

COMMONWEALTH HEALTH INSURANCE CONNECTOR AUTHORITY

Commonwealth of Massachusetts



STRATEGIC PLAN-IN-BRIEF
2013-2015

Jean Yang | Executive Director

MESSAGE FROM THE EXECUTIVE DIRECTOR

Massachusetts's landmark health care reform law continues to serve as a model at the national level for how to expand health care access and reach near-universal levels of coverage. Thoughtfully crafted regulatory and program initiatives, as well as collaboration with stakeholders and interested consumers, have paved the way for dramatic improvements in access to care without significantly increasing costs or disrupting the existing market.

Massachusetts **Health Care Reform** has **expanded health insurance coverage to more than 400,000 residents, making care more accessible and affordable** for this population of newly insured. Innovative procurement strategies for government-sponsored insurance programs, expanded rate reviews in the non and small-group market and the implementation of cost-containment legislation have resulted in savings both to the system and consumers.

These achievements, while significant, are only the beginning of the Commonwealth's work to improve access, quality and costs. The Affordable Care Act (ACA), signed into law by President Barack Obama in March 2010, will bring many of Massachusetts's successes to other states, while at the same time providing the Commonwealth with opportunities to enhance and improve reforms already in place.

The Commonwealth has made substantial progress implementing national health care reform to date, but there is remaining work ahead, especially as the Health Connector works to transition into an ACA-compliant Exchange by 2014. Using insights from the Commonwealth's own experiences, the Exchange is being designed to improve access to high-quality health care and transform the health care system by serving as a leading-edge marketplace for Massachusetts residents and small businesses to easily find and enroll in high-quality, affordable health insurance.

With the strong leadership of the Health Connector Board and enduring support of the Patrick Administration and the Legislature, we remain confident that the Health Connector will continue to make a positive difference for the people of Massachusetts.



Jean Yang
Executive Director



MISSION, VISION AND POLICY CONTEXT

OVERVIEW

In 2006, Massachusetts enacted landmark health reform legislation, chapter 58 of the Acts of 2006, and created the Commonwealth Health Insurance Connector Authority (Health Connector), an independent state agency tasked with promoting access to affordable health insurance for the Commonwealth's residents and small businesses.

The Health Connector has been a major contributor to the success of Massachusetts health reform. The organization now morphs into "Connector 2.0" – a health insurance exchange that not only complies with the federal Affordable Care Act when the main provisions in the law take effect in 2014, but also makes it easier than ever for individuals and small employers to access comprehensive, affordable health insurance.

ACHIEVEMENTS

In the years following the passage of chapter 58, the Commonwealth expanded its focus in order to better address the impact of increasing health care costs on Massachusetts residents and businesses. The Health Connector has been privileged to serve as the organization at the forefront of newly available health insurance programs for the previously uninsured and to have played key roles in the implementation of this pioneering effort.

With nearly 440,000 newly insured since the passage of Massachusetts Health Care Reform in 2006, the Commonwealth continues to boast the highest rate of coverage in the nation. Health care reform has provided Massachusetts residents better access to health care services, as well as protection against the financial risks of serious illness and injury by enabling them to obtain and maintain sufficient health insurance coverage.

MISSION

Improve **access to high-quality health care** and transform the health care system by serving as the **leading-edge marketplace** for Massachusetts residents and small businesses to come together and easily find and enroll in **affordable health insurance**.

VALUES

- Structure a health insurance shopping experience that makes it **easier than ever before for individuals and small businesses** to understand their health insurance options and choose, enroll in and maintain affordable coverage that best meets their needs
- Transform the health insurance market and health care system through the **power of competition**
- Expertly execute health care reform **policymaking and other regulatory responsibilities** to promote health insurance coverage and shared responsibility for sustaining health care reform
- Fully **embody the high standards** inherent to serving as the Commonwealth's official public Health Insurance Exchange
- Promote **robust public engagement** in and understanding of health care reform

- **Coverage Success**

In Massachusetts, 98.1 percent of all residents and 99.8 percent of all children are covered by health insurance. Since 2006, approximately 440,000 individuals are newly insured. Additionally, the percentage of businesses offering coverage has grown since reform from 69 percent in 2001 to 77 percent in 2010.

People are healthier and getting better treatment, more people are receiving cancer screenings like colonoscopies, more women are getting pre-natal care and emergency room visits have decreased.

There is no argument that health reform in Massachusetts has achieved its goal of near universal coverage. Health care reform is not only providing peace of mind for the 440,000 previously uninsured, it is also saving lives.

- **Fair, Effective Steward of Individual Mandate**

Most Massachusetts adult residents are required to maintain affordable

health insurance for each month of the year. Since 2009, adults have been required to obtain a health insurance policy that meets the state's Minimum Creditable Coverage (MCC) standards if an affordable plan is available to them.

Recent tax data continues to demonstrate near universal compliance with the requirement that Massachusetts residents report their health insurance information on tax filings.

- **Commonwealth Care Costs**

Commonwealth Care provides subsidized health insurance to adult residents earning up to 300 percent of the Federal Poverty Level (FPL) that generally do not have access to other health insurance. At the end of 2012, nearly 200,000 Massachusetts residents were receiving assistance with their health care costs through Commonwealth Care.

In the six years since Massachusetts health care reform became law, the Health Connector has demonstrated

that, through the power of competition, high-quality and dependable coverage can be provided at an affordable cost. In that time period, the per member per month rate the commonwealth pays to insurance carriers for Commonwealth Care coverage has increased by an average of less than two percent. This is in contrast to trends in the Massachusetts private market where, between 2008 and 2010, commercial insurance premiums grew by 7.5 percent.

Statewide fiscal challenges continue in FY13. The slow economic recovery coupled with increases in Commonwealth Care enrollment demanded another aggressive procurement. The results of the procurement were, once again, tremendously successful, yielding a five percent decrease in aggregate capitation rates for the second year in a row, for a total aggregate decrease of 12 percent over FY11. Every plan now has rates lower than those from two years ago without cutting benefits or significantly increasing member co-pays.

Conditional Approval as ACA-Compliant Exchange

In December 2012, the U.S. Department of Health and Human Services conditionally approved the Health Connector's application to be a federally-compliant health insurance exchange under the Affordable Care Act. Massachusetts was one of six early applicant states to receive conditional approval to operate a state-based Exchange; all states electing to operate a state-based Exchange are required to demonstrate their ability to perform all required Exchange functions in compliance with the Affordable Care Act by 2014.

Conditional approval reflects the substantial progress the Health Connector has made to demonstrate our ability to perform all required Exchange functions in compliance with the Affordable Care Act by 2014. This is a significant milestone in the overall Exchange certification process that indicates to our State and Federal partners that we are on track to provide affordable, quality coverage for individuals and small businesses through an ACA-compliant state based Exchange in 2014.

- **Student Health Insurance Plans**

For the past three years, the Health Connector has played an integral role as a member of the Student Health Program Steering Committee. Overall, the Steering Committee's efforts have significantly improved health insurance coverage for public college and university students.

In year three of the initiative, the Health Connector assisted the schools in aggressive negotiations to renew coverage for the 2012-2013 academic year with current carriers. Skillful negotiation, along with a strong commitment by carriers and brokers to serve these students, helped manage an overall trend while also adding ACA-required benefit upgrades such as the elimination of cost-sharing for preventative care services and the elimination of any remaining benefit caps.

Thousands of college students now have improved access to providers and wellness programs and nearly 200,000 students now have out-of-pocket maximums to protect them

from excessive out-of-pocket spending. In addition, 7,500 students newly have access to prescription drug coverage while another 20,000 have coverage without benefit caps.

- **Medical Security Plan Direct Coverage**

Because of the Health Connector's track record as an entity with procurement expertise that has benefitted the public interest and delivered increased value for Massachusetts taxpayers, in FY11, the Patrick Administration requested that the Health Connector work with the Department of Unemployment Assistance (DUA) to launch a competitive re-procurement for the Medical Security Plan (MSP) Direct Coverage Program. The MSP Direct Coverage Program offers subsidized health insurance for low-income Massachusetts residents receiving unemployment benefits. The Medical Security Trust Fund, which finances MSP and is funded by employer contributions, had been under major financial stress due to increases in the number of residents eligible for

unemployment benefits and federal legislation extending the duration of unemployment benefits.

The MSP procurement was conducted in 2011 by DUA, with operational and analytical support, including actuarial assistance, supplied by the Health Connector. A Request for Responses (RFR) was released in July 2011. After careful review of the responses, staff from the Health Connector, DUA and the Executive office of Administration and Finance (A&F), selected Network Health to provide MSP Direct Coverage, saving the program \$19.8 million in CY12, even without factoring in enrollee premium collection. In addition to program cost savings, MSP members saw significant improvements in coverage, such as the reduction of co-payments, the elimination of deductibles and improved continuity of care coverage as they transition to other subsidized health insurance programs.

- **Commonwealth Choice**

Commonwealth Choice, the Health Connector's unsubsidized health

insurance program, offers individuals and small businesses high-quality, private health insurance. As of the end of 2012, eight of Massachusetts's leading health insurance carriers provided health coverage to more than 40,000 members.

To further enhance the consumer experience, in July 2011 the Health Connector launched a provider search tool which allows shoppers to compare plans by doctors and hospitals. This new feature enables individuals and small businesses to easily shop for plans which include their preferred providers, simplifying the online shopping experience through Commonwealth Choice.

In the fall of 2012, the Health Connector introduced a Plan Helper Tool that provides decision support to help consumers narrow and filter available plans to identify those that best fit their needs. The Plan Helper tool also features [video tutorials](#) that walk people through out-of-pocket expenses, annual deductibles, provider networks, and co-insurance. Each tutorial is accompanied by a web

page with easy-to-understand, detailed explanations.

Health Connector staff are working with Massachusetts health plans participating in the Commonwealth Choice program to design and operationalize the programmatic changes necessary for compliance with federal requirements under the ACA.

Small businesses are an integral part of the Massachusetts economy, fostering job growth and innovation. As such, the Health Connector is demonstrating its commitment to supporting the health and well-being of small businesses and their employees by enhancing the tools and resources they need to identify and enroll in high-quality, affordable insurance.

The re-launch of the Health Connector's Business Express program (BE) in February 2012 was a major milestone for the Health Connector as it marked the first time in the history of the program that all of the major health insurance carriers in the state were participating.

BE makes it easier than ever for small employers to compare their health insurance options on an apples-to-apples basis and find the coverage that best suits the needs of their workplace. In January 2013, the Health Connector added 22 new plans, introducing several innovative products geared to small businesses. In addition, a new carrier joined the Health Connector product shelf in 2014. Small employers can now choose from among 99 health insurance plans from nine leading insurance carriers.

- **Wellness Track**

In 2011, the Health Connector launched Wellness Track, a program that provides small businesses with the opportunity to implement evidence-based employee health and wellness programs. Wellness Track provides participating small employers and their employees with a suite of tools, such as health and nutrition trackers, and exercise videos, aimed at jump-starting wellness activities in the workplace. While all small businesses enrolled in a group health plan

through the Health Connector may participate in Wellness Track, certain employers may also be eligible to receive a rebate of up to 15 percent of the employer's share of eligible employee health care costs.

The Health Connector recently overhauled eligibility criteria to make it possible for even more small businesses to take advantage of the Wellness Track rebate program. As of February 1, 2013, any employer can register for Wellness Track if they enroll in a small business group health plan through the Health Connector and purchase health insurance coverage for up to 25 employees, excluding sole proprietorships. The new eligibility criteria eliminate previous employee salary caps and now include owners and family member employees in the rebate calculation.

- **Health Insurance Exchange/
Integrated Eligibility System**

As an existing Exchange, the Health Connector provides access to affordable health insurance for nearly 230,000 members. Informed by that

Public Support for Health Care Reform

Six years after its implementation, support for health care reform in Massachusetts remains strong. According to a report released by Blue Cross Blue Shield of Massachusetts Foundation in January 2012, nearly two-thirds of non-elderly adults stated they support reform. This high level of public support is consistent across various population groups

Physicians in Massachusetts have also expressed a positive view of reform. Nearly 80 percent of physicians believe reform has helped the previously uninsured and three out of four physicians believe reform should continue in Massachusetts.

experience, the Health Connector will be re-platforming its entire online experience and supporting infrastructure through the Health Insurance Exchange/Integrated Eligibility System (HIX/IES) project and, by 2014, will have a common suite of systems tailored to support all customer segments. The Health Connector, in conjunction with the Executive Office of Health and Human Services (EOHHS) and the University of Massachusetts Medical School (UMMS), is working to develop a fully integrated, real-time eligibility determination system for enrollment in health insurance coverage.

The HIX/IES project is a critical piece of the puzzle in transitioning from Connector 1.0 to Connector 2.0 in compliance with the ACA. In order to meet the new ACA requirements (*e.g.*, real time eligibility, integration with the Federal Data Services Hub), new IT systems that currently do not exist need to be developed. This transition also allows the Health Connector to develop a more attractive shopping experience for all customers (*e.g.*, individuals, brokers, small businesses)

seeking subsidized, non-subsidized, and small group health insurance, now with additional opportunities for premium assistance. In addition, the Health Connector can utilize HIX/IES to enhance back-end operations (*e.g.*, premium billing, premium rating engine) to be more efficient, flexible and better support the needs of our customers. This is all made possible through a once-in-a-generation opportunity to build new, state of the art systems.

This inter-agency HIX/IES Project will enhance the state’s existing eligibility determination system and will leverage the Federal Data Services Hub to ensure a seamless path to coverage for Massachusetts residents. The HIX/IES Project is supported, in part, by the \$45 million Early Innovators grant, which was awarded to UMMS in February 2011.

Massachusetts officials, specifically staff from UMMS, the Health Connector and EOHHS, are using these funds to support work with other New England states to design and implement an information technology

infrastructure that will improve how individual consumers and small businesses shop for health insurance. The primary focus of the Massachusetts Early Innovators grant is to build the HIX/IES for Massachusetts and create, “reusable technology components” (*i.e.*, business rules engine, interfaces with the Federal Data Services Hub) that can be used by other participating New England states.

CHALLENGES

The Health Connector has made substantial progress on the path to Connector 2.0, but there is important work remaining to be done. The Affordable Care Act, though modeled after the success of Massachusetts, brings significant legal, policy and programmatic changes to agencies and residents. Differences between the two laws require some changes to the Massachusetts model. Implementation, therefore, requires a very informed and engaged stakeholder community to ensure individuals and small businesses are aware of the benefits the Affordable Care Act offers and that their perspectives are

incorporated into the policy and programmatic decision-making processes.

The Commonwealth's Inter-Agency Task Force on Implementation of Health Care Reform, chaired by the Secretary of EOHHS, convenes quarterly open stakeholder meetings, where any interested stakeholder or member of the general public can hear updates on implementation activities. The Task Force's subsidiary inter-agency workgroups are also able to utilize stakeholder feedback to identify and make recommendations for the resolution of issues that arise as a result of the intersection of state and federal law. The Commonwealth has a strong foundation of consumer and stakeholder engagement in health care and has designed its approach to this transition to Affordable Care Act compliance to prioritize transparency, collaboration and inclusion.

The Health Connector is working with MassHealth and other state partners to plan for smooth coverage transitions among the nearly 240,000 Health Connector members – and some individuals in other state programs – who will be eligible for new programs in 2014.

Under those new programs, some current Health Connector members may move to MassHealth, while others may move to new programs within the Health Connector. Many who are currently receiving subsidies as well as some who currently receive no government assistance will get advanced premium tax credits instead. A robust public outreach and education campaign, rivaling those undertaken quickly after the enactment of Massachusetts health reform, will help ensure public awareness of new coverage options and resources.

SUPPORTING THE ADMINISTRATION

In fulfilling the Health Connector's mission to improve access to high-quality health care and transform the health care system, the Health Connector supports A&F's strategic goal of Better Health Care.

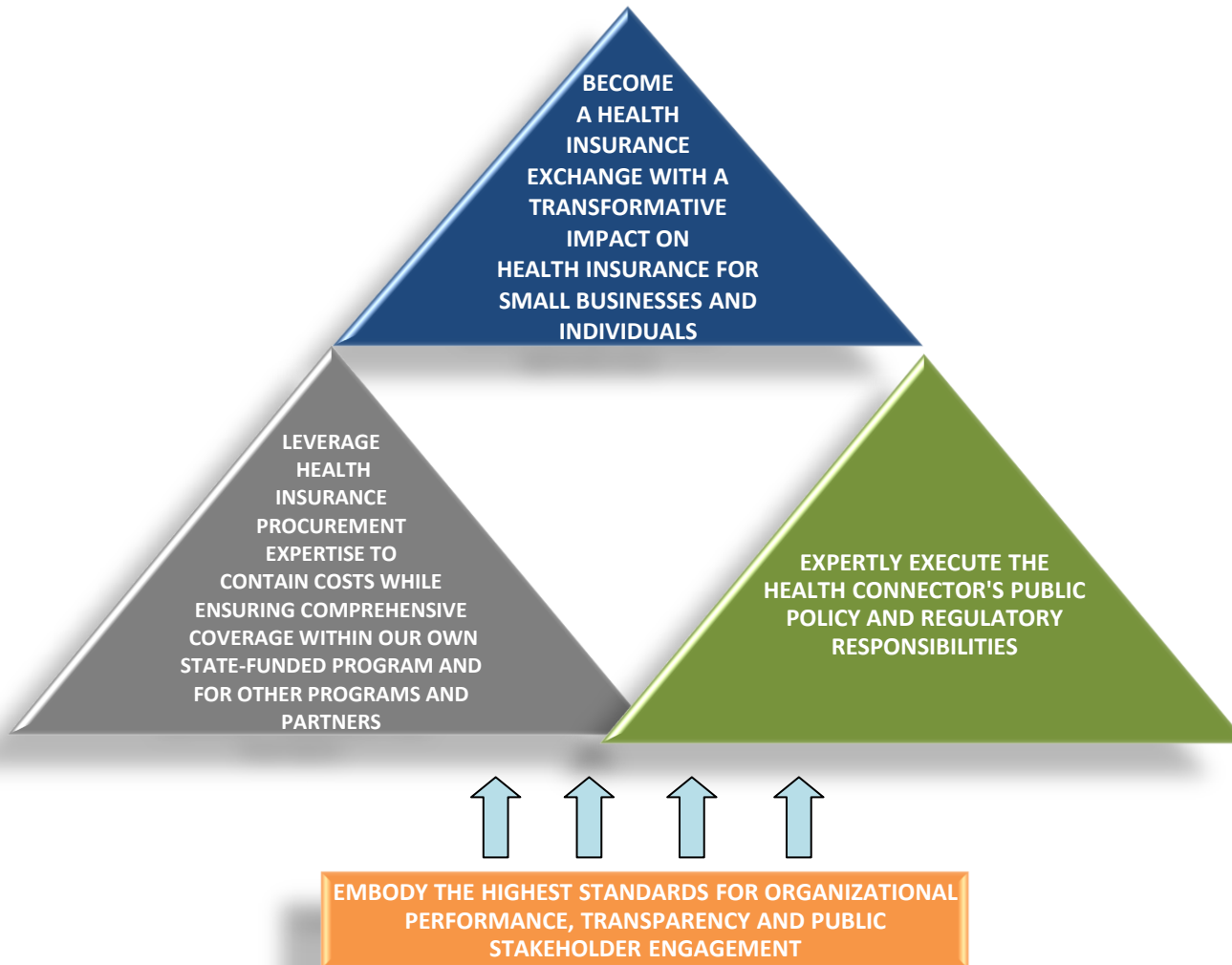
Within the greater strategic goal of Better Health Care, the Health Connector directly supports A&F on the following actions:

- Work to execute the cost containment initiatives instituted in the budget for all public programs

- Expand the Health Connector's role in assisting government funded programs with health insurance procurements
- Transition the Health Connector to a federally compliant state health insurance exchange by 2014
- Increase enrollment in the Health Connector's Commonwealth Choice program
- Increase participation in wellness programs
- Promote innovation in benefit design and expand the choice of affordable products

Through the implementation of wellness programs, continued efforts to become a fully certified ACA-compliant exchange and leveraging procurement expertise to contain costs while providing affordable and quality products, the Health Connector exhibits a commitment to the shared goal of Better Health Care. The Health Connector looks forward to working closely with the Patrick Administration and A&F to promote their goal of Better Health Care and thoughtful health care cost containment.

STRATEGIC GOALS & ACTIONS



VISION

By refining our goal setting process for FY13 and beyond to more clearly articulate our core vision, we **emphasize the most important priorities** for effectuating it and identifying key metrics to measure our progress.

While the Health Connector still needs to **maintain "Connector 1.0" Operations**, much of our organizational efforts are now focused on "Connector 2.0".

To succeed as "Connector 2.0", the Health Connector must **build upon its efforts since the enactment of Massachusetts Health Reform**, using not only the tools provided by the Affordable Care Act, but also **lessons learned during its experience as one of the only health insurance Exchanges in the country.**

BECOME A HEALTH INSURANCE EXCHANGE WITH A TRANSFORMATIVE IMPACT ON HEALTH INSURANCE FOR SMALL BUSINESSES AND INDIVIDUALS

Supporting Goals

Provide users with “choice made easy” when it comes to health insurance and evidence-based tools to improve wellness

Promote competition on price and value and positive innovation among health insurance carriers

Ensure full compliance with the Affordable Care Act

To deliver these results, the Health Connector will take the following actions:

- **Offer a range of products and carriers** that can meet the needs of a diverse set of consumers
- **Enhance consumer or user experience** from eligibility determination to shopping to enrollment to payment
- **Ensure consumers know about opportunities to access coverage through the Health Connector**
- Connect customers to evidence-based tools to **improve wellness**
- **Understand the customer, market and partner needs** through engagement of key market participants
- Fashion **easy-to-understand, user-friendly Health Connector shopping experience** so that high-value health insurance options have the potential to differentiate and grow
- **Make it as easy as possible for carriers to offer high-value health insurance options** through the Health Connector
- **Develop a customized approach to promoting payment reform** as part of the QHP certification process (Seal of Approval) for coverage effective January 2014
- **Use federal grant revenue to ensure a successful transition to an ACA-compliant Exchange**, with proper audit and compliance procedures
- **Meet requirements for federal approval** of the Health Connector as an ACA-compliant Exchange
- **Maintain a comprehensive Transition Roadmap** detailing all major ACA deliverables with specific timelines for development, testing and implementation
- **Maintain an internal Project Management Office and governance structure** to ensure full execution of the Roadmap
- **Educate the public, partners and other stakeholders** about the Affordable Care Act
- **Manage member transitions** from current Health Connector programs to those they are eligible for in 2014

LEVERAGE HEALTH INSURANCE PROCUREMENT EXPERTISE TO CONTAIN COSTS WHILE ENSURING COMPREHENSIVE COVERAGE WITHIN OUR OWN STATE-FUNDED PROGRAM AND FOR OTHER PROGRAMS AND PARTNERS

Supporting Goals

Partner with other public entities to assist with procurements for health insurance

Expertly manage Commonwealth Care as the program winds down its life cycle

Provide substantive and strategic advice and technical assistance with efforts to transition state-funded health insurance programs towards alternative payment methodologies promoting efficient, evidence-driven and coordinated care

Continue to assist colleges and universities in procuring health insurance for their students

To deliver these results, the Health Connector will take the following actions:

- Participate formally on **Group Insurance Commission's procurement** team for 2014 coverage for state and municipal employees
- Participate formally on the **Department of Corrections' procurement** planning team
- **Advise Division of Unemployment Assistance** on renewal of MSP Direct Coverage in light of program experience and subsidized coverage transitions under the ACA
- **Engage other state agencies** on opportunities to assist with pending or future procurements for state-funded coverage
- Manage program costs and promote positive member experience during FY13
- Engage MCOs and customer service vendor on **coverage and customer service mechanics** for first half of FY14, coordinated with the strategy for managing member transitions within the Health Connector and to MassHealth based on the ACA]
- **Enhance tobacco cessation coverage in Commonwealth Care** and modify coverage for dental and other benefits as required by the FY13 budget
- Participate in workgroup designed to **develop strategy for MassHealth's engagement of ACOs**
- Support the ongoing PCMH Initiative in the Commonwealth Care program
- Implement provisions of chapter 224 of the Acts of 2012 (relating to payment and delivery system reform) that are applicable to the Health Connector
- **Promote awareness** and help colleges engaged with the Health Connector to develop strategies to come into compliance with new ACA rules
- Under chapter 224 of the Acts of 2012, assume responsibility for establishing **minimum benefit standards** for student health insurance coverage
- Develop **educational resources for students** with interactive solutions to explaining health insurance coverage and student health plans
- Partner with DHCFP to **report publicly on student health insurance** coverage and cost trends in Massachusetts
- Continue to **assist public colleges and universities** with health insurance procurements/renewals and determine best approach to engaging additional institutions of higher education

EXPERTLY EXECUTE THE HEALTH CONNECTOR'S PUBLIC POLICY AND REGULATORY RESPONSIBILITIES

Supporting Goals

Implement Affordable Care Act policy and regulatory changes for which the Health Connector is responsible and assist other agencies as needed with their ACA-related policy projects

Augment Health Connector research and publication agenda to proactively report on key findings, trends and lessons learned from our programmatic and policymaking experiences to date

To deliver these results, the Health Connector will take the following actions:

- **Mesh state individual mandate** (including affordability schedule and MCC and enforcement/appeals) **with relevant ACA rules** (federal individual mandate affordability/penalty/appeals framework, benefit standards through MCC and EHB rules, required enrollee contributions to subsidized coverage in MassHealth and the Health Connector)
- **Lead development of state-based methodology** for instituting cross-small/non-group market risk adjustment, including efforts to secure federal authorization for the Commonwealth to implement this approach
- Pursuant to chapter 224 of the Acts of 2012, assume responsibility for **policymaking with respect to employer responsibility policies**, and accordingly play a leading role in efforts to mesh existing state rules with new ACA standards
- **Assist/coordinate with other state agencies** with respect to ACA-related policy and regulatory responsibilities under their principal jurisdiction
- Report on number and percent of Health Connector **enrollees participating in wellness initiatives** (Wellness Track and My Wellness Track)
- Report on **percent increase in Health Connector small groups participating in Wellness Track** before and after changes to eligibility criteria are implemented
- Annual **reporting on Student Health Insurance Programs (SHIP) in the Commonwealth** including financial and performance metric analysis, as well as enrollment and carrier information
- Produce **programmatic reports** throughout the year (*i.e.*, annual high-level progress report, data-rich annual report to the Massachusetts Legislature)
- **Collaborate with other state agencies** to make data related to Massachusetts health care reform available (*i.e.*, annual report on the individual mandate with DOR, quarterly Key Indicator reports with the Center for Health Information and Analysis (CHIA))
- Be **fully transparent** about the process, substance and rationale for organizational decisions related to **ACA implementation** and report publicly and objectively on outcomes via the Health Connector website and at public stakeholder meetings

STRATEGIC GOALS & ACTIONS

EMBODY THE HIGHEST STANDARDS FOR ORGANIZATIONAL PERFORMANCE, TRANSPARENCY AND PUBLIC STAKEHOLDER ENGAGEMENT

Supporting Goals

Proactively and consistently engage our Board of Directors on our priorities and activities

Attract and retain high-quality staff

Fully engage the public and stakeholders on the activities of the Health Connector

To deliver these results, the Health Connector will take the following actions:

- Conduct Board meetings with **ample preparation and regular follow-up** on Board meeting topics of discussion and outstanding questions
- Conduct **enhanced engagement on ACA transition activities** (provide regular updates on ACA transition activities at Board meetings, have Board members formally participate on ACA planning committees, etc.)
- Empower Board to **conduct rigorous oversight of programs and finances**
- Conduct **updated personnel resource assessment** in light of evolving responsibilities
- Conduct **thoughtful performance reviews/performance-based adjustments to compensation** where feasible
- Create **positive work environment**, underscoring our public mission and fostering teamwork and professional development
- Participate in **multi-agency stakeholder engagement** activities (e.g., EHS-led public forums)
- **Solicit public feedback** from open Board of Directors meetings, social media, sister agencies, advocacy organizations and members to provide input related to Health Connector policymaking, operational decision-making and strategic vision
- Lead **consumer and small business road shows** throughout the Commonwealth to educate the public about opportunities and responsibilities under the ACA in Massachusetts
- Engage with **business representatives and employer associations** to communicate the Health Connector's value proposition for employers
- Hold quarterly meetings with the Health Connector's **Broker Advisory Council**, comprising a diverse group of brokers serving different sized employer groups throughout Massachusetts
- Hold **bi-monthly consumer advocates meetings** to proactively engage them in Health Connector issues, obtain their feedback and insight on Connector 2.0 planning and help them in their efforts to educate the community in Massachusetts

OUTCOME MEASURES

The Health Connector will use the high-level performance measures below to assess success in achieving its strategic goals.

GOAL	MEASURE	DEFINITION / NOTE	DATA SOURCE
BECOME A HEALTH INSURANCE EXCHANGE WITH A TRANSFORMATIVE IMPACT ON HEALTH INSURANCE FOR SMALL BUSINESSES AND INDIVIDUALS	# of individuals enrolled in Commonwealth Choice	Total enrollment in the Health Connector's Commonwealth Choice Program	Health Connector
	% of Commonwealth Choice members expressing satisfaction with customer service	Evaluated based on annual focus groups and member surveys	Health Connector
	Call center performance metrics, including Abandonment Rate, Average Hold Time, and Average Talk Time	Call center performance is tracked regularly against performance benchmarks and customer surveys	Health Connector
	# of federal dollars received through grant application process	The Connector will lead federal support received for Affordable Care Act compliance efforts	Health Connector
	# of market research activities with consumers and small businesses that are completed by the Health Connector	Quantitative and qualitative research of two primary markets: consumers and small businesses with up to 50 employees (including members and non-members) to determine attitudes toward health insurance eligibility, costs of health plans, purchasing health insurance online, related customer preferences, and awareness of the Affordable Care Act	Health Connector
	# of participants in Wellness Track	# of small businesses that enroll through Business Express that sign up for Health Connector sponsored wellness program	Health Connector
	# of enrollees in Commonwealth Choice by plan-design	Through Seal of Approval process use research, focus group data and member surveys to develop a competitive product portfolio	Health Connector
	% of Roadmap deliverables that are executed by due dates	# of milestones completed	Health Connector
	Average premium trend for Commonwealth Choice products	Internal premium trend reports reflect average premium trends	Health Connector

GOAL	MEASURE	DEFINITION / NOTE	DATA SOURCE
LEVERAGE HEALTH INSURANCE PROCUREMENT EXPERTISE TO CONTAIN COSTS WHILE ENSURING COMPREHENSIVE COVERAGE WITHIN OUR OWN STATE-FUNDED PROGRAM AND FOR OTHER PROGRAMS AND PARTNERS	# of Group Insurance Commission premium changes	Participate in procurement process as part of Group Insurance Commission team	Health Connector/GIC
	# of Department of Corrections premium changes	Assist Department of Corrections in health insurance procurement	Health Connector/DOC
	# of Commonwealth Care members expressing satisfaction care access, health plans and customer service	Conduct survey of Commonwealth Care population to evaluate all aspects of program (access to care/barriers to care/affordability/satisfaction with plan/satisfaction with customer service)	Health Connector
	# of higher education institution premium changes	Compare premium cost trend and plan design on yearly basis	Health Connector/Department of Higher Education
	% change in tobacco cessation benefit utilization before and after the launch of the tobacco cessation awareness program	Take up of the tobacco cessation benefit is a key measure of how well the awareness program has performed	Health Connector
	% of Commonwealth Care, Commonwealth Choice and GIC members enrolled in narrow network products	Narrow networks are products where there is a materially smaller provider network than the broadest networks available in the applicable market	Health Connector, GIC
	% of Commonwealth Care, Commonwealth Choice and GIC members enrolled in tiered network products	Tiered networks are products where member point-of-service cost sharing is tiered into different amounts based on the actual doctors and hospitals visited	Health Connector, GIC
EXPERTLY EXECUTE THE HEALTH CONNECTOR'S PUBLIC POLICY AND REGULATORY RESPONSIBILITIES	Publish yearly progress report on time	Published report of year's accomplishments of Health Connector	Health Connector
	Publish yearly legislative report on time	Report for legislature on achievements and future projects of Health Connector	Health Connector
	Submit Massachusetts state-based approach to risk adjustment to federal government on time	Propose state-based approach to risk adjustment to federal government, work with federal government to create final approach. The state-based approach would more accurately	Health Connector

GOAL	MEASURE	DEFINITION / NOTE	DATA SOURCE
		and equitably distribute risk among Massachusetts insurance carriers by considering state-specific considerations and market dynamics	
	Amount of legislation introduced and enacted to ensure state compliance with federal law	The Health Connector is leading efforts to support develop and pass legislation to comply with the Affordable Care Act	Health Connector
	% of Notice of Proposed Rule Making (NPRMs) responses completed on time by the due date	NPRMs are formal notices to the public by a government agency that they intend to create new regulations or modify already existing ones. The Connector will work with other relevant state agencies and other states to provide comments to federal health rules.	Health Connector/ other state agencies/other states
EMBODY THE HIGHEST STANDARDS FOR ORGANIZATIONAL PERFORMANCE, TRANSPARENCY AND PUBLIC STAKEHOLDER ENGAGEMENT	# of Board of Directors meetings	Ensure that there is a Board of Directors meeting held on a monthly basis to receive input from Board and obtain necessary votes	Health Connector
	# of phone calls and e-mails sent to Board members to update them on Health Connector advancements	Regular interaction with Board members will help the Connector obtain their feedback	Health Connector
	# of committees and advisory councils on which Board members sit	Track the involvement of Board members in Health Connector committees and advisory councils	Health Connector
	# A&F Subcommittee Meetings	Hold public meetings to engage Health Connector board on budget issues	Health Connector/ A&F
	# of participants in ACA Learning Series	Hold quarterly meetings to educate staff who currently assist Commonwealth Care, Commonwealth Choice, MassHealth and Health Safety Net (HSN) members at Massachusetts hospitals, health centers and community-based organizations by disseminating Affordable Care Act information and distributing post-meeting surveys to evaluate effectiveness	Health Connector/ EOHHS
	% of participants who felt that the ACA Learning Series was beneficial		
	# of quarterly Stakeholder Meetings	Hold open meetings to discuss implementation activities with stakeholders and the general public	Health Connector/ other state agencies

GOAL	MEASURE	DEFINITION / NOTE	DATA SOURCE
	# key hires yielding high-quality staff	The Health Connector seeks to hire high quality staff, as evaluated by the Health Connector's performance evaluation cycle	Health Connector
	% of performance reviews for staff that are completed on time	Completion of performance evaluation cycle for each staff member	Health Connector