



Introduction to Open Enrollment 2017

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Board of Directors Meeting, May 12, 2016

Open Enrollment 2017 Overview



We are coming to the Board today to share our current planning for Open Enrollment 2017, which will build upon our experience this past year and incorporate key changes to support member redeterminations and renewals going forward.

- The Health Connector experienced a successful Open Enrollment last year marked by stability and a high member retention rate
- This year, to ensure compliance with federal regulations and respond to consumer feedback received following our first year renewing members in the Health Insurance Exchange / Integrated Eligibility System (HIX / IES), there will be some changes to the process of annual redeterminations and renewals, along with other updates to the system, operational processes and member-facing communications
- We have a heavy development schedule to support this year's changes; however, using lessons learned and advanced planning leave us well positioned for this year's process

Open Enrollment 2016

Open Enrollment 2016, the first year in which we renewed our population in the new HIX / IES system, was stable and provided good member experience.

New and Renewing Enrollment

- As of February 2016, we retained 94% of our renewing members, exceeding our 90% goal
- Members would seamlessly renew into their existing plan or a similar plan, allowing for continual coverage
- We enrolled over 36,000 new members who, prior to Open Enrollment, had never before been to our system

Member Noticing and Billing

- All notices went out on time to members and without issue
- Member bills were sent for new plans and rates in time for the December 23rd payment deadline

Customer Service

- Four new walk-in centers opened to expand individuals' access to in-person assistance
- Our call abandonment rate and average speed to answer remained below the agreed upon service levels during Open Enrollment

Systems and Planning

- We adhered to a rigorous timeline for the introduction of new system functionality and business processes
- Batch processing and testing occurred as planned for processes never executed before by the HIX / IES project

Redeterminations & Renewals: Overview

The federal government requires that each year, individuals in Marketplaces have their eligibility redetermined and have their QHPs/QDPs renewed.

Redetermination: Eligibility

Annual process by which a Marketplace reassesses an individual's eligibility for enrollment in or financial assistance paying for a Qualified Health Plan (QHP)/Qualified Dental Plan (QDP) by proactively reviewing federal data and requesting new information from a customer whose prior eligibility information does not reasonably match any new information obtained.

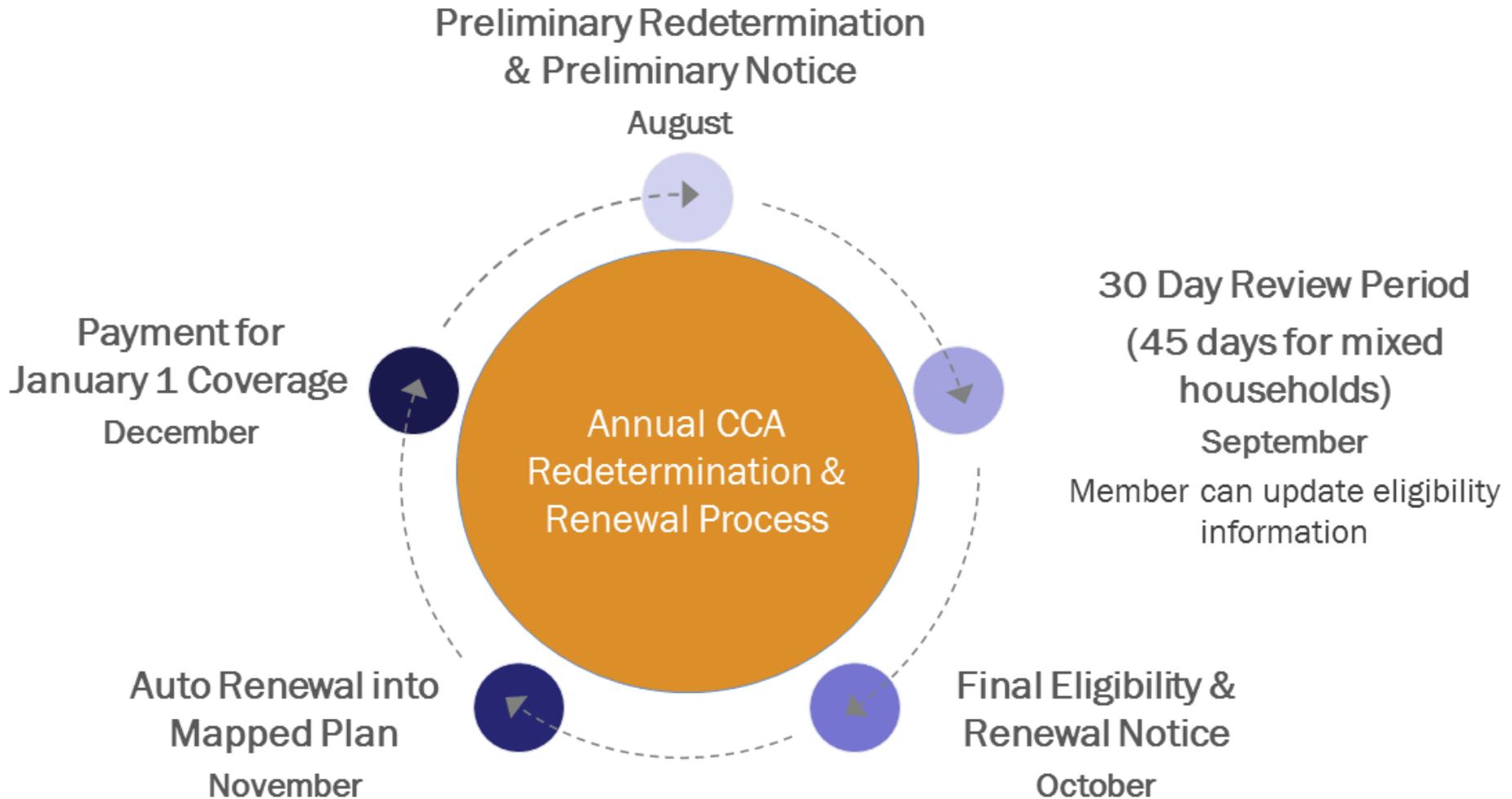


Renewal: Enrollment

Process proscribed by federal regulations that guarantees that eligible QHP/QDP enrollees be renewed into coverage for the following coverage year if they are still eligible. Includes guidelines on how to provide a like-plan for members in a mapping scheme in the event their same plan is not available or if their eligibility has changed.

- Federal regulations provide three ways in which Marketplaces can conduct these processes:
 1. Follow the federal regulations
 2. Follow the model being employed by the Federally Facilitated Marketplace (FFM) for a given year
 3. *Develop a state-specific model that is approved by CMS* 

Redeterminations & Renewals: High-level Process



Redeterminations & Renewals 2017

Four key updates will be made to our system to support the Health Connector's annual redeterminations and renewals process to align with federal requirements.

1

First reversion to Internal Revenue Service (IRS) income data for renewals

2

First major batch process to retrieve the Failure to Reconcile (FTR) flag

3

First use of Redeterminations & Renewals Validation (RRV) service for Health Connector redeterminations and renewals

4

New process for mixed households (both Health Connector and MassHealth eligible individuals)

Redeterminations & Renewals 2017 (cont'd)



Two key systems updates this year are related to federally required provisions to determine subsidy eligibility:

Reverting to Data Sources

- Last year, we used existing income in the system in line with the federal approach for new applicants
- This year, because we have now had a period of passive renewals, we will be checking income against state and federal data sources
- If an individual's data source income is not compatible or if they did not manually verify their current benefit year income, they will have an opportunity to update their income if they need to do so, else they will be reverted to their data source income for the 2017 benefit year

Checking Advance Premium Tax Credit (APTC) Reconciliation Compliance

- If an individual does not properly file or reconcile their taxes after having received tax credits, they receive an FTR flag and are blocked from receiving subsidies
- Because so few individuals received tax credits in Massachusetts in 2014, this was a small, targeted batch last year
- This has significant implications as 2015 was the first year a substantial number of members received premium tax credits in Massachusetts and filing and reconciling may be a new process

Redeterminations & Renewals 2017 (cont'd)



Additionally, we will use a new federally required batch service to update eligibility, as well as implement a new process to address mixed households:

Batch Eligibility Rechecks

- This year, the Health Connector plans to use the RRV to retrieve data for redeterminations, not the Federal Data Services Hub (FDSH) as was used last year
- This will require robust technical testing and adjustments to processes

Mixed Household Improvements

- MassHealth members in mixed households will be processed as part of Health Connector redeterminations
- New joint notice for mixed households with Health Connector members to provide one central location for members to find information about renewals
- Notably, if there are MassHealth members in the household, that household may have to take action to maintain MassHealth benefits
- Households without Health Connector enrolled members will receive a regular MassHealth renewal notice for their household

Consumer Improvements for Open Enrollment 2017



Given our opportunity for advanced planning for this Open Enrollment, we tested both our materials and the online user interface with actual and potential members.

- Web User Interface (UI)

- Assistors, Customer Service Representatives (CSRs) and staff were surveyed to indicate the greatest pain points in the application which were then tested with 20 diverse, non-Health Connector members in two locations
- Priority areas included: the subsidy application question, questions around tax filing, reporting changes in the system, understanding the Eligibility Results page, and overall impressions of the site
- In response to feedback received in these surveys, improvements to the UI are planned for an upcoming hCentive release in late summer

- Notices & Communications

- Incorporated stakeholder feedback and held sessions with several current members at our walk-in center in Boston to review notices and garner feedback
- Developed logic to better suppress unnecessary or duplicative notices
- Reviewed lessons learned with consumer advocates, Navigators, carriers and internal staff to inform planning and updates
- Working closely with MassHealth on mixed household communications and noticing

Health Insurance Renewal Information						
Household Member	Date of Birth	[Renewal Year] Program Eligibility	Current Health Plan Name	[Renewal Year 2016] Renewal Health Plan Name	Same plan as [Renewal Year 2015]	Date Coverage Renewal
[Household Member Name]	XXXX	[Coverage type]	[Current year Carrier/plan name]	[Renewal Year 2016]	[Yes/No]	[Renewal Year 2016]
[Household Member Name]	XXXX	[Coverage type]	[Current year Carrier/plan name]	[Renewal Year 2016]	[Yes/No]	[Renewal Year 2016]

Dental Insurance Renewal Information						
Household Member	Date of Birth	Current Dental Plan Name	[Renewal Year 2016] Renewal Dental Plan Name	Same plan as [Renewal Year 2015]	Date Coverage Renewal	
[Household Member Name]	XXXX	[Current year Carrier/plan name]	[Renewal Year 2016]	[Yes/No]	[Renewal Year 2016]	
[Household Member Name]	XXXX	[Current year Carrier/plan name]	[Renewal Year 2016]	[Yes/No]	[Renewal Year 2016]	

Consumer Support Goals

- Support enrollees through the renewals process, letting enrollees know which notices to expect and what information will be contained in each
- Remind enrollees of the importance of filing taxes and reconciling tax credits in order to remain eligible for their subsidies
- Encourage enrollees to update their application information and shop for a plan that fits their needs in 2017 while assuring them that no action is required if they have no changes to report and are happy with their current plan
- Remind eligible but unenrolled individuals that they can return to their application and apply for 2017 coverage, if they need it, during the Open Enrollment period

 133 Portland Street, 1st floor
Boston, MA 02114-1707

Open enrollment is **November 1 through January 31**.

This is the time to choose a plan and enroll if you need insurance for 2016. It's now easier than ever to enroll because:

- **You won't need to fill out a new application if you applied last year.** Just update any information that may have changed.
- **You can find plans with the doctors and hospitals you want,** using our new online Provider Search tool.
- **You can get help!** There are more places now where people can help you enroll. You can find places to get free, in-person help at: www.MAhealthconnector.org/help-center

Remember, you'll need to choose a plan and pay your first premium before your new coverage can start.

What you need to do:



Review your renewal plan for 2016

This packet tells you the type of coverage you'll qualify for in 2016. It also tells you the plan you'll be enrolled in, unless you decide to change plans during open enrollment.



Compare changes for 2016

Read the renewal plan information in this packet, including the monthly premium. Your premium for 2016 may be different than it was in 2015. You can compare any other changes to benefits or costs in your plan at www.MAhealthconnector.org/compare-plans.



Check which plans have the providers you want

Use our new online [Find a Provider](#) tool to see which plans cover providers (such as doctors or hospitals) that you want to use in 2016.



Shop during open enrollment if you want to change plans

Shop and compare plans during open enrollment to find the one that fits your budget and healthcare needs for 2016. You can compare plans online at MAhealthconnector.org.



Keep paying your monthly premium bill

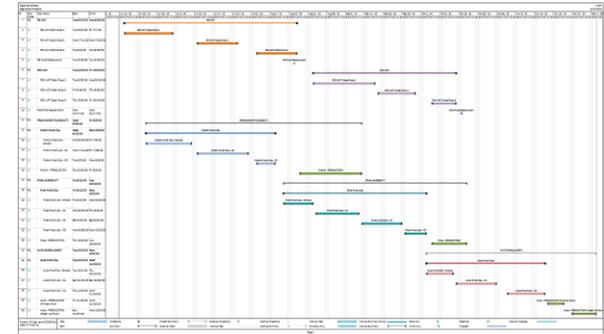
You'll need to keep paying your premium bills on time in order to have coverage in 2016. If you don't pay your January premium by December 23, you could have a gap in coverage.

Draft Schedule Highlights



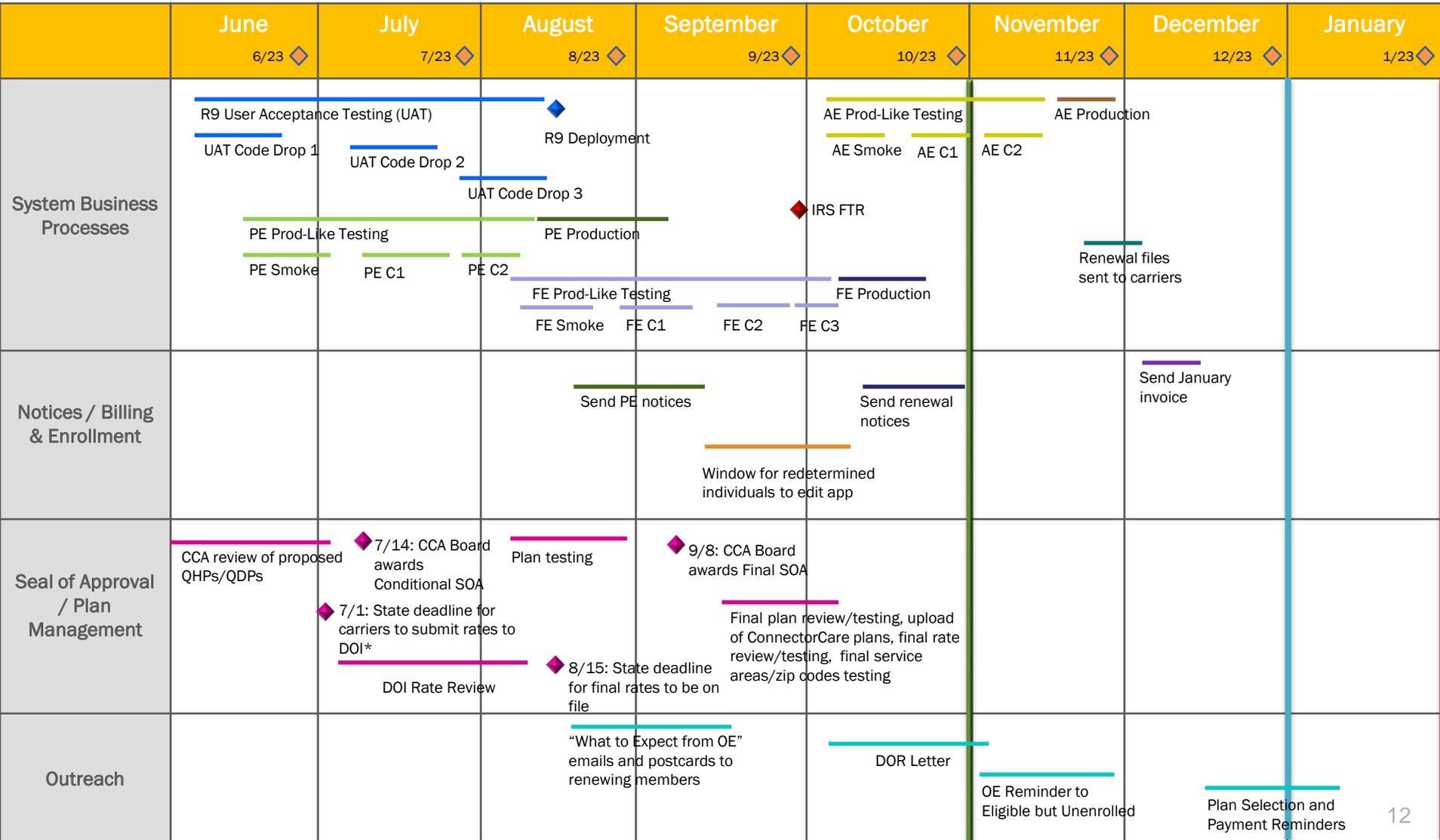
Planning for systems changes for Open Enrollment 2017 is underway, including detailed project plans for testing and batch processing. Close coordination with our vendor and agency partners positions us well for this Open Enrollment period.

- Our plan identifies specific dates for the production execution of business events
 - It addresses regulatory guidelines, business dependencies and the release schedule
 - The defined schedule allows the Health Connector to plan for member communications and operational impacts
- In addition, we are planning robust “*Production-Like Testing*”: A comprehensive simulation of the renewals process
 - The benefits of this simulation are that testing is scaled based on the size and complexity of data and, additionally, data will come from applications and enrollments created over time
 - The scope of testing will include Preliminary Eligibility, Final Eligibility, Auto Enrollment and Renewal Invoicing



ID	Task	WBS	Task Name	Duration	Start	Finish
1189		5.9	R30 Post Implementation	17 d	Mon 10/10/16	Thu 11/3/16
1190		5.9.1	Lessons Learned	15 d	Mon 10/10/16	Fri 10/28/16
1193		5.9.2	Project Work Close out	2 w	Mon 10/24/16	Fri 10/28/16
1194		5.9.3	Ensure all Project Documentation is loaded to SharePoint/Meatforge	2 d	Wed 11/2/16	Thu 11/3/16
1175		5.10	M. R30 Post Implementation Complete	1 d	Thu 11/10/16	Thu 11/10/16
1176		5.11	R30 Project Management	4/4/16	Mon 6/13/16	Mon 6/13/16
1177		5.11.1	Change Control (Excep. Schedule, Cost)	6/4/16	Fri 7/8/16	Fri 7/8/16
1183		6	2017 Open Enrollment (Placeholder based on tasks outlined by Michael P. CCA - 2/24)	1 d	Wed 9/30/15	Wed 9/30/15
1205		7	Release 1.0	3/0 d	Wed 9/30/15	Tue 3/27/17
1489		8	CD/CDP	3/0 d	Wed 9/30/15	Mon 12/29/16
1500		8.1	Preliminary Eligibility - R0N.0.x	67 d	Tue 6/7/16	Fri 9/9/16
1501		8.1.1	M. R30 Batch Setup	1 d	Mon 6/13/16	Mon 6/13/16
1502		8.1.2	Batch job TMS Scheduling Setup in STAGE	1 d	Mon 6/13/16	Mon 6/13/16
1503		8.1.3	STAGE DB refresh with PROD Data	1 d	Tue 6/21/16	Tue 6/21/16
1504		8.1.4	Preliminary Eligibility Smoke Test	12 d	Wed 6/22/16	Wed 7/6/16
1505		8.1.4.1	Pre-PROD - Smoke Test R0V	2 d	Wed 6/22/16	Thu 6/23/16
1506		8.1.4.2	R0V Batch Defect Fixes	2 d	Fri 6/24/16	Mon 6/27/16
1507		8.1.4.3	Remove Batch Code (preparation for any tracker defect fixes)	2 d	Tue 6/28/16	Thu 6/30/16
1508		8.1.4.4	Pre-PROD - Preliminary Eligibility R0V - Smoke test continued	2 d	Wed 6/29/16	Thu 6/30/16
1509		8.1.4.5	Technical handbook test with Dell and ITD notices	2 d	Wed 6/29/16	Thu 6/30/16
1510		8.1.4.6	Preliminary Batch 1 Validation - R0V - Smoke test	2 d	Fri 7/1/16	Tue 7/5/16
1511		8.1.4.7	Defect Fixes	3 d	Wed 7/6/16	Fri 7/8/16
1512		8.1.4.8	M. R30 - Code Drop 2	2 d	Fri 7/8/16	Mon 7/11/16
1513		8.1.5	Pre-Prod Preliminary Eligibility	21 d	Mon 7/11/16	Mon 8/8/16
1514		8.1.5.1	Preliminary Eligibility - Pre-Prod Test Cycle 1	16 d	Mon 7/11/16	Mon 8/8/16
772		3.1.2.3	UAT test Update	2 w	Fri 5/13/16	Thu 5/26/16
773		4.8.3.3	UAT Design	188 d	Wed 9/30/15	Fri 4/15/16
774		4.8.3.2	CCX test cases complete	35 d	Wed 9/30/15	Thu 4/28/16
658		4.7.6	M. CD MMSI Signoff	0 d	Thu 4/28/16	Thu 4/28/16
659		4.7.7	KD - Dell	15 d	Fri 4/8/16	Thu 4/28/16
663		4.7.8	M. CD Dell Signoff	0 d	Thu 4/28/16	Thu 4/28/16
664		4.8	Development	228 d	Wed 9/30/15	Thu 8/16/16
665		4.8.1	Build 1 (Consolidated UT Build)	51 d	Fri 4/1/16	Mon 6/13/16
666		4.8.1.1	Developer Code	53 d	Fri 4/1/16	Mon 6/13/16

Draft Open Enrollment 2017 Timeline



2016 Release Functional Scope



Dec 2015 – Mar 2016 (3.0)	R8.0 – April 2016 (26.0)	R9.0 – Aug 2016 (30.0)	R10.0 – Oct 2016 (20.0)
(HCR-46-3M): MH RFI Income-only expirations monthly batches	(XXL) HCF-9: MassHealth redeterminations	<ul style="list-style-type: none"> (XL) TBD: Open Enrollment 2017 Repairs <ul style="list-style-type: none"> L Errors Fixes to prevent incorrect termination of dental plans, fix how enrollment status and dates are displayed/consumed Changes to CCA Renewals Process Multiple Plan Effective Dates Available for Shopping XMLs and Births Fix to minimize Signature Page Errors CR-1094: Consume BenefitEndDate for Dental Effectuation XML (LL) HCF-39: Renewal & Redetermination Validation (RRV) Batch (L) HCF-18: Application Reactivation (M) HCF-11: Address Standardization with USPS only (TBD-M): MMIS Codes Fixes – Phase 2 (S) HCF-31: Joint MH/CCA UI/UX Eligibility/Shopping overhaul (S) HCF-43: More user roles (S) HCF-46: Ability to check with carrier enrollment status on the enrollment page (TBD): Overall SEP Redesign (CR-984; HCR-16; HCR-37; CR-1031) (M) HCF-52: MassHealth Spanish notices Plan Management 	<ul style="list-style-type: none"> (TBD-XL): Streamlined renewals (SNAP and SSA interfaces) (L) CR-1063: Full Integration – Payment Portal (M) ALM-5476: Workaround: Transitional Medical Assistance (TBD-M): MMIS Codes Fixes – Phase 3 (M) HCF-28: Navigator/CAC Assister Portal (TBD-L) HCF-23: Periodic data matching–Phase 1 & Phase 2 (S) HCF-13*: FTR-Failure to Reconcile (scope to be decided upon completion of JAD sessions) HCR-17: SEP Redesign-Three SEP Events SEP Reactivation of deceased profile <p><i>* HCF-13 to be confirmed once JAD sessions have been completed.</i></p>
R7.2 – Feb 2016 <ul style="list-style-type: none"> Retroactive Eligibility/Override Eligibility Additional Advanced Program Determinations VLP 2/3 Notice Improvements CR-1108: Switching De-Scoped Notices Requirements To Future Release; Deleting One Obsolete Notices Requirement CR-1029: Admin Closure Reasons CR-1053: Good cause reason code CR-997: Flag/Indicator for the Large Print & Braille Notices CR-998: Batch process change to support notices for Reasonable Accommodation functionality Turn DOR Interface ON HCR-58: Change text on Eligibility Screen when still eligible after timeclock expiration Premium Assistance Enhancements (R7.2.4) 	R8.1 – June 2016 (26.0) <ul style="list-style-type: none"> (L) CR-1058: Voter Registration functionality (TBD-L): HCR-47: Full RFI ongoing expirations (M) CR-1111: Remaining disability functionality related notice (TBD-M): Notice enhancements needed for RFI and redeterminations (including HCR-53; CR-1054; CR-1087; HCR-18) (TBD-M): MMIS Codes Fixes – Phase 1 (TBD-M) HCF-26: Auto-de-duplication of HIX applications (TBD): New HSN Changes 		
R11.0 – Feb 2017 (26.0)			
<ul style="list-style-type: none"> (L) HCF-25: Ability to support death/removal of HOH (TBD): Health Safety Net Enhancements (M) HCF-16: Batch redeterminations (based on FPL/COLA adjustments) (M) HCF-54: 65 age out (Medicaid and QHP populations - separate logic for each) 	<ul style="list-style-type: none"> (M) HCF-56: MassHealth MCO shopping (M) HCF-36: Full ESI functionality (M) ALM-4567: Retro Enrollment Unable to Retro back the Plan start date to original plan effective start Date for Head of Household and entire family. (M) HCF-55: Medically frail indicator functionality 	<ul style="list-style-type: none"> (S) CR-1095: Add two new requirements for catastrophic eligibility. (S) CR-1105: Death of a subscriber with dependents (XS) HCF-14: Language permitting CCA to use IRS data for up to 5 years (M) HCF-35: Send data interface from HIX to MMIS (include CR-1112) 	

Business Events: Key Takeaways

