MASSACHUSETTS
HEALTH CONNECTOR
the right place for the right plan

2014 Open Enrollment Check-in

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Board of Directors Meeting, February 13, 2014

Summary

- As of today, we have enrolled ~8,400 individuals and families in Qualified Health Plans; protected coverage for nearly 124,000 Health Connector members; and added more than 30,000 new subsidized individuals to coverage

- Through our new enrollment gains and existing, covered members, we are right in line with CMS population targets for this point in time

- To ensure we can build on this foundation, beginning last week, we took a series of critical steps to "reset" the HIX-IES project

- The project, under the new leadership structure and with a new vendor on board, has quickly launched into a new phase and picked up pace

- We are developing a roadmap to enroll individuals in ACA-compliant coverage and deploy a fully-functional online Marketplace – continuing our commitment to ensuring all residents of Massachusetts can easily access coverage through the Health Connector

- Many risks and challenges have been identified and will be extensively discussed today. At the same time, we are encouraged by meaningful progress already achieved over the past week and we will continue to report to you and the public on our progress leveraging standard metrics via weekly communications

Recap of Last Board Meeting

- At our last Board of Directors meeting on February 6, 2014, we covered a number of key issues:

  - Reviewed report from the rapid IT assessment conducted by MITRE, which provided findings on governance, project management and technology, as well as short-term and long-term recommendations

  - Introduced new single point of authority for managing the project accountable to the Governor

  - Obtained Board authorization to engage Optum to provide advisory and implementation support as we pursue IT and operational next steps to achieve short-term and long-term goals
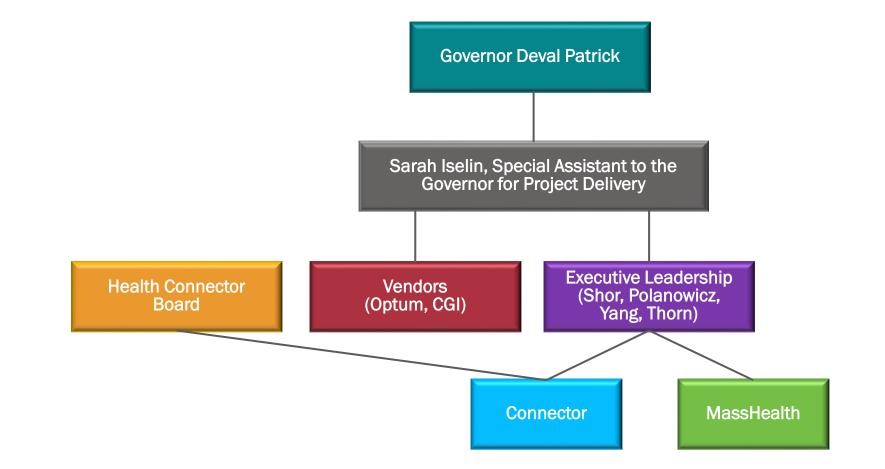
Today's Agenda

1. Details on the new governance structure

2. Project management structure and discipline

3. Policy, IT and operational near-term objectives
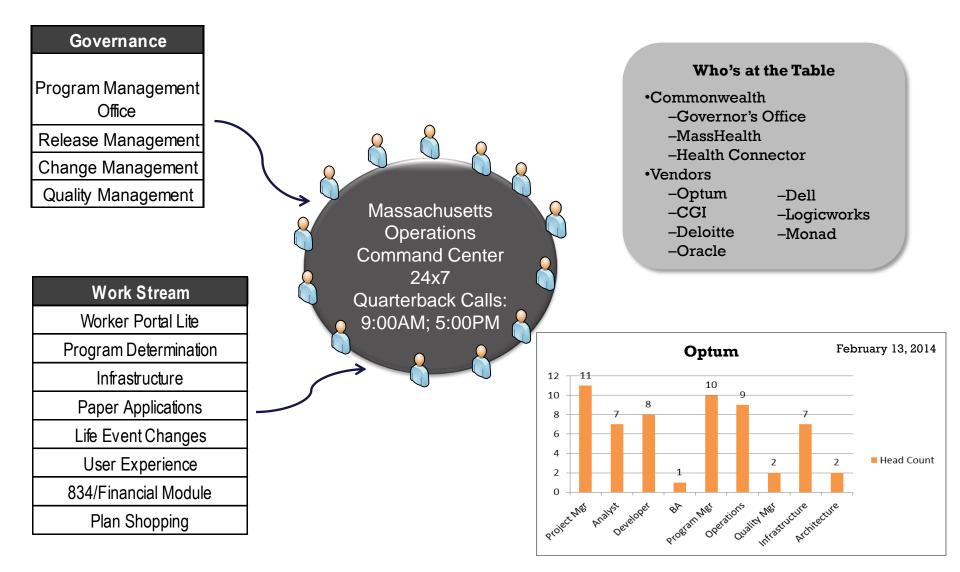
4. Progress made to date and focus of the coming weeks

Project Governance

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                    │  Governor Deval Patrick  │
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              │ Sarah Iselin, Special Assistant to the │
              │   Governor for Project Delivery        │
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| Health Connector Board | Vendors (Optum, CGI) | Executive Leadership (Shor, Polanowicz, Yang, Thorn) |

| Connector | MassHealth |

Massachusetts Operational Command Center - MOCC

Governance

Program Management Office
Release Management
Change Management
Quality Management

Who's at the Table

- Commonwealth
  - Governor's Office
  - MassHealth
  - Health Connector
- Vendors
  - Optum
  - CGI
  - Deloitte
  - Oracle
  - Dell
  - Logicworks
  - Monad

Massachusetts Operations Command Center
24x7
Quarterback Calls:
9:00AM; 5:00PM

Work Stream

Worker Portal Lite
Program Determination
Infrastructure
Paper Applications
Life Event Changes
User Experience
834/Financial Module
Plan Shopping

Optum   February 13, 2014

Role	Head Count
Project Mgr	11
Analyst	7
Developer	8
BA	1
Program Mgr	10
Operations	9
Quality Mgr	2
Infrastructure	7
Architecture	2

Policy, IT and Operational Near-Term Objectives

- Our highest priority is to continue ensuring that coverage is available to all without gaps or delay

- On the policy front, secure coverage extensions for our subsidized programs through CMS

- Based on Optum's initial assessment of the current IT system, while we have a foundation to build and improve upon, we cannot rely on existing functionality to support our immediate needs nor can we delivery a fully-functioning website soon enough

- To that end, our immediate goal must be maximizing and optimizing workarounds, both through policy efforts and IT and operational enhancements

Securing Coverage Extensions

- On February 12, 2014, CMS granted our request for coverage extensions

- Now, nearly 124,000 Commonwealth Care and Medical Security Plan members will continue to have access to their coverage through at least June 30, 2014

- In addition, CMS authorized extension of the temporary coverage program – which today covers over 30,000 Massachusetts residents

- These coverage extensions are critical to supporting our ongoing transition efforts, allowing us to continue our commitment to minimizing gaps in coverage and protecting our insured

Coverage Transition Population

Overview of Affected Populations

Population	# of members	Coverage
Commonwealth Care (subsidized)	~124,000	In extended coverage through June 30, 2014
Commonwealth Choice (non-group, unsubsidized)	~32,000	Commonwealth Choice members whose current plans will expire on or before March 31st with a "Fast Path" to coverage
New unsubsidized	~7,800 new unsubsidized enrolled in QHP (includes ~2,200 Commonwealth Choice subscribers); additional new TBD	Varies; may include some that are currently uninsured
New subsidized members	31,000 currently enrolled in temporary coverage, an estimated 25,000 additional to be enrolled in February; additional new TBD	Temporary fee-for-service program in place through June 30, 2014 administered by MassHealth and sponsored by MassHealth and the Health Connector

Commonwealth Care

All existing Commonwealth Care members will have their coverage extended through June 30, 2014.

- Currently protected under Commonwealth Care through March 31st

- Historically a "passive" population, which requires substantial outreach and support in order to affirmatively apply for coverage

- The new, ACA-compliant Health Connector program was designed to mimic Commonwealth Care, offering a very similar member experience in terms of continuity, carrier choice and affordability

- The Health Connector obtained CMS approval to extend Commonwealth Care through June 30th, 2014

- Members will be subsequently transitioned to QHPs and access federal tax credits and cost-sharing reductions when they complete the ACA-required MAGI determination

- The Health Connector will work with carriers to work through implementation details
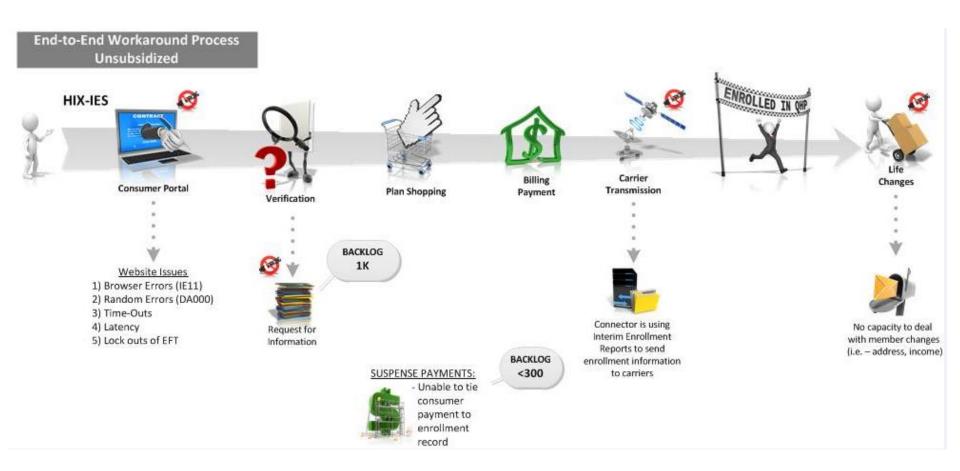
Commonwealth Choice

Current Commonwealth Choice members will be offered a "Fast Path" to coverage in addition to shopping through HIX.

- For those who continue to seek unsubsidized coverage through the Health Connector, HIX provides an end-to-end solution

  - Significant near-term focus is on stabilizing system performance

  - Certain new high-priority functionality (834 transactions, "report-a-change") remains outstanding

- To facilitate the transition for the Commonwealth Choice population, we have developed a "Fast Path" to coverage that circumvents the HIX system where members can "sign, pay and enroll" entirely offline

  - We have worked with carriers to map each existing Commonwealth Choice plan to a similar QHP with the same carrier

  - Members will receive notification in the mail about their new plan option and the opportunity to enroll by sending in their first month's premium

- Members continue to have the option to shop for different coverage through HIX from the same or a different carrier
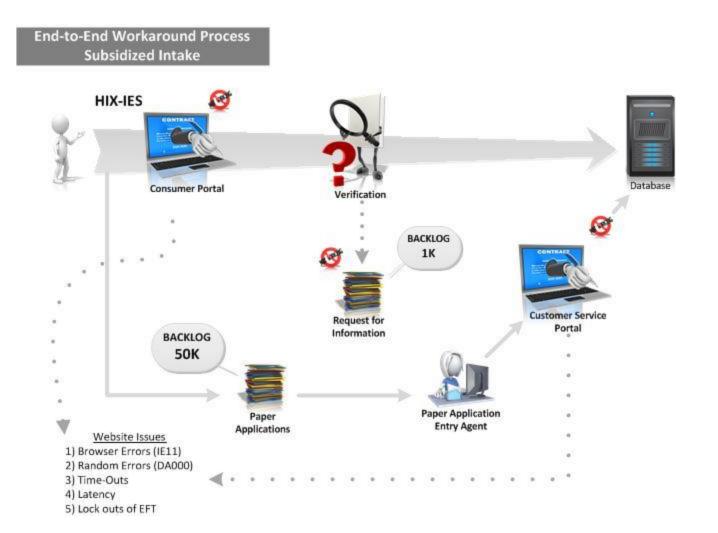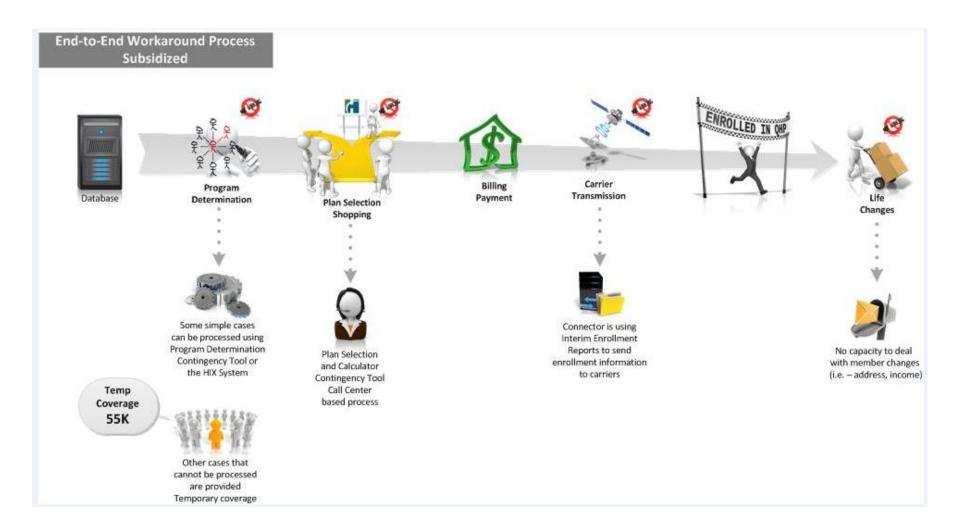
End-to-End Workaround Process Unsubsidized

End-to-End Workaround Process Subsidized (Intake)

End-to-End Workaround Process
Subsidized Intake

HIX-IES

Consumer Portal

Verification

Database

BACKLOG
1K

Request for
Information

Customer Service
Portal

BACKLOG
50K

Paper
Applications

Paper Application
Entry Agent

Website Issues
1) Browser Errors (IE11)
2) Random Errors (DA000)
3) Time-Outs
4) Latency
5) Lock outs of EFT

End-to-End Workaround Process Subsidized

Near-Term Technology Focus

- Develop and implement new data entry tool for paper applications

  - Dramatically reduce process time (currently 2 hours)

- Improve user web experience

  - Infrastructure improvements (performance tuning, hardware, monitoring)

  - Software improvements (simplifying navigation, reducing click-throughs, fixing defects)

- Establish short-term and long-term technology plan

Operational Plan

We envision that we will leverage up to 300 Optum operational resources to support the following efforts:

- Paper application input into HIX

  – Currently there is a significant backlog of paper-based applications for subsidized coverage, which must be entered into HIX in order to be processed either automatically or through the workaround

  – Deploying "worker portal light" can substantially shorten the amount of input time (currently ~2 hours per application)

- Escalated issue resolution

  – Work with Health Connector and MassHealth SMEs to resolve complex member issues, improve processes, and provide quality control support

Immediate Next Steps

- Communicate coverage extensions to Commonwealth Care members and the broader market and work with carriers and other stakeholders on implementation

- Communicate extension of temporary coverage to enrollees, as well as the stakeholder community

- Notify Commonwealth Choice members about the opportunity to take advantage of the "Fast Path" to coverage

- Execution of the near-term operational and IT plan and continue development of the longer-term plan

- Kick off weekly public briefings (outside of Board meeting) leveraging standard metrics to report on progress