



*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, November 10, 2016
9:05 AM to 11:00 AM

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

Attendees: Louis Gutierrez, Mark Gaunya, Daniel Judson, Michael Chernew, Rina Vertes, Louis Malzone, Nancy Turnbull, Celia Wcislo, Roberta Herman, Dimitry Petion. Alice Moore attended as the representative of Marylou Sudders. Lauren Peters attended as the representative of Kristen Lepore.

The meeting was called to order at 9:06 AM.

- I. Minutes:** The minutes of the September 8, 2016 and October 13, 2016 meetings were unanimously approved.
- II. Executive Director's Report:** Mr. Gutierrez began the meeting with brief remarks about health care reform in Massachusetts. He stated that Massachusetts has been a national leader in providing quality, affordable coverage as a state-based marketplace for more than a decade. He stated that the Health Connector is fortunate to work with partners, such as carriers, providers, employers and the legislature, to deliver on this mission and will continue to do so. He added that the Health Connector is committed to continuing to work with stakeholders and federal partners. He noted that the Health Connector provides a stable system and flexible options for over a quarter of a million members. Next, Mr. Gutierrez provided an update on Open Enrollment. He stated that Open Enrollment is off to a solid and active start, with the online system working properly and customer support operations working well. He stated that members are taking action by picking new plans

and that new applicants are submitting applications online. He added that the system is being monitored closely and that Health Connector staff are working to support upcoming milestones. He stated that the customer service centers are performing well but that they face future tests, particularly during the week of the December 23rd payment deadline for January enrollment. He stated that he is pleased to announce an additional Navigator organization, Health Care for All (HCFA), to support members and new applicants. He stated that HCFA will support health centers and community outreach on a rotating basis and that the organization was awarded a \$130,000 Navigator grant in the summer. Mr. Gutierrez then reviewed other meeting agenda topics, including a presentation on a contract extension with Milliman, with an update on the 2015 risk adjustment process. He added that three requests for reconsideration were received in June regarding the risk adjustment settlements. He stated that two of the requests are currently in process with hearing officers and that the third, from Blue Cross Blue Shield, is undergoing an audit of selected claims.

Next, Mr. Gutierrez introduced Josiane Martinez from Archipelago Strategies Group to discuss outreach plans for Open Enrollment. He stated that Ms. Martinez will share Spanish television material before it airs on television next week. He stated that, in partnership with Archipelago, Health Connector outreach concepts and visuals are being developed with the community in mind. Jason Lefferts, Director of Communications at the Health Connector, stated that Ms. Martinez is founder and Chief Executive Officer of Archipelago, and also introduced Alec Loftus, Vice President of Archipelago. They presented a PowerPoint presentation titled "Open Enrollment Multilingual Outreach and Education Campaign." Mr. Lefferts stated that the Health Connector is increasing its community outreach this year through widespread community-based efforts and is targeting both the short- and long-term uninsured in the market. He stated that the Health Connector will be represented at 100 events and locations around the Commonwealth and is focused on expanding relationships with community leaders. Ms. Martinez shared an image of a pledge card, printed in both English and Spanish, used to collect information from individuals in need of health insurance. She stated that the pledge cards are shared with Navigators with various language capacities so that they can follow up and assist individuals in applying for coverage. Mr. Lefferts then reviewed television, radio and print messaging. He noted that the advertisements will begin airing the following week, after the Presidential election. He added that, this year, rather than developing English-language messaging and translating it into Spanish, Spanish-language messages were developed creatively to speak directly to Spanish speakers. Ms. Martinez stated that Archipelago conducted four Spanish-language focus groups in Chelsea and Springfield to develop messaging. She stated that, from these sessions, several themes emerged: the importance of family in the decision to seek health insurance, and price sensitivity. Mr. Lefferts reviewed the additional languages of media messaging across the Commonwealth that will run throughout Open Enrollment. In response to a question from Ms. Turnbull, Ms. Martinez explained the differences that emerged between the Chelsea and Springfield Latino populations in the focus groups. She stated that the group from Eastern Massachusetts is motivated by caring for their families and noted that they mostly come from Central and South America. She stated that, in Western Massachusetts, the Latino population is largely Puerto Rican and moved from the island because of the economic crisis. She noted that this group tends to be younger and care most about the price of health

insurance and access to services. In response to a question from Mr. Petion, Ms. Martinez stated that, in addition to the two groups of Latino individuals discussed, a number of other demographic groups are being targeted in regions across the Commonwealth. For example, she stated, Archipelago is working with Cape Verdean and Haitian partners. In response to a question from Mr. Petion about outreach to the Khmer population in Lowell or the Haitian Creole community in Brockton, Ms. Martinez stated that, in addition to these populations, Archipelago is planning to reach the Chinese community in Quincy and Boston, the Brazilian community in Framingham and Allston, Somalians in Roxbury and refugees in Worcester. Mr. Lefferts added that he can provide Mr. Petion with the full list of messaging outlets and languages. Ms. Wcislo stated that her organization's web page serves 55,000 individuals and offered to post the Health Connector's outreach materials on the site. Mr. Lefferts reviewed additional media efforts, including Navigator organization press releases in multiple languages and the Health Connector's recent Hidden Gems tour. He stated that coverage of the tour was featured in more than 20 media outlets and reached 18,000 people on Facebook. Next, Ms. Martinez shared the Spanish-language advertisements informed by the two focus groups. She stated that the advertisements incorporate feedback from the focus groups, which stated that highlighting the unintentional consequences of being uninsured would be effective messaging. She added that focus group participants expressed the desire to learn where they could find help through the advertisement. Therefore, she stated, the advertisement that will be shown in the Springfield area features a local Navigator at Caring Health Center. In response to a question from Ms. Wcislo, Ms. Martinez outlined additional radio and print advertisements that will be featured in a variety of languages. Mr. Gutierrez stated that ethnic media should not be associated with any particular group and expressed his excitement that this year's outreach efforts are deeper and more informed. Ms. Wcislo inquired whether the Health Connector has considered playing its advertisements in neighborhood health center waiting rooms and Mr. Gutierrez thanked her for the suggestion and noted that the Health Connector will explore the idea. Mr. Petion agreed with the suggestion to leverage health center waiting rooms. Mr. Gutierrez noted that Ms. Moore needed to take a phone call and asked Mr. Chernew to move the meeting to the next agenda item in his role as Vice Chair of the Board, and Mr. Chernew called for the Open Enrollment Status Update discussion.

- III. Open Enrollment 2017 Status:** The PowerPoint presentation "Open Enrollment 2017 Status" was presented by Jen Bullock, Audrey Gasteier and Michael Piantanida. Ms. Gasteier provided a summary of the presentation, stating that Open Enrollment began last week and that the presentation will review key statistics as well as provide a broad update regarding Open Enrollment processes. She stated that, so far, the member experience has been stable, with the call center performing well and the online system working as designed. She noted that steady activity is taking place among both existing and new members. She reviewed a timeline of key Open Enrollment activities, including a number of touchpoints with members. She noted that many member communications highlight the importance of shopping given premium increases this year. She stated that communications to existing members emphasize the importance of members updating their account information to ensure they are accessing the subsidies for which they are eligible. She stated that the Health Connector is again partnering with the Department of Revenue (DOR) to send a letter to individuals who report they are uninsured when filing their taxes.

She added that these letters were sent to 111,000 households. In response to a question from Ms. Turnbull, Ms. Gasteier stated that the Health Connector will attempt to determine which individuals received the DOR letter for two consecutive years. She added that, last year, Health Connector staff presented an analysis, using DOR data, which showed that about half of the reported uninsured were uninsured year over year. She noted that the Health Connector is now conducting a monthly email survey of new members and asks if the member heard about the Health Connector through a letter from the DOR. She added that call center data is also being reviewed to determine if members reference the letter. She stated that there is also federal activity around this and stated that the Internal Revenue Service (IRS) sent a mailing to individuals who paid the federal penalty for failing to have insurance. Ms. Turnbull noted that it would be helpful to leverage learnings from Archipelago to inform the content of the DOR mailing. Mr. Chernew agreed and stated that, while he agrees with the importance of sending specific and targeted messaging, it is also important not to use a significant amount of resources to reach a small population. Ms. Turnbull stated that data show that Latinos have the highest rates of uninsurance and that DOR data show that individuals who remain uninsured are disproportionately young men and Latino. She acknowledged the importance of outreach to other groups mentioned by Mr. Petion but noted that the Latino population is the largest group of uninsured residents. Ms. Gasteier agreed that, with respect to outreach activities, it is important to balance targeted messaging with broader messages that resonate with a variety of groups. She added that since research shows that the majority of the uninsured are income-eligible for subsidies, and that many are unaware they are eligible to receive subsidies, the DOR letter included mostly information about ConnectorCare but also featured some information about unsubsidized plans. In response to a question from Mr. Malzone, Ms. Gasteier replied that the penalty for being uninsured in 2015, under the Massachusetts individual mandate, was half of the premium amount of the lowest cost plan available through the Health Connector. In response to a question from Mr. Malzone regarding whether the penalty increased in 2016, Ms. Gasteier explained that, since the penalty is based on the premium cost of the lowest cost plan, if the Health Connector premium amount rises, so does the amount of the penalty. Mr. Malzone emphasized that Health Connector communications should make clear the cost of the penalty and that an individual will be required to pay the penalty and will receive no health insurance coverage in return. Ms. Gasteier stated that state and national research show that individuals are aware of, and concerned about, the penalty, but that the minority of individuals is motivated by only the penalty. In response to a question from Ms. Herman, Ms. Gasteier stated that the penalty is administered by the DOR and has been collected since 2007. Ms. Turnbull noted that two-thirds of the uninsured have incomes at or below 150 percent of the Federal Poverty Level (FPL) and that, at that income, the penalty is \$0.

Next, Mr. Piantanida reviewed the Open Enrollment 2017 dashboard of major business events. He first stated that the first event, preliminary eligibility, is essentially complete, with 387,000 eligibility applications executed in the system. He added that a system fix was received and completed for 63,000 applications and that all preliminary eligibility notices were sent. He discussed plan loading activities and stated that the plan comparison tool was launched at the end of September and that an enhanced provider search tool launched on November 1, including the additional provider types of Community Health

Centers (CHCs) and behavioral health providers. He noted that the Health Connector plans to add dentists to the tool during Open Enrollment. Next, he stated that the Failure to Reconcile (FTR) check is near completion and that system functionality was added to allow late tax filers to attest to having filed taxes and override the FTR indicator. In response to a question from Ms. Turnbull, Mr. Piantanida explained that, if an individual did not file and reconcile their tax credits at tax time, the IRS returned an indicator that an individual failed to reconcile, or that they filed an extension. He stated that the Health Connector plans to check the approximately 4,000 who filed an extension again at the end of December to retrieve an updated filing status from the IRS. Mr. Piantanida then discussed final eligibility and stated that it is moving toward completion, with 387,000 applications finalized and 203,000 renewal notices mailed to enrolled members. He added that a few items remain and explained that, since individuals can enroll in Health Connector coverage in November and December, which is after the final eligibility process is run, an additional batch will be run at the end of November to process these members. He noted that there are some mixed households without Health Connector enrollees that must be processed as well. In response to a question from Ms. Wcislo, Mr. Piantanida answered that members received their 2017 premium amount and plan information in their renewal notice. Ms. Coates noted that members are calling the call center to ask about alternative plans and that Health Connector communications encouraging members to take action and shop seem to be effective. Mr. Piantanida then discussed auto renewal and stated that production-like enrollment tests are complete and that auto renewal is targeted to run in production the week of November 16. He stated that, following auto renewal, bills will be generated for January 2017 coverage and noted that a new invoice was developed to help consumers understand their bills. He stated that customer service is a business event that runs throughout Open Enrollment and that staffing levels were increased to support increased Open Enrollment volume. In response to a question from Mr. Petion, Mr. Piantanida explained that the preliminary and final eligibility volumes differ due to individuals in mixed households whose applications have not yet been finalized.

Mr. Piantanida then reviewed web portal statistics and stated that system performance is meeting expectations. He noted significant use of the provider search tool and added that many Health Connector communications promote the tool. Ms. Turnbull inquired whether web portal visits from registered users represent unique individuals, and Mr. Piantanida replied that he would attempt to locate the unique user count. Mr. Piantanida stated that, this year, the Health Connector's website experienced as much traffic in the first week as in the first two weeks of Open Enrollment last year. In response to a question from Mr. Chernew, Mr. Piantanida answered that website visits represent both individuals who complete application and enrollment as well as those who browse plans but have not yet enrolled. Mr. Chernew remarked that the increased web traffic means that either more individuals are enrolling or that they are acting earlier, but stated that the key is that the system is performing adequately under significant volume. Mr. Gutierrez noted that the Health Connector is tracking statistics regarding the number of plan selections and enrollments. Ms. Peters commented on the comparatively limited usage of the plan comparison tool and suggested the Health Connector survey individuals to attempt to understand why the tool is not as widely used. In response to a question from Mr. Chernew, Mr. Gutierrez stated that substantive technical changes cannot be made during this Open

Enrollment period, but that small changes can be made at the margin. In response to a question from Mr. Chernew, Mr. Gutierrez stated that the Health Connector actively monitors feedback about the web interface, including feedback received through social media, and allows this input to feed user interface improvements in the roadmap for subsequent years. He added that the Health Connector plans to make improvements related to the highest-frequency observations received from users. In response to a question from Ms. Wcislo, Ms. Bullock stated that members with significant premium increases are calling the call center prepared with their list of providers to find other plan options. Ms. Gasteier then discussed application and enrollment activity and noted that this is an early indication from the first eight days of Open Enrollment. She stated that heavy activity has occurred in the first week and that, although the majority of new applicants have stopped after receiving a program determination, about 2,400 have progressed to plan selection and 510 new applicants have enrolled in coverage. Ms. Turnbull stated that some members are particularly vulnerable to changes this year and that ConnectorCare Plan Type 1 and 2A individuals will experience very large premium increases. She asked if there is a way to track these individuals to determine if they have enrolled or switched plans. She added that there will be financial consequences for these individuals who cannot afford to pay their 2017 premiums. Ms. Gasteier confirmed that the Health Connector is planning to monitor various groups of individuals to be able to adapt and deploy support to certain plan type, income or demographic groups as needed. Mr. Gaunya agreed that many people will experience pain this Open Enrollment period, particularly in Plan Type 1. He stated that the entire market is facing increases and that his small business is experiencing a 65 percent rate increase. He noted that this is a function of the market. He stated that he is pleased to see that individuals are shopping and looking for new plans and wondered why new applicants have not completed the process through enrollment. Ms. Gasteier replied that individuals could be exploring options before deciding which plan is best for their needs. She added that the Health Connector is planning a survey to eligible but unenrolled individuals that may yield further information on this question. Ms. Bullock stated that new applicants who call the call center tend to complete one part of the application; call with questions to assess their options; complete the next part of the application; and call back again with further questions. She noted that, during Open Enrollment, the Health Connector sends many targeted communications to help people reach the “finish line” and enroll in coverage. She stated that individuals who have selected a plan but not yet paid are targeted with emails and robo calls. Ms. Turnbull expressed concern that, for 10 years, some of these individuals have had a \$0 ConnectorCare premium. She stated that, for the first time, more than 60 percent will pay a premium, some as high as \$165 per month. She stated that a profound change was made to the ConnectorCare program and noted that most members are not aware of the change. She stated that these individuals have incomes of \$16,000 or less and do not have a broker to help them navigate their options. She emphasized how important it is that the Health Connector does all it can to help individuals keep their coverage. Ms. Moore commended the suggestions raised during the discussion and thanked the Health Connector team for its work. In response to a question from Mr. Chernew, Ms. Coates replied that the Health Connector is tracking member movement between carriers and will provide updates as Open Enrollment progresses. Mr. Petion underscored the importance of paying special attention to movement of individuals below 100 percent of FPL.

Next, Ms. Gasteier provided an update on final eligibility determinations. She stated that, this year, eligibility determinations were based on updates to the Health Connector's online system that use state and federal data sources to check eligibility for subsidies. She stated that the Health Connector is carefully monitoring program determination changes from 2016 to 2017, and is watching particular populations and plan types that are most vulnerable and in need of support. She added that a key area of focus is individuals moving from ConnectorCare in 2016 to unsubsidized coverage in 2017. She stated that 28,000 individuals, or 16 percent of last year's ConnectorCare population, has moved from ConnectorCare to unsubsidized coverage and that most of this movement is due to state and federal income data sources returning information that either the individual's income is higher than reported, or that there is no income data available about them. She added that Health Connector communications encourage individuals to update their income information in their online application to ensure they receive an accurate program determination. Ms. Bullock then discussed auto renewal and the bill run. She stated that auto renewal is a behind-the-scenes process that prepares member accounts for transaction to carriers and for the January 2017 bill run. She noted that the newly designed bill will have new features such as the subscriber's transactional history and frequently asked questions. She stated that customer service is performing well and that the call center received 20 percent more calls in the first week of Open Enrollment this year compared to last year. She added that this could be due to increased membership or because of calls to action in Health Connector member messaging. She stated that application and eligibility support, as well as plan shopping and enrollment, are the top call reasons thus far in Open Enrollment. In response to a question from Mr. Chernew regarding Customer Service Representatives' (CSR) ability to accurately answer callers' questions, Ms. Bullock answered that the Health Connector has various ways to monitor CSRs' productivity and quality of support. She stated that the Health Connector can listen to calls and monitor performance, and also implements a phone-based customer satisfaction survey. She added that a special shopping queue was implemented this year, providing another window to analyze how well CSRs handle callers seeking support in difficult situations. Ms. Weislo commented that, as of last week, the Attorney General's Office had not received any complaints from Health Connector members or new applicants. Ms. Turnbull stated that she is most concerned about calls from members with an established relationship with their providers when the provider does not participate in any other plan. Ms. Bullock stated that the call center has received calls on this issue and that CSRs aim to provide as much support to the member as possible and to present their possible options. She stated that some members are open to switching to a lower-cost plan, while others wish to contact their providers or health plans directly. She noted the Health Connector has established direct relationships with health plans and is seeking to identify supports for members in active treatment who switch plans. She reviewed other customer supports in place for Open Enrollment, including temporary walk-in centers open across Massachusetts, and stated that Navigators were busy in the first week of Open Enrollment, helping individuals find other plan options even if the member was faced with challenging circumstances. Ms. Coates concluded the presentation in stating that many of the Health Connector's additional support efforts have been completed. She stated that data is being used to support different types of members and that the Health Connector continues to work closely with insurance

carriers. She stated that, at the next Board of Directors meeting in December, over a month of Open Enrollment will be complete and Health Connector staff will provide the Board with an update on member enrollment data.

- IV. Administration and Finance Subcommittee (VOTE):** The “Administration and Finance Subcommittee (VOTE)” agenda item was called to vote on additional Subcommittee membership. The Board voted unanimously to approve the appointment of Rina Vertes and Dimitry Petion to the Administration and Finance Subcommittee of the Board of Directors.
- V. Risk Adjustment Update (VOTE):** The PowerPoint presentation “Risk Adjustment Update (VOTE)” was presented by Edward DeAngelo. Mr. DeAngelo stated that the Health Connector seeks approval for a work order with Milliman, Inc., for work to be conducted in Calendar Year (CY) 2017. He stated that the Health Connector last received Board approval for a multi-year contract with Milliman and that a yearly work order is entered into for each calendar year. He reviewed work to be conducted by Milliman in CY2017, including continuing to analyze claims data for Plan Year (PY) 2016, leading up to June when risk adjustment transfer amounts for PY2016 are issued. He stated that additional follow-up work will likely continue after June 2017, but noted that the risk adjustment program will be transferred to the federal government after that. He stated that the cost of the 2017 work order will not exceed \$1.3 million and noted that Milliman generally charges less than initially budgeted. He stated that Milliman is assisting in some reconsideration requests to which Mr. Gutierrez alluded in his Executive Director’s report. He stated that the first half of the work order was approved in the Health Connector’s Fiscal Year (FY) 2017 budget and that the second half is included in the FY2018 budget. In response to a question from Ms. Wcislo, Mr. Gutierrez replied that the Health Connector is conducting the risk adjustment program through PY2016 but that some risk adjustment activity will continue in 2017. Mr. DeAngelo added that there is a possibility Health Connector staff will have to request money for risk adjustment work in 2018 but stated that 2017 is the last time the Health Connector will complete claims analysis for a plan year. The Board voted unanimously to authorize the Executive Director to enter into a work order with Milliman, Inc., on the terms set out in the presentation. Ms. Herman remarked that she is impressed by the work of the operations staff, and particularly by the structure and monitoring processes in place. Ms. Moore also thanked Health Connector staff for their work.

The meeting was adjourned at 10:30 AM.

Respectfully submitted,
Maria H. Joy