



2014 Open Enrollment Check-in

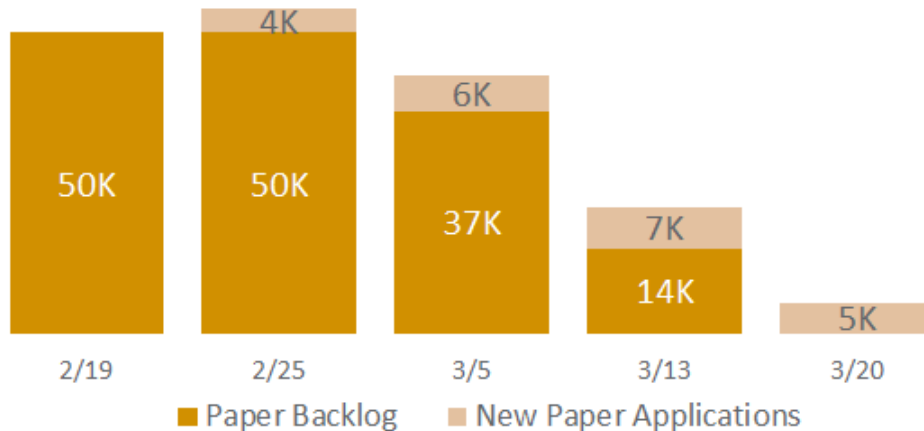
Board of Directors Meeting, March 27, 2014

Summary

- We continue to make progress improving the consumer experience, and have achieved a major milestone – the paper application backlog has been eliminated
- In the meantime, we are moving forward on the short and long-term paths previously identified, and we will provide an interim update on each of the key work streams
- Finally, as we approach the end of Open Enrollment, we will discuss what this means to the market and our ongoing work to support this transition

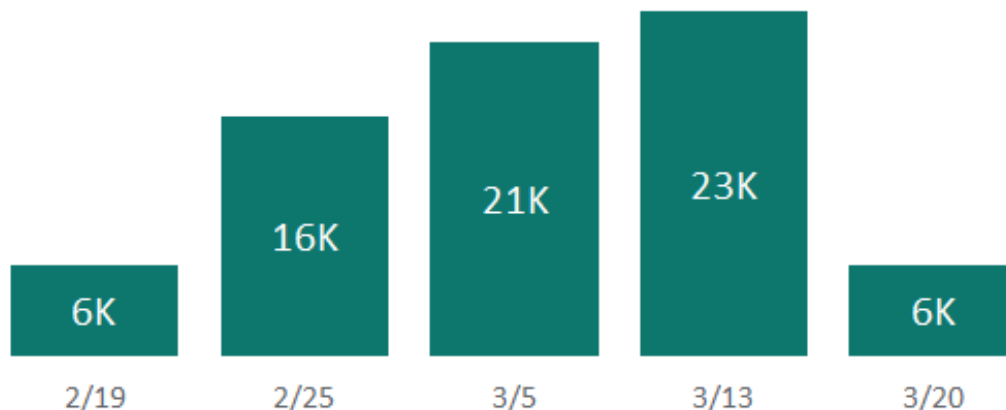
Eliminated Paper Application Backlog

Week-Over-Week Inventory Totals



- Started with **50K** paper applications
- **22K** additional applications received between 2/19 and 3/20
- In total, **72K** paper applications were processed

Week-Over-Week Applications Processed



- Ramped up **340** employees in three weeks
- Average processing time, **27** minutes vs. **120** minutes
- Optum will continue to process newly received paper applications

Summary Of Coverage By Program



	Program	Enrollment 12/1/2013	Enrollment 3/25/2014	Notes
<i>Legacy</i>	Commonwealth Care	211,516	103,801	No change since last report (3/14/14). In extended coverage through at least June 30, 2014.
<i>New</i>	Commonwealth Care transitioned to MassHealth	n/a	~107,000	No change since last report (3/14/14). This number is final and will not change. Transition effective 1/1/2014.
<i>New</i>	MassHealth (new enrollees)	n/a	~64,000	No change since last report (3/14/14). Reflects new MassHealth members (e.g., ~23K former HSN/MSP, ~14K Commonwealth Care eligible but unenrolled, and ~27K net new unknown).
<i>Legacy</i>	Former Medical Security Program (now in Commonwealth Care)	~13,000	10,479	Slight decrease since last report (down 71 from 10,550) due to modest attrition. In extended coverage through at least June 30, 2014.
<i>Legacy</i>	Commonwealth Choice (non-group)	38,939	29,010	No change since last report (3/14/14). Coverage end date of remaining members is 3/31/2014.
<i>New</i>	Qualified Health Plans (QHPs)	n/a	24,625**	Significant increase since last report (up 12,201 from 12,424). Includes 764 subsidized QHP members (up from 729 since last report).
<i>Transitional</i>	Temporary Medicaid coverage	n/a	~125,000	In transitional coverage through at least June 30, 2014.
Total		~263,000	Up to ~464,000*	

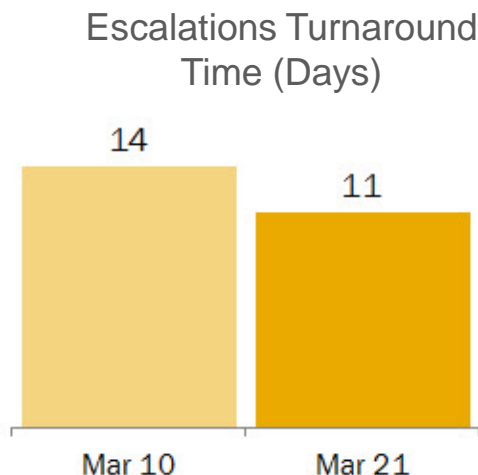
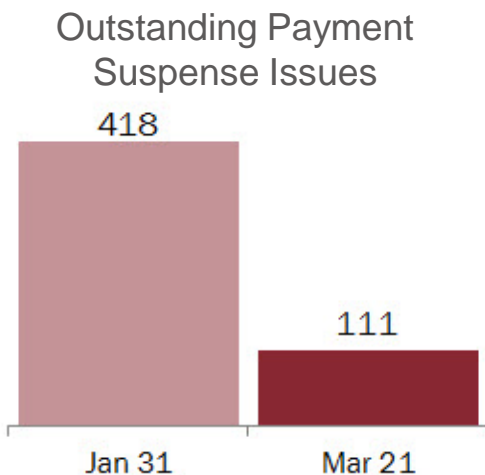
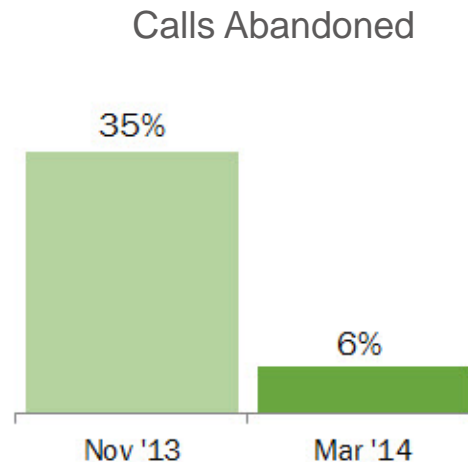
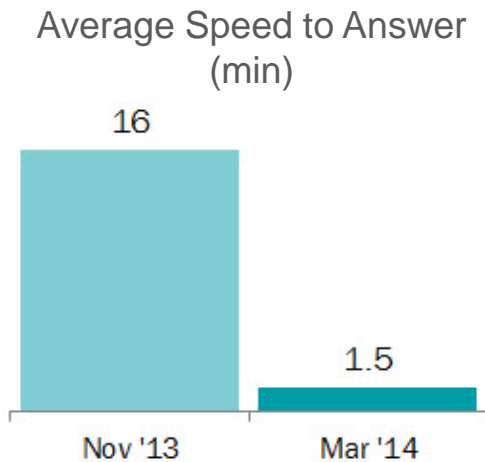
* Certain categories may have slight overlap, e.g., some Commonwealth Choice members may have applied for subsidized coverage and are captured in the transitional program.

** There have been 2,187 enrollments into non-group dental products in addition to the non-group medical enrollments.

Operations Update

Meaningful improvements have been made to enhance the consumer experience

Next areas of Operations Focus



Document Linking

Outreach for Applications with Missing Data

Data Validation

Processing Backlog of Member Changes

Outbound Call Campaigns

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Update on Critical Work Streams



Eliminate remaining
application backlog

Complete **program
determination** testing
and fixes

Implement strategic and
operational plan for
member transition

Complete assessment to
advance decision on
long-term plan

Program Determination Testing

Program determination testing is being conducted in three waves:

Sampling Test 1 Mar 1 – Mar 10

Initial assessment of program determination accuracy

- 112 test cases executed across 43 MassHealth and Health Connector aid categories
- 34 of the 43 aid categories tested are functioning correctly; 80% success
- Higher success rates in single person households and married couples
- Lower success rates with complex family makeup and income types

Sampling Test 2 Mar 10 – Mar 24

Expanded assessment of program determination accuracy

- 500 test cases executed across 70 MassHealth and Health Connector aid categories
- Test case pass rate approximately 75%. Failed test cases were concentrated around a small number of issues
- Test results suggest go-forward plan to test and remediate is reasonable

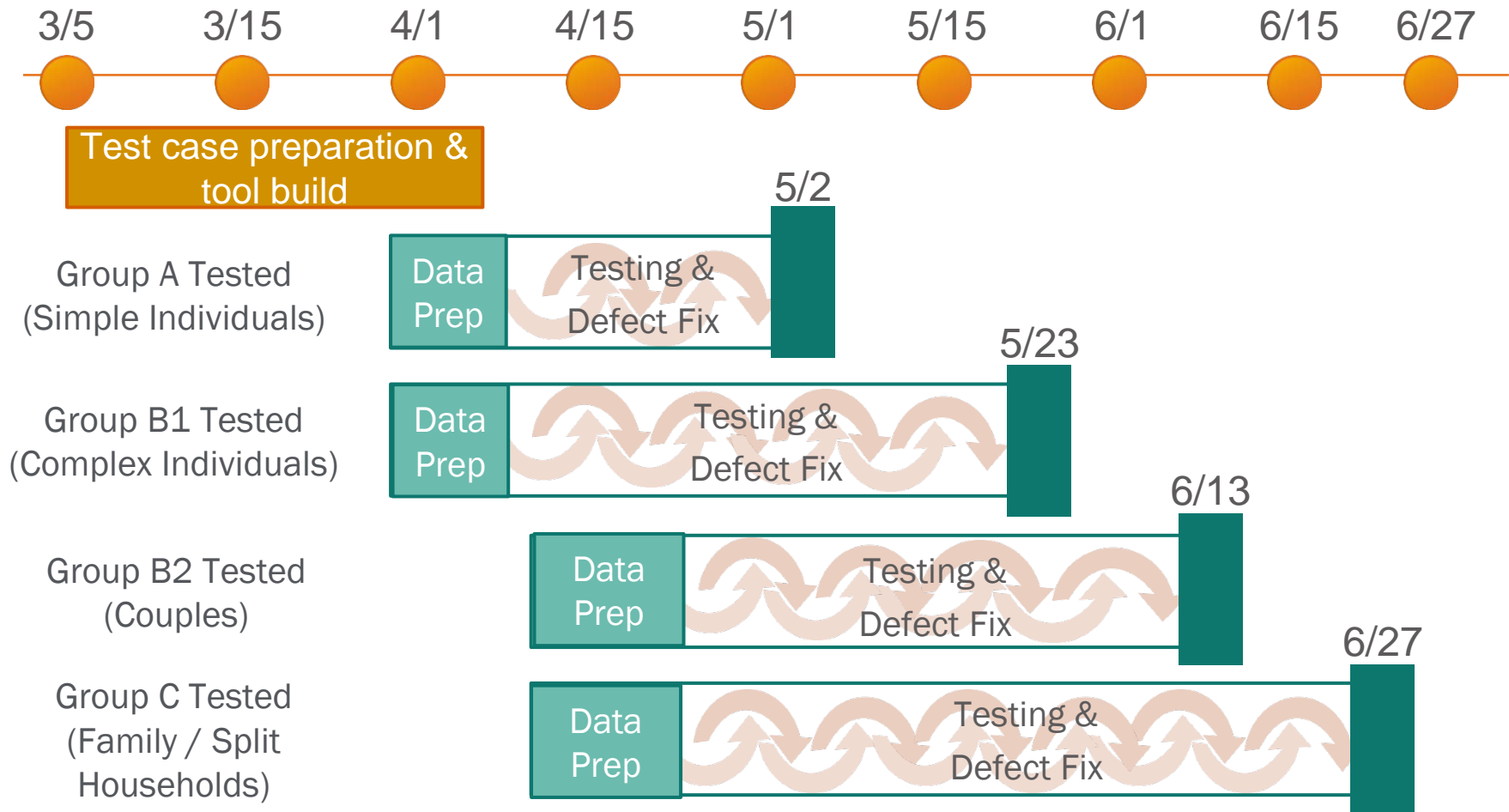
Comprehensive System Test Mar 5 – Jun 27

Full test validation of rules requirements and correction of rules defects

- 295 pages of rules requirements will be mapped to test cases and validated
- Approximately 3,500 test cases are expected to be executed across a prioritized group of 104 aid categories needed for 2015 enrollment (additional 143 categories to be tested/built)
- Mapping of requirements to test scenarios is currently 50% complete

Comprehensive System Testing & Remediation Goals

Note: Test findings might impact timeline



Transitional Coverage and Commonwealth Care Migration

*Identified **5 target populations** to focus on and expedite migration to right coverage with a positive consumer experience*

Target Population	Migration Highlights	Transition Activity
<p>>400% FPL Transitional to Unsubsidized Coverage</p>	<ul style="list-style-type: none"> Planned processes will support migration of those we are able to identify before program determination Significant financial opportunity due to migration into unsubsidized 	<p>April-June</p>
<p>Commonwealth Care to Subsidized QHP</p>	<ul style="list-style-type: none"> Increase member outreach to obtain required HIX application Migration dependent on HIX functionality that is in development 	<p>April-August</p>
<p>300-400% FPL Transitional to QHP</p>	<ul style="list-style-type: none"> Migration dependent on HIX functionality that is in development 	<p>July-August</p>
<p><300% FPL Transitional to QHP</p>		<p>July-August</p>
<p>Transitional to Mass Health</p>		<p>July-August</p>

HIX Long-Term Options Update

Objective: *Functional online HIX and supporting operational processes for Open Enrollment.*

Overall Accomplishments To-Date

- Current Massachusetts architecture assessment complete
- Preliminary review of end-state architecture complete
- Built and deployed representative development environment

Option 1: Rebuild Key Components

- Assessment of new application and member processes and experience
- Assessment of vendor components

Option 2: Migrate to External

- Preliminary state assessment complete

Option 1: Rebuild Key Components

Week ending

3/21

3/28

4/4

4/11

4/18

Develop New Presentation Layer & Reuse Existing HIX

Outcome

- Assess available market solutions
- Determine reusable assets in MA Exchange

- Analyze and prioritize gaps

- Develop plan for gap closure

- Determine target state HIX solution
- Determine scalability of solutions

- Determine viability of rebuilding front end and business logic and scalability to full requirements for 11/15 OE
- Identify solution to close gaps

- Initial concept will focus on:
 - “State-of-the art” user experience
 - Demonstration of screens, flows and interactions
 - Establishing an end-to-end business process
- Leverage lessons from healthcare.gov turnaround and “dream team” resources
- Assess the ability to leverage vendor market solutions
- Leverage reusable assets from current Massachusetts HIX
- Determine gaps between asset reuse and vendor solution

Option 2: Migrate to External HIX

Week ending

3/21

3/28

4/4

4/11

4/18

Migrate to External HIX

- Review and consolidate results from other state exchange assessments
- WA/CA both use Oracle OPA platform which aligns with MA current platform

- Complete consolidated results from other state exchange assessments including CT, KY, WA, NV, CA
- Perform functionality gap analysis against MA requirements

- Complete functionality gap analysis
- Align state capabilities with MA business capabilities model
- Draft and review decision criteria

- Complete decision analysis
- Rank alternatives
- Compile recommendation summary

Outcome

- Recommendation for approach to transfer to an external state HIX, outsource or leverage all or some of successful state HIX or migrate to FFM system
- Identify costs, timeline, risks, benefits associated with options and recommendations.
- Identify components to leverage beyond 11/15 OE

- Kentucky is currently the only state with fully integrated Medicaid and HIX eligibility
- DC/NY/WA/CT/RI – planning for integrated eligibility
- No “off-the-shelf” solution

Closing Open Enrollment

- As you know, Open Enrollment for 2014 coverage ends on March 31, 2014 and the next Open Enrollment period is not scheduled to begin until November 15, 2014
- Since 2011, Massachusetts has had its own open and closed enrollment period policy, whereby residents were limited to shopping during open enrollment periods unless they experienced a qualifying or “triggering” event
- The federal rules are similar, with many of the same qualifying events that we already had in Massachusetts, and also provide flexibility to establish additional qualifying events beyond the federal rules so long as they are more consumer friendly
- We are actively working to implement this closed enrollment period, including new web pages, new operational processes, and staffing preparation for increased member escalations due to an anticipated high volume of activity

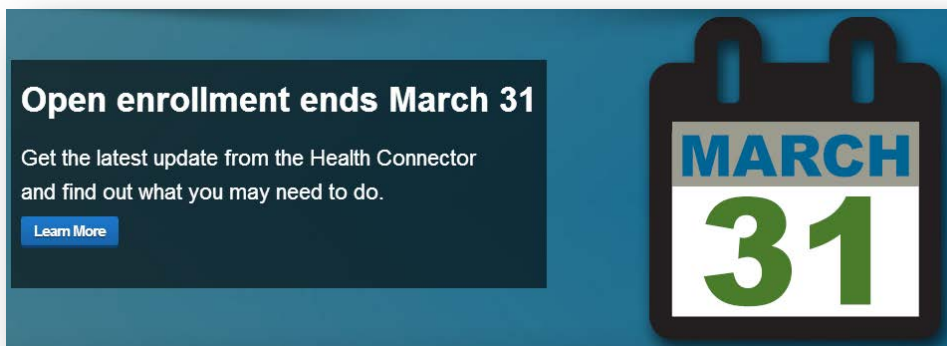
Examples of Qualifying events include:

- **Marriage, birth, adoption, etc.**
- **Loss of current health insurance (not due to failure to pay premiums or fraud)**
- **Change in residency**
- **Change in citizenship**
- **Determined eligible for ConnectorCare**

Closing Open Enrollment (cont'd)

Closed enrollment affects different populations differently, particularly in this transition year.

- For most subsidized populations, Open Enrollment rules do not apply
 - Includes MassHealth, Children’s Medical Security Plan, Health Safety Net and ConnectorCare* – these individuals can enroll any time of year
 - Subsidized applicants determined ineligible for financial assistance or only eligible for tax credits must experience a separate qualifying event to shop**



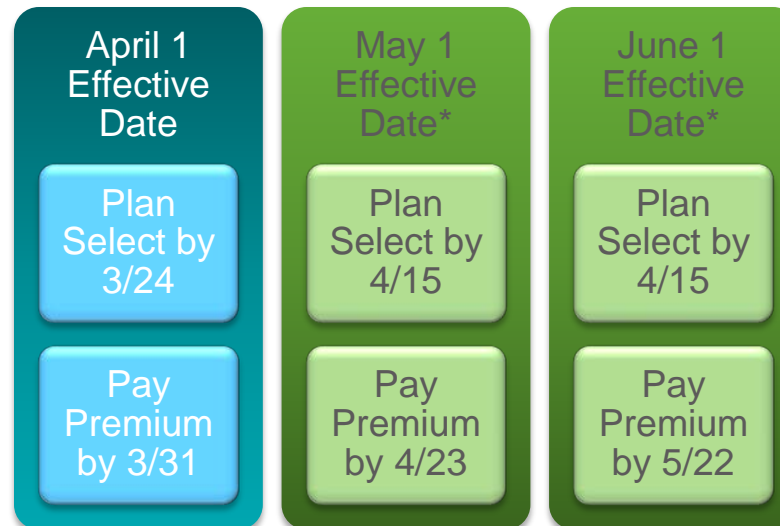
* A determination of eligibility for ConnectorCare is technically a qualifying event, but it is available year-round

** Loss of Minimum Essential Coverage is a qualifying event, so for people that apply for subsidies now and are enrolled in temporary Medicaid coverage, loss of that coverage will serve as a qualifying event allowing those determined not eligible for subsidies or only eligible for tax credits to shop and enroll within the following 60 days

Closing Open Enrollment (cont'd)

- Special rules for this year's Open Enrollment period
 - In line with the recent announcement about the Federally Facilitated Marketplace, we have established a special one-time qualifying event from April 1-April 15
 - This special qualifying event will provide people that tried to apply through the Health Connector during Open Enrollment with more time to shop for May 1 and June 1 coverage

Important Deadlines



* Applies only for people accessing the special one-time qualifying event available through 4/15; for people with other qualifying events, plan selection and payment deadlines follow normal rules (i.e., 5 business days before the end of a month; e.g., for May 1 coverage, plan select and pay premium by 4/23)

Closing Open Enrollment (cont'd)



- Outreach continues to be a high-priority for us, particularly as we near the end of Open Enrollment
 - Partnership with Health Care for All
 - Leverages known and trusted community-based organizations knocking on over 42,000 doors to educate about the ACA and open enrollment
 - HelpLine continues to troubleshoot cases from applicants having trouble applying
 - Statewide public presentations help reinforce important messages in our community
 - Microsite updates and email blasts to Navigator and Certified Application Counselor community
 - <https://bettermahealthconnector.org/the-2014-open-enrollment-period-ends-march-31-2014-find-out-what-you-need-to-do/>
 - <https://bettermahealthconnector.org/update-for-people-who-applied-for-insurance-coverage-without-help-paying-for-costs/>
 - With Optum’s assistance, a new outbound calling campaign to all Fast Path recipients alerting them to the additional time to pay their premiums – now through March 31

Next Steps

Complete **program determination** testing and fixes

Implement strategic and operational plan for **member transition**

Complete assessment to advance decision on **long-term plan**