



The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza, 6th floor
Boston, MA 02108

DEVAL PATRICK
Governor

TIM MURRAY
Lieutenant Governor

JAY GONZALEZ
Board Chair

GLEN SHOR
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, March 8, 2012
9:00 AM to 11:00 AM
One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Dolores Mitchell, Glen Shor, Ian Duncan, Nancy Turnbull, Andres Lopez, Joseph Murphy, Julian Harris, Jonathan Gruber, George Gonser and Louis Malzone. Candace Reddy attended in place of Jay Gonzalez. Celia Wcislo participated remotely because of geographic distance.

The meeting was called to order at 9:08 AM.

- I. Minutes:** The minutes of the February 23, 2012 meeting were approved by unanimous vote.
- II. Executive Director's Report:** Glen Shor opened by updating the Board on the enrollment figures for Commonwealth Care (CommCare) and Commonwealth Choice (CommChoice). Mr. Shor stated that CommCare enrollment climbed in March to 173,476, an increase of 14,500 members from February. Mr. Shor reported this was the most sizeable increase in CommCare month to month to date, largely due to the Aliens with Special Status (AWSS) population being reintegrated into the program. Mr. Shor also noted that the Commonwealth Health Insurance Connector Authority (CCA) saw a meaningful enrollment increase in CommCare apart from the AWSS reintegration. Mr. Shor then informed the Board that there are currently 38,747 members enrolled in CommChoice.
- III. National Health Care Reform Update:** Kaitlyn Kenney and Roni Mansur began by providing an agenda for the presentation which included an update on the Level 1 Establishment Grant, operational and IT conditions pertaining to Affordable Care Act (ACA) transition planning, federal regulatory developments since the last update was provided to the Board, state legislative updates, and a health insurance market reform update. In providing detail on the types of activities funded by the Level 1 Establishment Grant Award, Ms. Kenney noted that one of the projects would relate to product development and ensuring that the CCA products met the ACA requirements pertaining to benefit tiers. Nancy Turnbull asked if the CCA needs to use federal terminology for benefit tiers (platinum, gold, etc.). Ms. Kenney responded that staff will investigate this question further. Dolores Mitchell asked whether,

under the ACA, the CCA could present plan benefit information on the website as a PDF, or whether a hard copy is required. Ms. Kenney responded that she believes the CCA can present plan benefit information on the website and meet the hard copy requirement by providing a paper option as a link through a PDF. Roni Mansur continued the presentation by outlining some of the key requirements of the ACA, how such requirements will impact the CCA's existing programs and operations, and how the federal changes will influence the CCA in 2014. Mr. Mansur provided a brief overview regarding CommCare's current state operations. Ms. Turnbull asked for greater clarification on the premise that the CCA currently relies on MassHealth for MCO interface. Mr. Mansur responded that the MCO interface is the exchange of data, including enrollment data and actual capitation through the Medicaid Management Information Systems (MMIS). During Mr. Mansur's discussion of CommChoice's current state operations, Ms. Wcislo commented on the fact that there are two separate vendors performing parallel activities for CommCare and CommChoice. Mr. Mansur corroborated Ms. Wcislo's statement and further explained that the premium billing for the CommCare population and the complexity level is different than commercial premium billing. Mr. Mansur noted that while some of the processes might seem similar, there are significant differences. Dolores Mitchell added that the CCA needs to be able to articulate why such an overlap in the current operational structure exists.

During Mr. Mansur's discussion on ACA-driven changes to the CCA's product portfolio, Ms. Wcislo asked for a more detailed explanation regarding how cross-market risk adjustment can support greater product and network variations. Mr. Mansur explained that some of the carriers within CommChoice are concerned about how risk is impacted depending on their provider network and the plan designs offered through the exchange. Mr. Mansur stated that risk adjustment under the ACA will help mitigate that concern. Jonathan Gruber questioned the need for risk adjustment because a plan that is offered inside the exchange is also offered outside the exchange. Mr. Shor responded that there is a different dynamic among carriers inside an exchange. Ms. Turnbull elaborated that the side-by-side comparison offered by exchanges creates this dynamic. Mr. Gruber maintained that he does not think risk adjustment is necessary inside the exchange if it does not take place outside the exchange.

In discussing how the ACA requires the CCA to create a channel for individuals to make payments directly to carriers, Dolores Mitchell noted that individuals will be able to choose whether to pay the exchange or the carrier. Ms. Mitchell asked how the CCA will keep track of the two payment options. Mr. Mansur recognized this challenge and responded that it will be an operational and technical consideration that the CCA will have to work through. Ian Duncan asked for clarification on whether individuals would pay the CCA or the carrier. Mr. Mansur responded that, under the ACA, individuals will have both options. During Mr. Mansur's discussion on the Health Insurance Exchange/Integrated Eligibility System (HIX-IES) project, Ms. Turnbull asked whether the project will involve states other than Massachusetts. Mr. Mansur responded that while the project will not involve other states, the results of this work should be reusable for other states. Ms. Mitchell asked whether the CCA will be able to use any of their current IT systems moving forward. Mr. Mansur explained that the CCA will need to figure out what systems they can retain, what systems need to change, and what systems will be new.

Ms. Kenney continued the National Health Care Reform conversation by providing an update on some of the federal regulatory developments that have occurred since the last update to the Board. During Ms. Kenney's discussion on Essential Health Benefits (EHBs), Ms. Turnbull asked whether the CCA must choose one of the four EHB benchmarks that have been established by the federal government, or whether the CCA can create its own. Ms. Kenney responded that it is her belief that the CCA must choose one of these options, but would have

staff investigate this question further. Mr. Gruber requested data on comparative benefit information for the federal benchmark plans. Ms. Turnbull asked how the federal EHBs relate to the Massachusetts Minimum Credible Coverage (MCC) requirements. Ms. Kenney explained that if a benefit is included as an EHB, plans would need to provide coverage for that benefit at the level prescribed. Therefore, it is a requirement placed upon health insurance carriers. On the other hand, MCC is part of the individual mandate in Massachusetts, in that it determines if a resident's coverage meets the minimum standards for being considered to be insured. Ms. Kenney concluded the National Health Care Reform discussion with an update on state legislation and the Health Insurance Market Reform Workgroup. Ms. Turnbull requested a copy of the Stakeholder Engagement Schedule for the other inter-agency task force workgroups.

IV. Final 2012 Affordability Schedule (VOTE): Kaitlyn Kenney opened by explaining that the proposed Calendar Year 2012 Affordability Schedule brought forth at this meeting is the same as the draft schedule presented to the Board at the February 9, 2012 meeting with minor adjustments to the income brackets to reflect a recent change in the federal poverty level (FPL) standards and subsequent state cost of living adjustments (COLA). Ms. Kenney reiterated that it is important for the state to maintain its affordability schedule, as the federal individual mandate will not be in effect until 2014. Ms. Kenney noted that the proposed CY 2012 Affordability Schedule reflects a 1.5% increase in the maximum allowable premium contribution amounts across all income categories, which represents about half of the inflation in the schedule due to FPL updates and COLA. Ms. Turnbull requested data on how many and what percentage of appeals are from individuals above the median income who found obtaining health insurance to be unaffordable. Ms. Kenney further stated that the only comments submitted to the CCA on the draft Affordability Schedule were from the ACT!! Coalition who expressed their desire to continue to be involved in discussions regarding how to “mesh” state and federal affordability standards. The Board voted unanimously to adopt the Affordability Schedules for individuals, couples and families for calendar year 2012, as proposed by the staff of the CCA.

V. FY 2012 Commonwealth Care Member Survey Results: Stephanie Chrobak began by stating that while some of the highlights of the CommCare member survey were shared at the February 9, 2012 Board Meeting, today's discussion would provide the Board with an expanded view of the comprehensive survey results. Ms. Chrobak then explained that the CCA conducted a second CommCare member survey in order to track the program's performance against the baseline set by the FY11 survey. In discussing the key takeaways from the FY12 results, Ms. Chrobak highlighted the fact that CommCare continues to have high member satisfaction, access to care remains robust for all members, and members also continue to report that premiums and copayments are affordable.

Next, Jen Flint walked the Board through the details of the survey results. While discussing “Quality and Access” results for CommCare members, Ms. Wcislo raised the issue that in FY12 an increasing number of members in certain plan types reported that they did not get or postponed filling a prescription as compared with FY11. Ms. Wcislo asked whether the CCA is in discussion with those particular plans about whether there is an issue in this regard. Mr. Shor responded that the CCA is overseeing all aspects of plan implementation and will keep a close eye on any areas that pose a red flag. Ms. Turnbull requested further information on why CommCare members postponed getting care through reviewing individual written responses from members. Ms. Turnbull also expressed concern about the percentage of members in FY12 that continued to have problems scheduling doctor's visits. She suggested that the CCA take a closer look at the statistics regarding barriers to care. Ms. Wcislo requested data on the languages of members who indicated they had trouble finding a doctor who spoke their

language. Mr. Shor highlighted the FY12 survey findings which report that, although some CommCare members run into barriers to accessing care, the members still ultimately find their way to the care they need. Ms. Mitchell suggested the CCA compare the results of its member survey with member surveys conducted by commercial plans.

While discussing the survey results regarding open enrollment and provider changes, Ms. Flint highlighted the fact that this category of questions was new in the FY12 survey. Ms. Turnbull requested additional information regarding the data on why members chose to switch their plan during open enrollment. Specifically, she wanted to know if responding members were allowed to choose more than one reason for making a plan change. Ms. Chrobak then provided an overview of the member communications and servicing results. Ms. Chrobak stated that, overall, members continue to find the application, enrollment and eligibility process easy. Ms. Chrobak concluded the presentation by reiterating that, based on the FY12 survey results, the CommCare program remains very strong and has a high level of satisfaction. Ms. Mitchell commented on the fact that, although CommCare continues to have high member satisfaction (77% extremely satisfied or satisfied), there was a slight decline in FY12 compared with FY11. Ms. Mitchell partly attributes this slight decline to an underlying factor that one cannot quantify, which is the political climate surrounding national health care reform. She further expressed the view that such a small decline from FY11 to FY12 is not significant and noted that in a less politically charged environment one might not see any decline. Ms. Chrobak agreed with Ms. Mitchell's statements and emphasized the importance of focusing on items the CCA can control, such as satisfaction with benefit materials and knowledge about plan benefits. Ms. Turnbull suggested the CCA determine what percentage of CommCare members, whose providers were no longer available to them, actually decided to change plans. Ms. Turnbull concluded the discussion by suggesting that the CCA develop an external communications plan to disseminate the findings from the CommCare Member Survey, as it would be a valuable contribution to other states. Ms. Chrobak indicated the CCA's intent to develop and implement an external communications plan.

The meeting was adjourned at 10:55 AM.

Respectfully submitted,
Kristin M. Faucette