newly terminated member responses, which shows that no member that responded was terminated as a result of affordability issues related to the COVID pandemic, with the majority of members reporting having access to coverage elsewhere and less than one percent of newly termed members reporting that they were now uninsured. Ms. Thaper concluded that monthly surveys are designed to be a short-turnaround instrument to better understand members and how economic and social circumstances impact them. In closing, Ms. Woltmann noted that CCA will continue to use these surveys, especially as CCA implements its Strategic Plan and will be conducting one in the small group market.

Dr. Chernew commented on the very interesting material and its need for a longer discussion on how to interpret and react to all of it. He thanked the presenters and CCA for sharing the information.

At 10:55 AM Nancy Turnbull left the meeting.

With no additional items before the Board, the question then came on adjourning the meeting. The Board voted unanimously, by roll call vote, to adjourn the meeting at 10:58 AM.

Respectfully submitted,

Erin E. Ryan