



Open Enrollment 2017 Status

HEALTH CONNECTOR TEAM

Board of Directors Meeting, October 13, 2016

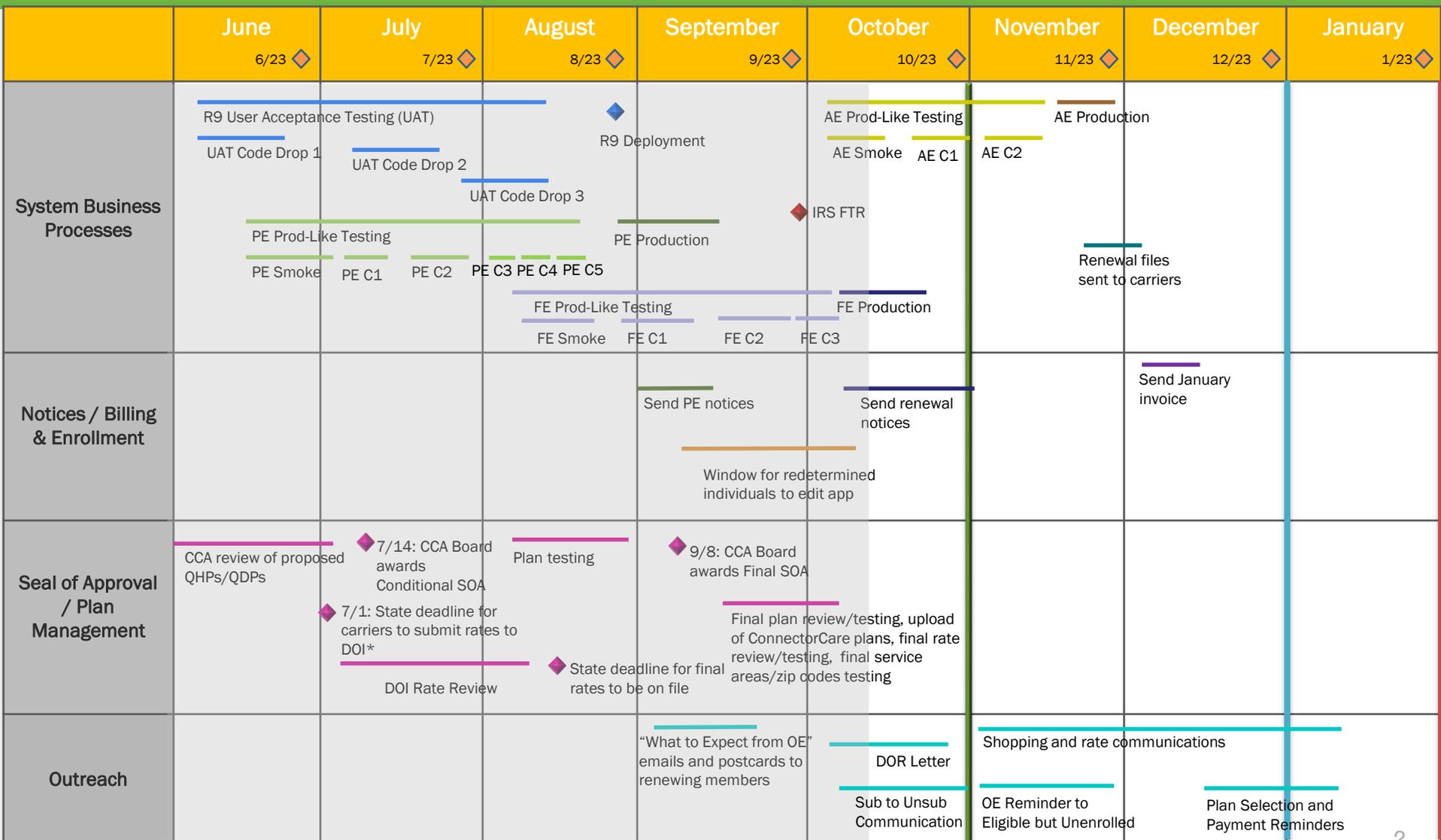
Status Update



Throughout the run-up to Open Enrollment, we have managed the complexity of this year's development cycle and the new functionality needed to support redeterminations and renewals. As we move into Open Enrollment, we will help members handle anticipated changes in eligibility for some, and increased premium costs for many.

- Through significant testing of each major business event, we head into Open Enrollment aware of our risks and issues and prepared with contingencies and workarounds, as needed
- We anticipate more activity this year compared to last, as members work to update their applications and shop around for new plans
- We are working closely with our call center vendor to ensure adequate support for our members, as well as the Commonwealth's HIX systems integrator and development vendor to triage any defects or implement workarounds to provide our members with the best experience possible
- We anticipate that when Open Enrollment starts, members will be able to manage account updates and shopping, and applicants will be able to create and complete new applications. We also anticipate necessary support will be available to ensure consumers take advantage of the programs and benefits for which they are eligible

Open Enrollment 2017 Timeline



Open Enrollment 2017 Status Dashboard



#	Business Events	Progress	Business Event Description	Not Started Initiated In Progress Closing Complete
1	Preliminary Eligibility		<ul style="list-style-type: none"> This is the process by which we use the newly implemented Redeterminations & Renewals Verification (RRV) services to obtain eligibility information about members. A member will then receive a notice outlining their determination and encouraging them to update their account. 	
2	Plan Loading		<ul style="list-style-type: none"> This is the process by which we upload new 2017 plan benefits and rates into the system in order to facilitate noticing (as part of Step 4) and comparison shopping after the system opens on November 1. 	
3	Failure to Reconcile Check		<ul style="list-style-type: none"> This is the process whereby we re-send our population through RRV to determine whether they have reconciled tax credits from prior years. If they failed to do so, a flag will return that blocks them from receiving tax credits for the coming year. A notice is triggered as a result, in addition to any notice they receive related to Step 4. 	
4	Final Eligibility		<ul style="list-style-type: none"> This is the process by which we finalize eligibility based either on information received through Steps 1 or 3 or information received as a result of a member reporting a change to their application between Steps 1 and 4. 	
5	Auto-renewal		<ul style="list-style-type: none"> This is the process by which we renew members that have not yet actively shopped into their 2017 mapped plan (either the same plan as their 2016 plan, or a plan selected for them based on eligibility and availability). This process is not member-facing; it supports seamless enrollment into 2017 plans and supports Step 6. 	
6	Bill Run		<ul style="list-style-type: none"> This is the process by which we generate bills for an upcoming month's premium; specific to renewals and Open Enrollment, this activity focuses on generating a bill in December for January 1, 2017 coverage. 	
7	Customer Support		<ul style="list-style-type: none"> This reflects a series of processes that together support our members through Open Enrollment, including, but not limited to call center activities, work with assisters, etc. 	



Detailed Updates

Preliminary Eligibility

#	Progress	Key Accomplishments	Upcoming Activities & Open Items
1		<ul style="list-style-type: none"> Successfully utilized batch RRV services to obtain and process federal data information Processed over 385,000 household eligibility determinations, including mixed households Mailed ~131K notices to date 	<ul style="list-style-type: none"> ~700 households remain for initial processing ~63,000 applications slated to be processed after system fixes have been completed

- To date, more than 131,000 preliminary eligibility notices have been mailed to Health Connector members informing them of their potential eligibility for financial assistance in 2017
- Unless members take action and update their applications, many of our members will experience a “downgrade” in benefits

2016 Program Type	2017 Program Determination						Total
	CHIP	MassHealth	ConnCare	APTC Only	Unsubsidized	Pending	
CHIP	48	0	0	0	2	0	50
MassHealth	0	870	14	2	6	141	1,033
ConnCare	27	1,749	143,689	8,996	26,016	1,026	181,503
APTC Only	14	64	382	9,990	3,271	72	13,793
Unsubsidized	5	81	171	228	37,145	169	37,799
Total	94	2,764	144,256	19,216	66,440	1,408	234,178

- To encourage members to report changes, we sent materials outlining the redeterminations process to explain notices they should expect to receive and the actions they should take to keep their benefits

Preliminary Eligibility (cont'd)



We have seen an increase in members reporting changes to their applications since we launched preliminary eligibility, and thus expect the distribution below to change before the end of Open Enrollment.

2016 Program Type	2017 Program Determination										
	CHIP	MassHealth	ConnCare PT1	ConnCare PT2A	ConnCare PT2B	ConnCare PT3A	ConnCare PT3B	APTC Only	Unsubsidized	Pending	Total
CHIP	48	0	0	0	0	0	0	0	2	0	50
MassHealth	0	870	0	4	6	2	2	2	6	141	1,033
ConnCare PT1	0	63	9,502	946	516	194	132	115	3,900	104	15,472
ConnCare PT2A	1	631	65	19,395	4,089	1,925	874	700	4,445	195	32,320
ConnCare PT2B	9	617	8	1,089	42,384	6,127	2,913	1,920	7,572	373	63,012
ConnCare PT3A	11	272	0	35	866	29,164	3,649	2,889	5,663	225	42,774
ConnCare PT3B	6	166	3	17	92	869	18,835	3,372	4,436	129	27,925
APTC Only	14	64	1	2	22	33	324	9,990	3,271	72	13,793
Unsubsidized	5	81	5	15	39	53	59	228	37,145	169	37,799
Total	94	2,764	9,584	21,503	48,014	38,367	26,788	19,216	66,440	1,408	234,178

Plan Loading

#	Progress	Key Accomplishments	Upcoming Activities & Open Items
2		<ul style="list-style-type: none"> Loaded 62 medical plans and 12 dental plans representing products from 13 carriers Completed loading and three rounds of testing of all 2017 plan rates, benefits and regional availability Sign off from carriers and Health Connector staff provided September 30 	<ul style="list-style-type: none"> Completed

- Starting in May, the Health Connector team worked with our carriers to collect, review, load and test the health and dental plans that we will offer on our shelf for 2017
 - In total, the team has managed the end-to-end process for dozens of versions of 68 unique templates, including SERFF materials and Massachusetts-specific templates to support the ConnectorCare program
 - Plan details and benefits, as well as rates and geographic availability, have been tested by both project and Health Connector staff, as well as representatives from all of the carriers
- This step is a key prerequisite before moving to Final Eligibility and opening shopping on November 1, to ensure notices and member communications are populated with accurate premium information, and members are able to compare plans as soon as Open Enrollment begins

Plan Loading (cont'd)

[Login / Create an Account](#) | [Make a Payment](#) | [Forms](#) | [Help Center](#) | [Accessibility](#) | [English](#)


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Compare Plan Benefits

2016 & 2017 Plan Comparison Tool

If you are enrolled in a 2016 Health Connector health plan and will renew your coverage for 2017, this tool can help you compare 2016 and 2017 plan benefits and costs, side-by-side.

 **Shopping for a new plan?** Not only can you use this tool to compare your 2016 plan's benefits to the one you were matched to for 2017, but also all other plans that will be available in 2017. This Open Enrollment, shop and compare for the deals.

Click on your 2016 plan name below to see benefit costs
(Use the scrollbars to see more plans)

- Ambetter from CeltiCare Health [Ambetter Platinum Care 1 \(2016\)](#)
- Ambetter from CeltiCare Health [Ambetter Secure Care 4 \(2016\)](#)
- Ambetter from CeltiCare Health [Ambetter Secure Care 5 \(2016\)](#)
- Ambetter from CeltiCare Health [Ambetter Balanced Care 14 \(2016\)](#)
- Blue Cross Blue Shield of Massachusetts [HMO Blue Premium](#)
- Blue Cross Blue Shield of Massachusetts [HMO Blue Basic Value](#)

Click on a plan name below to compare 2017 benefit costs
(Use the scrollbars to see more plans)

- Ambetter from CeltiCare Health [Standard Platinum: Ambetter Platinum Care 1 \(2017\)](#)
- Ambetter from CeltiCare Health [Standard Gold: Ambetter Secure Care 5 \(2017\)](#)
- Ambetter from CeltiCare Health [Standard Silver: Ambetter Balanced Care 14 \(2017\)](#)
- Blue Cross Blue Shield of Massachusetts [Standard Platinum: HMO Blue Premium](#)
- Blue Cross Blue Shield of Massachusetts [Standard Gold: HMO Blue \\$1,000](#)

2016 Plan

 AMBETTER FROM CELTICARE HEALTH

Ambetter Secure Care 5 (2016)

Coverage Level: **Gold** STANDARDIZED

Annual Deductible (Individual/Family): \$1,000 / \$2,000

Annual Maximum Out-of-Pocket (Individual/Family): \$5,000 / \$10,000

Primary Care Physician (PCP) Office Visits: \$30

Specialist Office Visits: \$45

Rehabilitative OT and Rehabilitative PT: \$45

Emergency Room: \$150 Copay after Deductible

Inpatient Hospitalization: \$500 Copay per Stay after Deductible

Laboratory Outpatient and Professional Services: No Charge after Deductible

X-rays and Diagnostic Imaging: No Charge after Deductible

High-Cost Imaging: \$200 Copay after Deductible

Outpatient Surgery: \$250 Copay after Deductible

Prescription Drugs - Retail Tier 1: \$20

Prescription Drugs - Retail Tier 2: \$30

Prescription Drugs - Retail Tier 3: \$50

2017 Plan

 AMBETTER FROM CELTICARE HEALTH

Standard Gold: Ambetter Secure Care 5 (2017)

Coverage Level: **Gold** STANDARDIZED

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 You will be able to compare monthly premium costs by signing into your account and shopping online when Open Enrollment starts November 1, 2016.

Definitions (click on a term below to learn more)

-  **Frozen Plan**
-  **Coverage Level**
-  **Standardized and Non-Standardized Plan Benefits**
-  **Annual Deductible**

Failure to Reconcile Check

#	Progress	Key Accomplishments	Upcoming Activities & Open Items
3	 <ul style="list-style-type: none"> Processed more than 274K FTR responses Received ~3,800 FTR indicators, affecting ~2,700 enrolled members 		<ul style="list-style-type: none"> Research error records (representing less than 1% of total records processed) Obtain responses for remaining records from IRS (count less than 10)

- After nearly completing the process to check whether our members have adhered to the requirement to reconcile their tax credits, we are pleased to note that, of our total enrolled population, only 2,733 failed to file their taxes and reconcile any tax credits received in 2015 (or earlier)
- This is significantly less than we predicted, based on our review of national-level data published by the IRS about the 2014 tax season and the fact that this was the first time Massachusetts residents, long accustomed to receiving financial assistance at these incomes, would have to file taxes to maintain their subsidies going forward
- We plan to continue outreaching this population to encourage them to file taxes, including targeted emails later this month, and have been working with consumer advocates on locating resources for those who still need tax filing assistance outside of the typical tax filing “season”
- We are also making available new system functionality later this month that will allow members to attest to having filed taxes if their tax filing is pending with the IRS due to late filing and thus blocking them from subsidies, we will then recheck their information at a later date



Final Eligibility



#	Progress	Key Accomplishments	Upcoming Activities & Open Items
4		<ul style="list-style-type: none"> Processed APTC calculations via FDSH in two business days Executed initial batch of CCA only households on schedule Currently ~40% complete with finalizing eligibility and generating renewal notices to Dell 	<ul style="list-style-type: none"> Continue processing final eligibility and applicable renewal notices for remaining population Testing and deploying system fixes to finalize eligibility Generate and mail ~180K final eligibility notices

- Once the processes for final eligibility are complete, and eligible members' advance premium tax credits (APTC) are calculated for 2017, members will begin receiving notices that include a determination of eligibility, available APTCs, plans and premiums for 2017
- In addition to this packet, we will be outreaching members with emails and robo-calls, as well as sending those members with material premium changes special packets that walk them through, in "plain English", their options and how they can take advantage of our tools (e.g., Provider Search, Plan Compare) to find the right plan for them for 2017
- We also plan to send targeted communications in the beginning of November to members with significant eligibility changes that did not take action to update their account before Final Eligibility was run

The screenshot shows an email from the Massachusetts Health Connector. The subject is "You can find a lower-cost ConnectorCare plan for 2017". The email body contains the following text:

Dear Member,

I know that you might be facing some decisions when it comes to your health insurance for next year, and I wanted to take a minute to let you know that we at the Health Connector are here to help.

We like to say that we are the right place for the right plan, and I think we have the right tools to help you make a good decision. I know that we are the best place to shop for health plans, and you will find coverage for 2017 that provides you with high-quality health care at a price that is similar to what you pay now.

Through the Health Connector, you will have some options for next year and they all include access to quality doctors, hospitals and other medical care in your area. I encourage you to go online and log in to your account, and spend some time using our provider search tool to see what doctors and hospitals are available to you. You can also use our plan comparison tool to check out available benefits, co-pays and other costs in the plans you are considering.

The fact of the matter is, some insurance companies are increasing premiums because they made business decisions that don't keep up with rising costs and the cost of care at some hospitals. Other insurance companies have managed their costs are welcoming you with more-affordable prices. I think you will find that taking a few minutes to shop for new health plans will allow to manage the well of health care you have right now, but also potentially save you money over the course of the year.

If you want some help deciding on what to do, we have trained staff at walk-in centers and community organizations around the state. You can find the help nearest you at our website, www.MAhealthconnector.org/help-center.

We want you and your family to have health insurance, because we know being able to go to the doctor for a checkup or when you're sick is an important part of living a long, healthy life, and that's what we want for everyone in Massachusetts. We can help you work your way through this important decision, and find a good plan for you and family for next year.

Sincerely,

You can find a lower-cost ConnectorCare plan for 2017

Please look at your other ConnectorCare plan options for next year because your monthly premium cost is going up to \$600 premium for 2017. Currently, you are paying \$2036 premium per month. We know this is a large increase and your plan's 2017 premium may be harder for you to afford.

The good news? There are other high-quality ConnectorCare health plans available with lower premiums. The ConnectorCare plans listed below have the same great ConnectorCare benefits that you have now, but will cost less than your current plan for 2017. Please note that the provider networks (doctors and hospitals that work with the health plan), and the cost of prescription medications may be different for each ConnectorCare plan.

Choose another ConnectorCare plan to save money in 2017

(Plan 1 + premium)
(Plan 2 + premium)
(Plan 3 + premium)
(Plan 4 + premium)

We are here to help you find the right plan for 2017—one with the same high-quality coverage but an affordable cost. To help you make a decision, we've included the following information with this letter:

- A ConnectorCare Shopping Guide, with steps for comparing ConnectorCare plans for next year and changing your enrollment online
- A hospital and community health center chart, so you can see which providers are in different ConnectorCare plan networks
- A list of places where you can get free, extra help with choosing a new plan

IMPORTANT DATE: December 23, 2016

You will need to change plans before December 23 if you want to enroll in a different plan before your monthly premium goes up on January 1, 2017.

How to change your plan for 2017 online

You can find step-by-step instructions for changing your plan online on page 2 of the ConnectorCare Shopping Guide, included with this letter.

Get free, in-person help

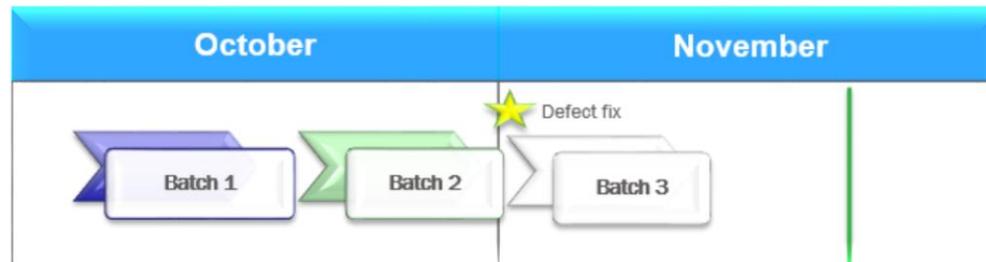
We've included a list of places to get free help in-person with choosing a plan for next year. You can find this list on the last page of the ConnectorCare Shopping Guide.

Need help? Go to www.MAhealthconnector.org/help or call 1-877-MA-ENROLL (TTY: 1-877-623-7773). Press 4 after the menu to get help with plan shopping

Auto-renewal

#	Progress	Key Accomplishments	Upcoming Activities & Open Items
5		<ul style="list-style-type: none"> Executed first of three production-like tests for 2017 auto enrollments and effectuations 	<ul style="list-style-type: none"> Execute two additional cycles of testing, inclusive of carrier transactions and billing processes Remediate system issues in advance of auto enrollment execution Execute auto enrollment in production beginning November 18, 2016 Process an estimated ~210,000 renewal transactions for medical and dental policies (note that though dental has rolling enrollment, all 2016 policies are renewed for 2017 at the same time)

- “Production-like” testing is well underway, and is scheduled to proceed into November to test the effectiveness of any additional code updates



- Once the auto enrollment process is complete, members will be effectuated in coverage for 2017 and we will begin sending bills for January coverage

Customer Support

#	Progress	Key Accomplishments	Upcoming Activities & Open Items
7		<ul style="list-style-type: none"> Hired 296 of needed 344 Customer Service Representatives (CSRs) at peak Completed Open Enrollment call forecast & staffing plan including Spanish language, extended business hours and Shopping queue plans Defined Shopping Queue service model; plan execution underway Secured temporary Walk-In sites & began training for first wave of Walk-In CSRs All Navigators have undergone Open Enrollment training 	<ul style="list-style-type: none"> Complete training & hiring for remaining CSR positions through December 2016 Implement extended business hours starting November 1 Implement Shopping Queue November 1 Conduct business event refresher trainings through January 2017 Train Navigators on the assister portal and onboard them in time for Open Enrollment

- The Health Connector Call Center will be open for expanded business hours during Open Enrollment, starting November 1

- The Health Connector Call Center and Boston & Worcester Walk-In centers will remain open on Martin Luther King, Jr. Day (January 16th)

	Closed Enrollment Hours	2017 OE Hours
Monday-Thursday:	8AM – 6PM	8AM – 8PM
Friday:	8AM – 6PM	8AM – 6PM
Saturday:	Closed	9AM – 5PM

- The Health Connector Call and Walk-In Centers will be closed in observance other remaining major holidays during Open Enrollment

- Six Walk-In Centers will be available during Open Enrollment

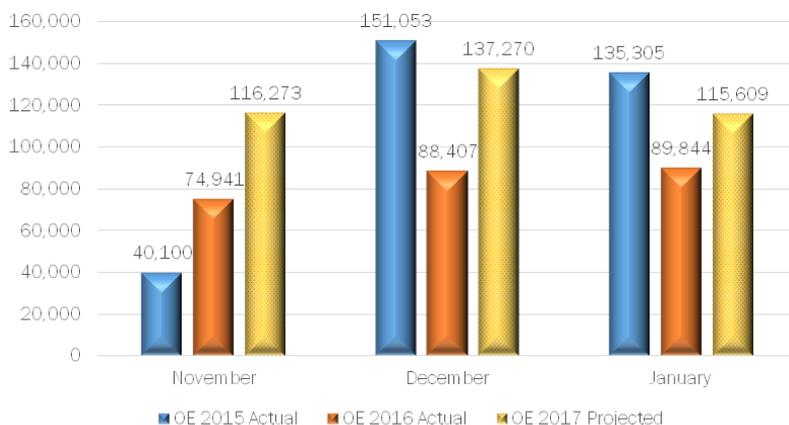
- Year-round sites in Boston, Worcester & collocated with the MassHealth Enrollment Center in Springfield
- Three Open Enrollment sites collocated with Community Health Centers in Lowell, Fall River and Brockton

Customer Support (cont'd)

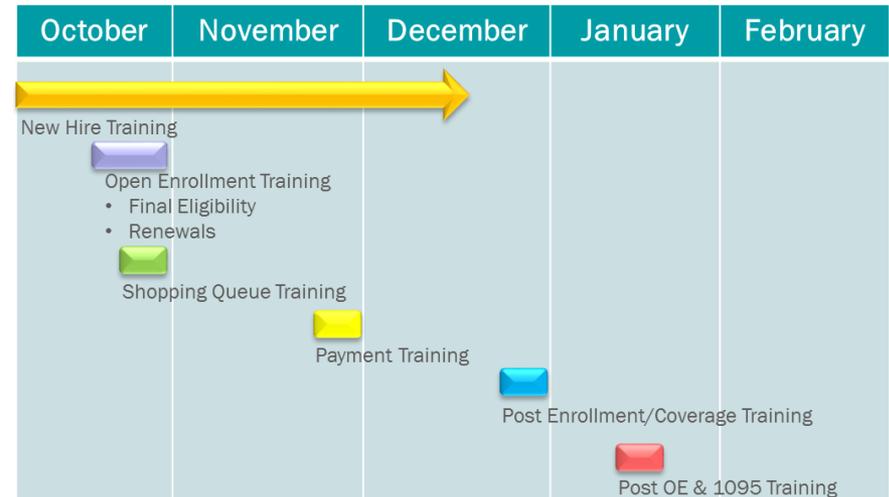
Increased Staffing Levels

- We are increasing staffing levels in order to support customers during Open Enrollment
 - Call volume is projected to be significantly higher than last year due to premium rate increases and eligibility determination changes impacting customers
 - Staffing levels are being adjusted to meet expected increased demand, with nearly 350 Customer Service Representatives (CSRs) on hand at peak

Year-Over-Year Open Enrollment Call Volume



Additional Training



- Extensive training is taking place leading up to and during Open Enrollment to ensure customers are well supported during all the phases of the renewal process
 - New Hire training continues through December
 - CSRs will be brought back in for training throughout Open Enrollment in advance of critical business events to reinforce key topics

Customer Support (cont'd)

Assister Training & Support

- Assisters have received additional training, specific to this Open Enrollment, focusing on premium increases, eligibility changes, and how to update accounts and shop
- New for this year's Open Enrollment, we are launching an "Assister Portal" that will allow authorized assisters to better support members
- Additionally, assisters will continue to have access to an exclusive "Assister Line" that allows them to quickly access CSRs if needed



Community Health Center Partnership



- In addition to partnering with CHCs to support our walk-in centers, this year we have selected 6 CHCs to be Navigators and are collaborating with 5 more on outreach events and health fairs
- We are also actively working with the MassLeague of CHCs to formalize partnerships with Navigators and local health centers so that we can be present at more events throughout the Commonwealth, especially during Open Enrollment

Next Steps



- When we next update the Board in early November, Open Enrollment will have begun, with our doors opening on November 1 at 7 AM Eastern Standard Time
- We are targeting completion of our redetermination processes and anticipate that we will have sent the majority of our members their renewal notices for 2017
- Our call centers will be operating on expanded business hours and six walk-in sites around the Commonwealth will be serving applicants and members
- Assisters will continue to work with applicants and members and will receive additional training and access to the new Assister Portal