



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

CHARLES BAKER
Governor

MARYLOU SUDDERS
Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, June 9, 2016
9:00 AM to 11:00 AM

One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Louis Gutierrez, Marylou Sudders, Kristen Lepore, Mark Gaunya, Louis Malzone, Daniel Judson, Nancy Turnbull, Celia Weislo, Ray Campbell, Michael Chernew, Rina Vertes

The meeting was called to order at 9:05 AM.

I. Minutes: The minutes of the May 12, 2016 meeting were unanimously approved.

II. Executive Director's Report: Mr. Gutierrez began the meeting by highlighting significant events since the last meeting of the Board of Directors. He stated that he and Daniel Judson received approval from the Centers for Medicare & Medicaid Services (CMS) to continue with quarterly rate filings for the small group market, allowing small businesses to continue to purchase plans year-round. He stated that CMS also indicated that it will support risk adjustment for the merged market and added that the Health Connector is transitioning the risk adjustment process to CMS, following direction from the Board of Directors. He thanked Emily Brice, Audrey Gasteier and Ashley Hague for their engagement with CMS. Next, Mr. Gutierrez stated that in May, the Health Connector signed a new four-year contract with Dell for customer support services. He added that Dell will be acquired by the Japanese company NTT. He thanked Vicki Coates, Ed DeAngelo and Lauren Ripley for their efforts leading to the signing of the contract. Mr. Gutierrez summarized some early changes in the contract, including the replacement of the existing system supporting customer calls. Currently, he stated, the database tracking customer calls is rudimentary

and will be replaced with a modern Customer Relationship Management (CRM) system. He added that implementation is planned for early July but is contingent on CMS approval. He then discussed the uninsured population in Massachusetts, stating that the uninsured population is comprised of both short-term and chronic uninsured. He stated that the Health Connector will closely monitor success metrics as it moves forward with its outreach plan. He added that Jason Lefferts will discuss results of a recent outreach procurement later in the meeting. Mr. Gutierrez next reviewed current enrollment numbers, stating that total enrollment as of June 1 was 223,778, representing a 14 percent increase since the end of Open Enrollment and a 27 percent increase since the start of Open Enrollment. He added that dental membership has also climbed substantially, with 59,471 members currently. He added that this is a 34 percent increase since the start of Open Enrollment. He stated that small group coverage was stable over the same period and currently has 5,922 members from 1,325 groups. In response to a question from Mr. Campbell, Mr. Gutierrez replied that enrollment is measured as the number of covered lives, not as the number of contracts. In response to a question from Ms. Wcislo, Mr. Gutierrez stated that NTT is Nippon Telegraph and Telephone, a major corporation based in Japan that has acquired the Dell services unit.

III. Health Connector Open Enrollment Operational Readiness (VOTE): The PowerPoint presentation “Health Connector Open Enrollment Operational Readiness” was presented by Vicki Coates and Jen Bullock. Ms. Bullock opened the presentation, stating that Health Connector staff were recommending approval to re-launch walk-in service centers for Open Enrollment 2017. She stated that 7,000 customers were served across three temporary sites last year. She added that these sites are located in areas with the highest concentration of uninsured residents as well as the highest concentration of Health Connector members. This will be year two of the pilot program, she stated. Ms. Bullock then provided background information on the walk-in center sites, stating that during Open Enrollment 2016, the six walk-in centers served approximately 15,000 customers with a high level of satisfaction. In response to a question from Secretary Sudders, Ms. Bullock clarified that 15,000 customers were served across all six walk-in centers, and 7,000 of those were served at the three temporary sites. Ms. Bullock stated that Customer Service Representatives (CSRs) complement existing walk-in center employees and provide services that only CSRs are able to perform, such as collecting payments and verifying documentation. Next, Ms. Bullock reviewed data from last year’s walk-in center visits. She stated that the majority of visitors to the walk-in centers were Health Connector members or became Health Connector members following their visit. She reviewed the status of visitors before and after Open Enrollment, noting that the number of unenrolled individuals declined and the number enrolled in Health Connector coverage grew. In response to a question from Ms. Turnbull, Ms. Bullock stated that volume at the centers varied by site, with Brockton and Boston having the highest volume of visitors. In response to a question from Ms. Turnbull, Ms. Bullock explained that visitors who did not become members could have filled out an application but not selected a plan or paid, or could have been individuals who went to the walk-in centers seeking information but did not return. Ms. Bullock then reviewed the proposed Open Enrollment 2017 walk-in center approach, stating that the Health Connector seeks to open at least three sites, two of which will be at Brockton Neighborhood Health Center and HealthFirst Family Care Center in Fall River.

She added that Health Connector staff are working to secure a site in the Lowell/Merrimack Valley area and that multi-lingual staff will be recruited for the walk-in centers. Ms. Bullock shared a map showing all sites available for in-person assistance during Open Enrollment 2016 and stated that representation across the state is again the goal for Open Enrollment 2017. Ms. Bullock then reviewed the details of the requested work order, stating that the work order with Dell would be for an amount not to exceed \$290,000. She added that this represents \$24,000 per site per month for four months, including one month of training. She stated that the scope of work includes training, staff hours, equipment, technology and local travel. She added that work will occur only if funding for it is approved in the Fiscal Year 2017 budget, which will come before the Board for a vote at the July Board meeting. In response to a question from Secretary Lepore regarding possible sites west of Springfield or on Cape Cod, Ms. Bullock stated that the Health Connector is currently exploring opportunities for other sites if feasible. Ms. Coates added that Plymouth, Hyannis and Pittsfield are top areas of interest. Secretary Lepore added that Berkshire Medical Center could be an organization to contact regarding establishing a walk-in center in that area. Mr. Chernew stated that while this is important work, the cost is approximately \$40 per visitor and asked how this compares to other costs. Ms. Coates replied that this is an important consideration and stated that the length of time of a walk-in center visit is generally equivalent to the length of two or more calls. She added that many visitors bring in documents and have several questions, allowing them to address four issues in one visit instead of calling the call center multiple times. She added that the Health Connector will work to drive greater volume to the centers this year. Ms. Wcislo noted that many visitors to the Brockton and Fall River centers enrolled in MassHealth. She added that a lot of money is spent on phones and technology and that it is important to have in-person support available for individuals needing support in different languages or who have other needs better addressed in person. Mr. Gaunya commended the Health Connector's efforts to partner with Community Health Centers (CHCs), noting that CHCs have the trust of the communities in which they serve. The Board voted unanimously to authorize the Executive Director to enter into a work order with Dell Marketing, LLP to implement temporary walk-in centers on the terms set out in the presentation.

- IV. Dell Integration Support for hCentive Development (VOTE):** The PowerPoint presentation "Dell Integration Support for hCentive Development (VOTE)" was presented by Jason Hetherington. Mr. Hetherington opened by summarizing the Health Connector's recommendation for a work order with Dell Marketing, LLP, for integration with the hCentive system for Fiscal Year (FY) 2017 for an amount not to exceed \$2.9M. He stated that Dell is the Health Connector's customer service vendor and also performs premium aggregation. He explained that the Health Insurance Exchange/Integrated Eligibility System (HIX/IES) is the front-end website managed by hCentive and that Dell is its back-end counterpart. He stated that since the two are companion systems, when development occurs in one system, development in the other system must keep pace. Mr. Gutierrez noted that the Health Connector's three core systems are HIX/IES, Dell and CRM. Mr. Hetherington stated that the work order provides increased staffing for Dell to support HIX/IES releases in FY2017. He then reviewed the scope of work, stating that the work order will cover Dell's work for three HIX/IES releases, with a potential fourth release contemplated for later in FY2017. He shared a graphic displaying the specific pieces of

functionality to be supported by the Dell team. He noted that the other boxes in the graphic represent the remaining items being delivered for Health Connector portions of the website and added that MassHealth scope is not displayed. In response to a question from Ms. Weislo, Mr. Hetherington explained that the item regarding removing a head of household means that if a head of household is removed from an application, the application can be maintained for the other members of the household still enrolled in Health Connector coverage. Secretary Sudders emphasized that this is a glitch with a significant impact, and Mr. Hetherington agreed. Mr. Hetherington then reviewed activities to be performed under the work order, stating that primary activities include hiring new staff to focus on three primary areas of testing, development and engineering, as well as project management and oversight. He stated that the cost of the work order is \$2.9 million and is included in the Health Connector FY2017 budget. He added that payment under the work order is contingent on Board approval of the budget at the July Board meeting. Mr. Gutierrez thanked the Board and stated that these issues are coming before the Board for consideration now because of the significant amount of time needed to prepare for Open Enrollment. He added that, in the future, the Health Connector will attempt to split requests by Fiscal Year so that the Board can more easily match a budget to a Fiscal Year. The Board voted unanimously to authorize the Executive Director to enter into a work order with Dell Marketing, LLP on the terms set out in the presentation.

- V. **Outreach and Messaging Procurement (VOTE):** The PowerPoint presentation “Outreach and Messaging Procurement (VOTE)” was presented by Audrey Gasteier and Jason Lefferts. Mr. Lefferts began by summarizing the presentation, stating that the Health Connector plans to change its outreach and messaging approach, particularly during the upcoming Open Enrollment period, by splitting its efforts into two parts. One part, he stated, would be managed by Weber Shandwick, the Health Connector’s current outreach and messaging vendor, while the second part would be managed by Archipelago Strategies Group, a new partner with expertise in reaching ethnic communities. He added that this strategy aims to reach both the short-term and chronic uninsured. Ms. Gasteier then provided context with data about the remaining uninsured in Massachusetts. She stated that Massachusetts has one of the lowest rates of uninsurance in the country, with 3.6 percent of the population, or about 240,000 individuals, without health insurance. Of these individuals, she stated, approximately half are chronically uninsured, while the other half move in and out of coverage. She stated that the outreach and messaging procurement focused on the chronic and newly uninsured. Ms. Gasteier stated that Massachusetts data of non-elderly adults shows that about 11 percent experienced a gap in insurance coverage in the previous twelve months. She explained that individuals’ reasons for gaps in coverage include the loss of Employer-Sponsored Insurance (ESI), gaps in employment, changing family dynamics and changes in the labor market. She noted that changes in the labor market include a rise of contract-based work that is not tied to health insurance benefits. She stated that the recent Verizon strike had implications for health insurance benefits. She added that Massachusetts is experiencing greater population growth compared to other states, underscoring the need to reach individuals new to the Commonwealth in need of insurance. Ms. Gasteier then reviewed the most common reasons individuals provide when asked why they do not have insurance. She stated that more than half of individuals indicate they do not have insurance because it is too expensive, yet noted that data suggest

that over 80 percent of these individuals would be eligible for income subsidies. Next, she reviewed demographic data of the uninsured, stating that Hispanics are more likely to be uninsured than other ethnicities for all lengths of uninsurance and noted that the disparity increases as the length of uninsurance increases. Ms. Turnbull noted that, unlike the rest of the country, Massachusetts has narrowed the insurance gap between White and Non-Hispanic Black populations. In response to a question from Mr. Malzone, Ms. Gasteier stated that some of the approximately 240,000 uninsured individuals in Massachusetts could have visited one of the Health Connector walk-in centers but noted that many walk-in center visitors are current Health Connector members.

Mr. Lefferts then reviewed the Health Connector's recent outreach and messaging procurement. He stated that, with the data shared by Ms. Gasteier in mind, Health Connector staff designed a Request for Proposals (RFP) with two sections: one for general outreach and education and one focused on ethnic media and community outreach. He added that bidders were allowed to bid on one or both sections. He stated that the RFP received eight responses and that while all bidders submitted bids for both sections, two different organizations were selected. These organizations, he stated, are Weber Shandwick and Archipelago Strategies Group. Mr. Lefferts discussed Weber Shandwick, the recommended bidder for general outreach and marketing. He stated that Weber Shandwick has been an excellent partner, working with the Health Connector for the past ten years. He added that Weber Shandwick creates solid marketing plans with compelling creative elements. He noted that an important program metric that will be tracked to measure success is enrollment and added that a survey of new enrollees at the end of last year's Open Enrollment showed that 60 percent of respondents had seen Health Connector messaging. In response to a question from Secretary Sudders, Mr. Lefferts replied that the majority of Health Connector messaging will take place during Open Enrollment, from Mid-November through the end of January. Secretary Sudders commented on the significant expense for only several months of messaging. Mr. Lefferts stated that messaging will continue throughout the year as individuals experience life changes that result in the loss of coverage. In response to a question from Ms. Wcislo, Mr. Lefferts replied that the Health Connector attempts to have a diverse set of individuals in its focus groups. Mr. Gutierrez added that the Health Connector will look especially at individuals whose second language is English. Ms. Turnbull stated that while Massachusetts has been successful maintaining a steady rate of uninsurance, we do not seem to be making progress. She added that it would be important to know if California has learned any successful strategies particularly for the Latino population. She added that Archipelago was a good choice for targeted messaging. In response to a question from Mr. Campbell, Mr. Lefferts stated that the Health Connector continues to think of ways to partner with CHCs and noted that Health Connector printed materials are available at Brockton CHC. Mr. Chernew asked if it is possible to identify individuals who interact with the health system and do not have insurance. Ms. Gasteier replied that these individuals may have Health Safety Net (HSN) coverage or be otherwise uninsured. Mr. Chernew underscored the importance of strongly encouraging individuals to sign up for health insurance and noted that growing economic evidence suggests that providing individuals with information is not sufficient to bring about behavior change. Mr. Gaunya remarked on the difficulty of considering a budget item when the budget as a whole has not yet been presented to the Board. He noted

that we will never reach a 100 percent insurance rate but added that as half of the uninsured are without insurance for only a short time, more can be done to partner with employers. He suggested partnering with the Unemployment Assistance office as a way to share information with individuals who have lost ESI. Ms. Gasteier replied that the Health Connector has an existing partnership with the Department of Unemployment Assistance (DUA) and worked with DUA to send a letter to 180,000 employers across the Commonwealth with information regarding how to educate employees about their coverage options if they lose ESI. She noted that Health Connector coverage is an alternative to COBRA for those who lose ESI. Mr. Lefferts then discussed the chosen bidder for ethnic media and outreach, Archipelago Strategies Group (Archipelago). He stated that Archipelago is a minority-owned marketing and community engagement company specializing in ethnic media. He reviewed the score sheet for this portion of the RFP and stated that team composition and experience were more heavily weighted in this section. He commented on the strength of Archipelago's proposal and noted they have the ability to identify particular radio shows or other outlets that are most effective at reaching particular populations. In response to a question from Ms. Turnbull, Mr. Lefferts stated that Archipelago has expertise marketing to Latino and Latina populations and introduced Josiane Martinez, former executive director at the Massachusetts Office for Refugees and Immigrants and founder and director at Archipelago. He added that Archipelago has done work on political campaigns as well as for a health insurance carrier during Open Enrollment. Ms. Wcislo remarked that it is important to focus money particularly on ethnic media and outreach and noted the importance of using metrics to track success of these efforts. Ms. Turnbull agreed and emphasized the need for a careful evaluation plan to understand what worked and what did not. Mr. Chernew commented that it can be difficult to determine exactly what worked or what did not work when targeting individuals through several different channels. Mr. Gutierrez stated that score sheets are displayed in the presentation to show the narrow margin of scores between the bidders and expressed that he would like Weber Shandwick to visit the Health Connector. He added that the Health Connector is not required to remain with a bidder for the duration of a contract if the bidder is not providing impressive work.

Mr. Lefferts then reviewed requested services under the contract, as well as other contract details. He stated that Weber Shandwick's responsibilities will include general messaging, focus groups and corporate partnerships, while Archipelago will be responsible for targeted messaging for specific ethnicities and nationalities and identifying high-priority community events to increase the Health Connector's visibility. He noted that the Health Connector is participating in the Latin Family Festival at Fenway Park at the end of the month. He stated that the duration of the contract is July 1, 2016 through June 30, 2018, with four optional one-year extensions. He stated that the total cost is not to exceed \$2.5 million, with \$1.5 million allocated to Weber Shandwick and \$1 million allocated to Archipelago. He noted that funding for this contract is included in the FY2017 budget and that work will proceed only if funding is approved in the budget by the Board at the July meeting. Secretary Lepore stated that while the not to exceed amount should remain \$2.5 million, adjusting the allocation to shift some funding from Weber Shandwick to Archipelago should be considered. Secretary Sudders clarified that the Board will vote on the \$2.5 million not to exceed amount but clarified that the allocation will be subject to

further negotiations. The Board voted unanimously to authorize the Executive Director to enter into a contract with Weber Shandwick, and a contract with Archipelago Strategies Group, for a total amount not to exceed \$2.5 million, subject to final negotiations and Board approval of the FY2017 budget.

- VI. Student Health Insurance Program Update:** The PowerPoint presentation “Student Health Insurance Program Update” was presented by Heather Cloran, Associate Director of Program and Product Strategy at the Health Connector, and Colleen Murphy, MassHealth Premium Assistance Project Lead at the UMass Medical School Center for Health Care Financing. Ms. Cloran began by providing an overview of the presentation, stating that it would cover Student Health Insurance Program (SHIP) renewals as well as the launch of the SHIP premium assistance program. She noted that the Health Connector worked with MassHealth and the Executive Office of Health and Human Services (EHS) to launch the SHIP program. Ms. Cloran reviewed the history of SHIP in Massachusetts and stated that colleges and universities are required to allow students to waive SHIP if they are enrolled in MassHealth or subsidized Health Connector coverage. Ms. Cloran then discussed the Academic Year (AY) 2016-2017 SHIP renewals. She stated that initial predicted increases from AY 2015-2016 were between 10 and 50 percent but that actual increases were closer to 4 to 10 percent. In response to a question from Ms. Turnbull, Ms. Cloran stated that the large difference between the predicted and actual increases were a result of negotiations with Blue Cross Blue Shield of Massachusetts (BCBSMA) and BCBSMA’s business decision to offer lower rates. Mr. Gutierrez remarked that the PowerPoint presentation has been reviewed by the director of Medicaid and apologized that a MassHealth staff member was not a part of this presentation. Ms. Cloran then reviewed the relationship between Medicaid expansion and SHIP, stating that fewer students enrolled in SHIP following the Affordable Care Act (ACA).

Next, Ms. Murphy provided background for the SHIP premium assistance program. She stated that, under federal law, MassHealth is the payor of last resort and that eligibility for MassHealth premium assistance is determined based on the individual’s MassHealth coverage type and type of private health insurance. Under the SHIP premium assistance program, she stated, students currently enrolled in MassHealth will maintain their MassHealth coverage and will be able to gain access to SHIP’s broader network of providers. In response to a question from Ms. Turnbull, Ms. Murphy answered that students enrolled in MassHealth are most likely in Managed Care Organizations (MCOs) but could be in the Fee-for-Service (FFS) program. In response to a question from Ms. Wcislo, Ms. Murphy stated that the SHIP premium assistance program is currently voluntary but will eventually become mandatory. Secretary Sudders added that it is significantly more cost effective to have MassHealth provide only the wrap funding. Ms. Turnbull commented that Cornell University currently has a similar program and that since Medicaid provider participation in Ithaca is limited, the program has worked well. Ms. Cloran commented on the importance of access to mental health providers and noted that the SHIP program expands students’ access to mental health provider networks and with limited cost sharing. Ms. Murphy provided additional details on the SHIP premium assistance program, stating that the pilot program targets public institutions partly because of the high number of students accessing MassHealth in those institutions. In response to

a question from Mr. Campbell, Ms. Murphy agreed that many college students are on their parents' insurance plans but noted that this program is specific to students enrolled in MassHealth. Ms. Murphy stated that the program launched on June 1 for Community Colleges and that, so far, approximately 35 percent of students in those colleges who are on Medicaid have actively enrolled. Mr. Gutierrez noted a correction to a memorandum sent to the Executive Office of Administration & Finance, stating that the memorandum incorrectly indicated that 75 percent of students had enrolled. This was due to a system error, he stated. In response to a question from Ms. Vertes, Ms. Murphy replied that all 21,000 students from public institutions who waived out of the SHIP requirement due to their MassHealth enrollment during AY 2015-2016 school year are not expected to join the premium assistance program imminently since the program is optional. In response to a question from Ms. Vertes regarding students leaving MCO risk pools for BCBSMA, Ms. Murphy replied that it is something that premium assistance program staff are monitoring. Next, Ms. Murphy reviewed the benefits of the premium assistance program. She stated that the program is beneficial to students as it allows them access to a private insurer's PPO network as well as access to out-of-state and out-of-country coverage. She added that students maintain the same out-of-pocket maximum as their MassHealth coverage. Ms. Turnbull remarked that BCBSMA is benefiting from the lower-risk students entering the insurer's risk pool. Ms. Murphy continued reviewing the program's benefits, stating that since the SHIP premium is part of the tuition bill, the premium assistance program helps to lower tuition. She also described benefits to schools and to the Commonwealth and noted that the cost savings associated with the program is \$164 per month per student enrolled, or \$2,000 per student per year. Ms. Murphy then reviewed the operational process workflow of the premium assistance program. In response to a question from Ms. Turnbull, Ms. Murphy replied that the program will eventually be available to private schools but that the program was piloted with public schools first. Ms. Wcislo commented that private schools for lower income families may be the best private schools to target first. Mr. Gaunya expressed concern about the pricing of the program and noted that BCBSMA is either relying on growth of a healthy population or will put pressure on the merged market. Ms. Vertes remarked that it is difficult to judge the business decisions of a carrier. Lastly, Ms. Cloran reviewed next steps for the premium assistance program, including outreach and education, required modifications following the 1115 waiver, and expansion to private colleges and universities. Ms. Wcislo noted that the program represents an overall savings of \$42 million. Mr. Gutierrez concluded in thanking Robin Callahan, Ms. Murphy and Ms. Cloran for their successful collaboration on this project.

The meeting was adjourned at 10:39 AM.

Respectfully submitted,
Maria H. Joy