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# Open Enrollment 2017 Status

HEALTH CONNECTOR TEAM

Board of Directors Meeting, November 10, 2016

# Open Enrollment 2017 Status Update

*Open Enrollment began just over a week ago on November 1.*



5	<i>Days until auto-renewal</i>
21	<i>Days until January invoices are sent</i>
52	<i>Days until 2017 coverage begins</i>
83	<i>Days until Open Enrollment ends</i>

- Open enrollment 2017 has been going smoothly, with both the system and call center performing well
- We continue to see members updating their eligibility applications as well as a steady influx of January 1 applications, plan selections and enrollments
- In addition to providing a status update on Open Enrollment, we will also apprise you of our progress with member renewals and other member supports

# Open Enrollment 2017 Timeline

	August	September	October	November	December	January	
Noticing, Billing	 2017 Preliminary Eligibility notice   Update 2017 Eligibility (online, phone, in-person assistance)		 Finalize 2017 Eligibility and Receive Renewal Notice		 Receive new 2017 premium bill   <b>COME IN WE'RE OPEN</b> <i>Open Enrollment 2017: the time to shop around and explore your options for quality, affordable coverage</i>	 23 January Payment Due	 23 February Payment Due
Member Communication		 What to Expect for Open Enrollment e-mail, mailing		 E-mail promoting shopping and in-person help  Letter if at risk for downgrade in 2017  High increase in premiums letter, robo calls  New bill announcement  Shopping "quiz" e-mail	 Shopping education and support e-mail to enrollees  Call to members who need to submit a binder payment for January  Shopping reminder to high premium increase pop.  E-mail and robo for automatic EFT members renewing in 2017	 "Last chance to shop" e-mail for members with high premium increase  Welcome letter to brand new members  Welcome e-mail for renewing members	
System Activities		 Check tax filing compliance for TY15, may impact subsidies in 2017		 Auto Renewal Process to shop for you if you have not yet shopped		 Re-check tax filing compliance for late filers, may impact subsidies as soon as 2/2017	
Unenrolled Outreach			 Letter to self-reported uninsured from state DOR   OE save the date to eligible but unenrolled (EUN)		 Shopping and payment reminder to 2016 EUN	 OE end reminder for EUN	



# **Open Enrollment Dashboard**

# Open Enrollment 2017 Dashboard Status



#	Business Events	Progress	Key Accomplishments Since October	Upcoming Activities & Open Items
1	Preliminary Eligibility		<ul style="list-style-type: none"> <li>Finished processing 387,891 preliminary eligibility 2017 applications</li> <li>Deployed system fix and processed remaining ~63,000 since last meeting</li> <li>100% preliminary eligibility notices have been sent</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
2	Plan Loading		<ul style="list-style-type: none"> <li>Enhanced Provider Search tool went live on 11/1</li> <li>Plan Comparison tool was launched on 9/28</li> </ul>	<ul style="list-style-type: none"> <li>Additional behavioral health providers for Health New England and Minuteman will be added in December</li> <li>Aiming to add dentists to the tool during this Open Enrollment period</li> </ul>
3	Failure to Reconcile Check		<ul style="list-style-type: none"> <li>Processed all FTR calls for preliminary eligibility</li> <li>Established resources within the Commonwealth for individuals who need tax filing assistance for Tax Year 2015</li> <li>Implemented system functionality for late tax fillers to enable access to subsidies while IRS processes returns</li> </ul>	<ul style="list-style-type: none"> <li>Process ~4,000 records at the end of December who were found as late tax filers to determine whether they have filed</li> </ul>
4	Final Eligibility		<ul style="list-style-type: none"> <li>Finalized 387,017 applications from preliminary process</li> <li>Generated and mailed ~203,000 renewal notices to enrolled members</li> </ul>	<ul style="list-style-type: none"> <li>Generate renewal notices for Health Connector members who enrolled in coverage for November or December 2016</li> <li>Complete finalization process on Mixed Households without Health Connector enrollees</li> </ul>

Not Started
 Initiated
 In Progress
 Closing
 Complete

# Open Enrollment 2017 Dashboard

## Status (cont'd)



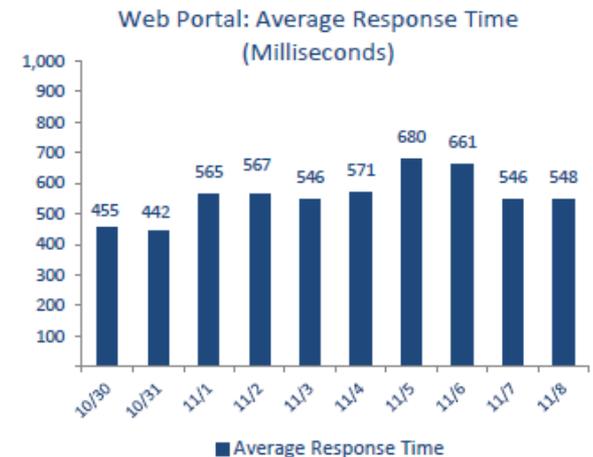
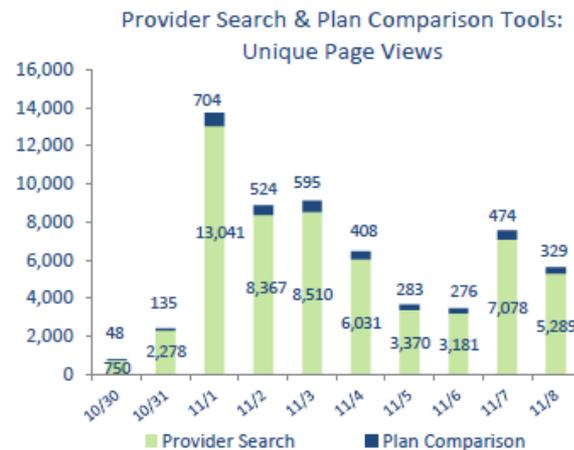
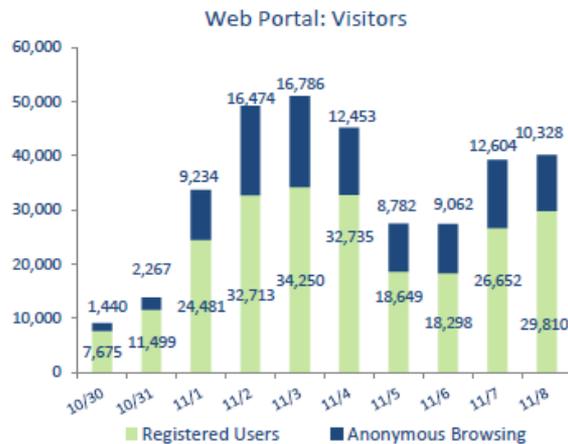
#	Business Events	Progress	Key Accomplishments Since October	Upcoming Activities & Open Items
5	Auto-renewal		<ul style="list-style-type: none"> <li>Completed production like enrollment tests, inclusive of carrier transactions and effectuations on over 100,000 records</li> </ul>	<ul style="list-style-type: none"> <li>System fix to be implemented in production on 11/11 to address issues found in testing</li> <li>Execute auto enrollment in production beginning November 16, 2016</li> <li>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)</li> </ul>
6	Bill Run		<ul style="list-style-type: none"> <li>Finished development of new invoice design and plan to change color of quotes to green to promote differentiation</li> </ul>	<ul style="list-style-type: none"> <li>Production-like testing of billing for renewals</li> <li>Invoice redesign testing to take place early – mid November</li> <li>Estimated production of ~200,000 invoices</li> </ul>
7	Customer Support		<ul style="list-style-type: none"> <li>Hired 326 of needed 344 Customer Service Representatives (CSRs) at peak - training and hiring for remaining CSRs</li> <li>Opened three temporary walk-in centers</li> <li>Implemented specialized shopping queue on November 1</li> <li>Implemented extended business hours on November 1</li> <li>Navigators have completed training on the Assister Portal</li> </ul>	<ul style="list-style-type: none"> <li>Begin certification and onboarding of Assister Portal</li> <li>Continue hiring additional CSRs</li> <li>Conduct ongoing business event refresher trainings</li> </ul>



# **Detailed Updates**

# Web Usage

*So far during 2017 Open Enrollment, system performance is meeting expectations and we are seeing extensive use of our web shopping tools.*



- So far during Open Enrollment we have seen higher website volume than during closed enrollment, but continue to see excellent performance of the system
- Compared to last Open Enrollment, we are seeing much higher traffic on the Provider Search tool, likely due to our increased communications promoting shopping and use of our web tools for support
- Web use for this year's Open Enrollment far exceeds use for comparable period last year

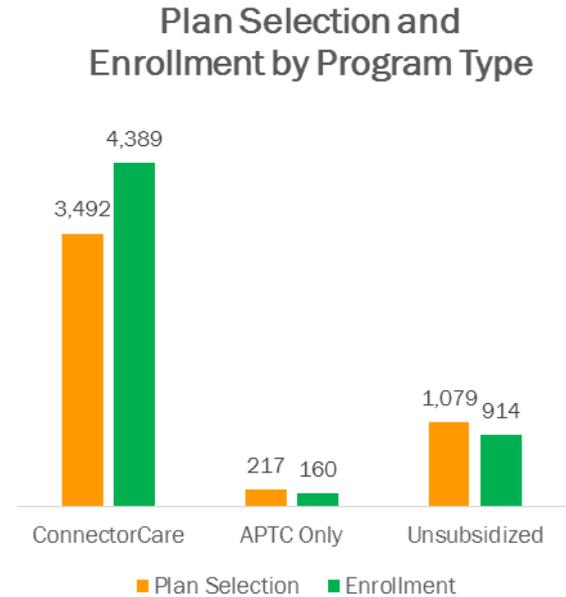
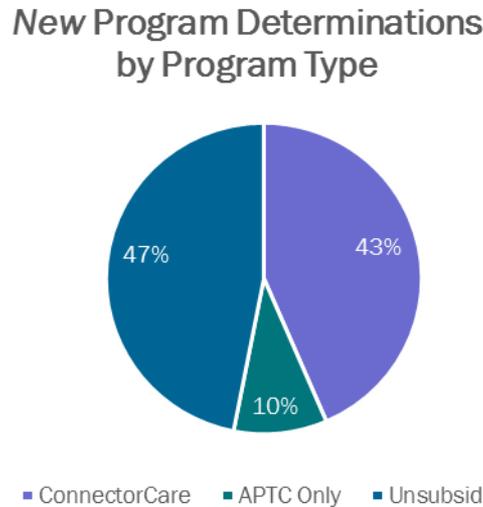
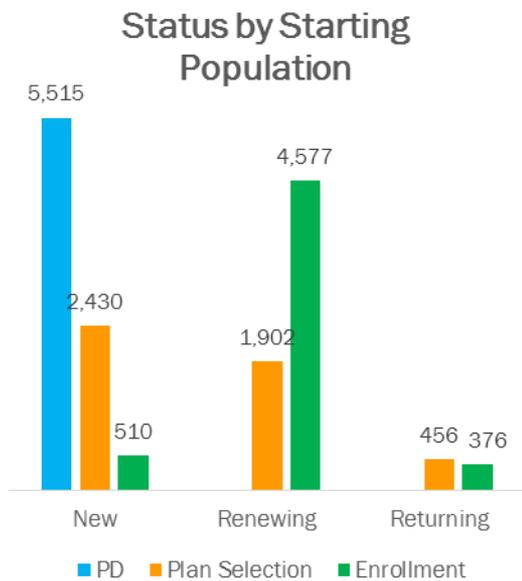
# Website: Application and Enrollment Activity



*We are seeing steady application and enrollment activity in just the first week of Open Enrollment.*

## 2017 Application and Enrollment Activity, November 1-8

Total 2017 New Program Determinations: 5,515  
 Total 2017 Plan Selections: 4,788  
 Total 2017 Enrollments: 5,463



New: Brand new to system  
 Renewing: Enrolled as of 11/1  
 Returning: Previous Health Connector enrollee, currently unenrolled in 2016

# Final Eligibility Update



***As we process additional records through redeterminations and also track members updating information, we continue to watch eligibility movement.***

- Since processing approximately 63,000 additional records for redeterminations since October, we have seen more current ConnectorCare members move preliminarily to unsubsidized coverage in 2017
- We are, however, seeing a high number of individuals updating applications through web activity and getting back into subsidy for 2017
- Of the 26,016 2016 ConnectorCare members who downgraded into 2017 unsubsidized coverage reported at the October Board meeting, 3,086 have moved back into subsidized coverage to-date
- This member activity is in-line with reports from the call center and from assisters, especially Navigators, who have been supporting members in updating applications or directing them to tax-support resources

2016 Program Type	2017 Program Determination						
	CHIP	MassHealth	Connector Care	APTC Only	Unsubsidized	Pending	Total
CHIP	31	1	-	3	1	-	36
MassHealth	-	612	6	6	12	96	732
Connector Care	27	1,586	141,826	7,839	28,310	890	180,478
APTC Only	15	43	490	10,049	3,541	72	14,210
Unsubsidized	12	63	224	274	36,968	143	37,684
Total	85	2,305	142,546	18,171	68,832	1,201	233,140

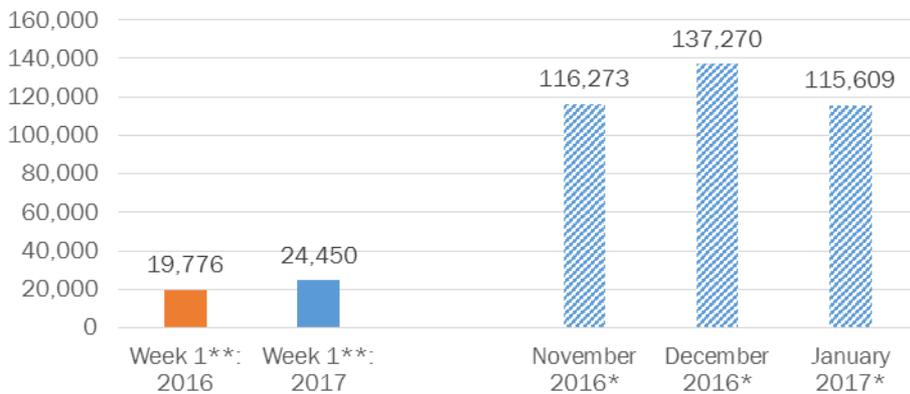


# Customer Support Update

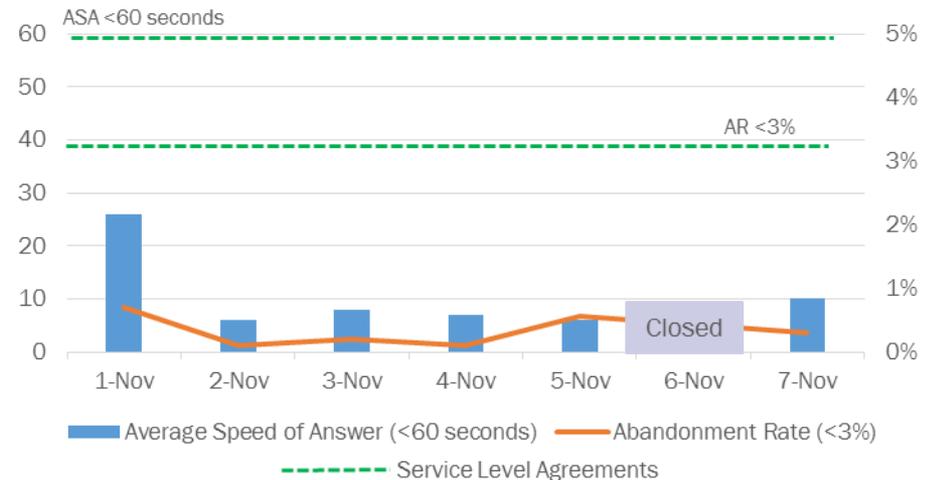


**The Health Connector customer service center has maintained strong performance in the first week of Open Enrollment.**

Open Enrollment 2017  
Week 1 Year-Over-Year Call Volume & 2017 Projected\* Call Volume



Open Enrollment 2017  
Week 1 Performance



- The Customer Service Center has received ~20% more calls in the first week\*\* of Open Enrollment 2017 compared to Week 1 2016
- Average Speed of Answer and Abandonment Rate targets have been met in Week 1

\*Projected volume

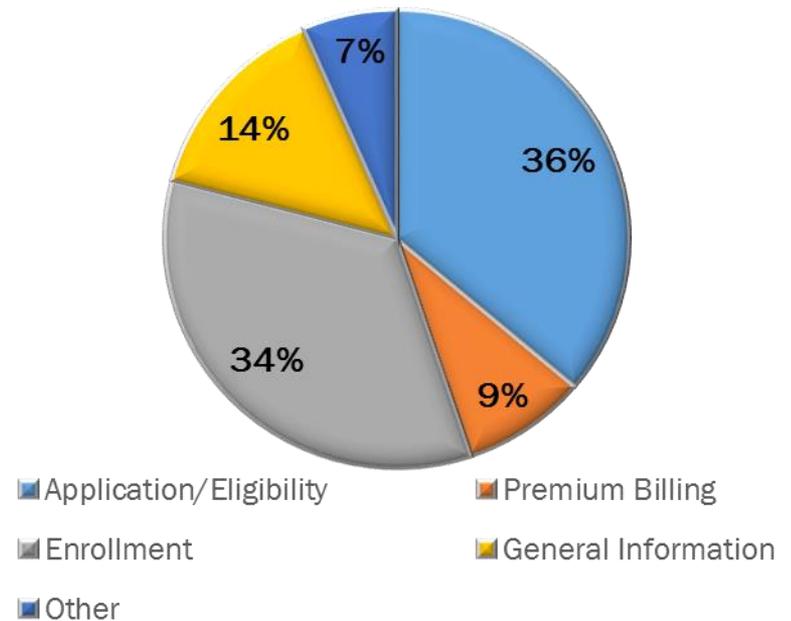
\*\*Based on first 6 business days

# Customer Support Update (cont'd)

***Application and eligibility support, as well as plan shopping and enrollment, have comprised the vast majority of calls in Week 1.***

- The special shopping queue went live on November 1st, accounting for ~24% of inbound call volume. The nature of the calls received in Week 1 reflect how customers are actively focused on plan shopping
  - Members are calling in prepared with their list of providers
  - Callers acknowledge receipt of direct member communications as well as national news on premium increases
  - Customers are surprised by premium increases but are taking active steps to compare plans and shop
- Calls in Week 1 2017 are more evenly split between Application/Eligibility & Enrollment than Week 1 2016, when the vast majority of calls were related to Application/Eligibility (upwards of ~60%)

Open Enrollment 2017  
Week 1: Top Call Reasons

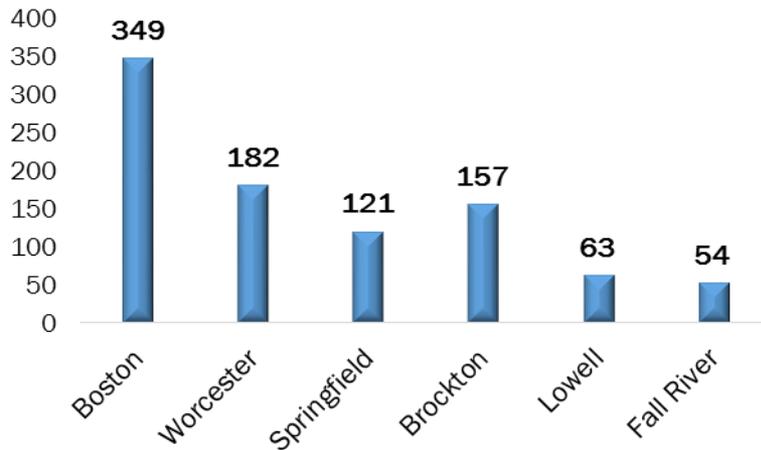


# Customer Support Update (cont'd)

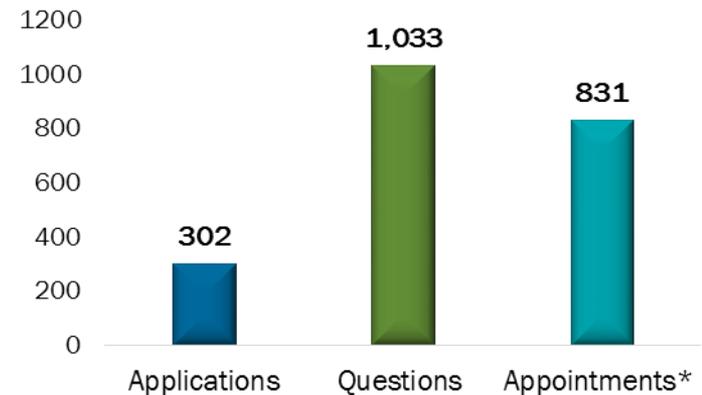
- Walk-in center locations helped 926 members during the first week of Open Enrollment, which represents an 11% increase over last year's first week. Top reasons for visits are application assistance, plan enrollment and premium billing
- Navigators are assisting new applicants, answering questions about Open Enrollment and some have begun scheduling appointments with clients

Walk-In Centers: Week One of Open Enrollment

Number of individuals who have visited



Navigator Activities: Week One of Open Enrollment



\* Only 12 of the Navigator organizations take appointments

*"I saw a member switching (from one plan to another) and saving \$312/month in premium, now in the lowest cost plan and actually paying less for coverage on 2017." – Navigator on Cape Cod*

*"What we are seeing and hearing on the front lines so far is how much easier the renewal process appears to be this year. Our folks have a better understanding of how the APTCs are working for them, which makes the process easier to navigate albeit with the face-to-face help of an assister." – Navigator in North Adams*

# Special Member Supports for Open Enrollment 2017: Update

 Completed  
 In progress



- 9
-  Office of Patient Protection
  -  Legislature/constituent services staff
  -  Governor's office
  -  Congressional Delegation
  -  Sister agencies

- 1
-  Newly designed, specially tailored mailing to members with material premium increases
  -  Letter telling members with changes in eligibility what they can do to stay covered

- 8
-  Highlighting tax assistance sites
  -  System enhancements to support continued receipt of subsidies for late filers

- 2
-  Tailored reports for Navigators on members with eligibility changes and premium increases
  -  New assister trainings on how to shop and correct eligibility

- 7
-  Promote availability of hardship waivers
  -  Investigate appropriate flexibility for SEPs outside of Open Enrollment

- 3
-  New call center queue exclusively for shopping
  -  Tagging members in CRM with eligibility or premium changes to trigger special talking points

- 6
-  Additional bill inserts promoting shopping
  -  Emails and robo calls to members with EFTs set up – reminders and opt out instructions
  -  Outreach to individuals with insufficient funds

- 4
-  Identification of "hot spots" throughout the state where the highest concentration of members need the most help
  -  Use this data to deploy assisters, special messaging via social and paid media

- 5
-  Coordinate with carriers on care transition, customer service, PCP access and message alignment
  -  Work with provider groups to facilitate members transitioning to and from different providers

# Open Enrollment 2017 – Key Highlights

**November 1, 2016 – January 31, 2017**

*Now is the time for current members to review and update their 2017 application and shop for 2017 plans. For Massachusetts residents who need health insurance, now is the time to get affordable, high quality coverage.*

## Extended Customer Service Hours



### Monday – Thursday

8 AM – 8 PM

### Friday

8 AM – 6 PM

### Saturday

9 AM – 5 PM

## 6 Walk-in Centers



## 16 Navigators



## Enhanced Online Tools MAhealthconnector.org



## #StopShopEnroll



The background is a solid light green color. A large, white, stylized letter 'A' is centered on the page. The 'A' is composed of a vertical bar on the left, a vertical bar on the right, and a horizontal bar at the top. The horizontal bar is slightly curved. The overall design is minimalist and modern.

# **Appendix**

# Open Enrollment 2017 Dashboard: Descriptions



#	Business Events	Progress	Business Event Description	Not Started	Initiated	In Progress	Closing	Complete
1	Preliminary Eligibility		<ul style="list-style-type: none"> <li>This is the process by which we use the newly implemented Redeterminations &amp; 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.</li> </ul>					
2	Plan Loading		<ul style="list-style-type: none"> <li>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.</li> </ul>					
3	Failure to Reconcile Check		<ul style="list-style-type: none"> <li>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.</li> </ul>					
4	Final Eligibility		<ul style="list-style-type: none"> <li>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.</li> </ul>					
5	Auto-renewal		<ul style="list-style-type: none"> <li>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.</li> </ul>					
6	Bill Run		<ul style="list-style-type: none"> <li>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.</li> </ul>					
7	Customer Support		<ul style="list-style-type: none"> <li>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.</li> </ul>					