

Marketplace Year 3: Issuer Insights & Innovation

October 5, 2016



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Conversation with the CEOs – the Future of the Marketplace



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To submit questions remotely, email us at: **Partnership@cms.hhs.gov**



Health Insurance **Marketplace** **HealthCare.gov**

The Marketplace Consumer

Using Data to Drive Outreach and Engagement

*Joshua Peck, Chief Marketing Officer
Health Insurance Marketplace
Centers for Medicare & Medicaid
Services*



Health Insurance Marketplace



Care.gov

Overview

- There is mounting evidence that the consumer experience plays a critical role in Marketplace success.
 - User experience, outreach, and support directly impact new enrollment, retention and the risk pool.
 - Reducing or removing barriers increases enrollment and retention, especially among younger consumers.

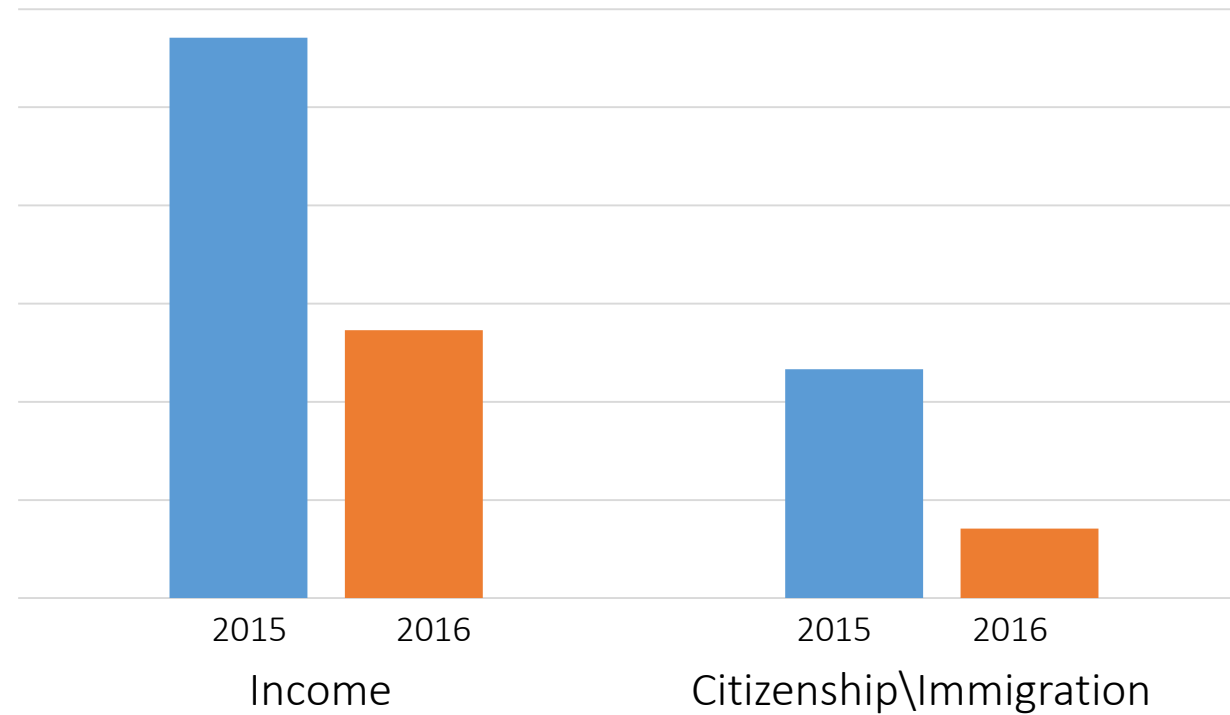
Data Matching Improvements

- **Improvements to the online application** that make it clearer when a data matching issue is created to resolve the issue in real time.
- Added functionality that **helps make sure consumers do not generate a new data matching issue** if they have previously resolved the same issue.
- The 2017 payment notice allows CMS to establish **more appropriate income verification thresholds** for consumers.
- **Improvements to our notice language** more clearly explain what documents a consumer should submit to resolve data matching issue.
- **Improved outreach** to consumers with data matching issues. More and clearer communication from the CMS team providing information to consumers about key deadlines and how to submit documents.

The Difference

Terminations and financial assistance adjustments are dramatically lower in 2016.

Expirations by DMI Type



Impact

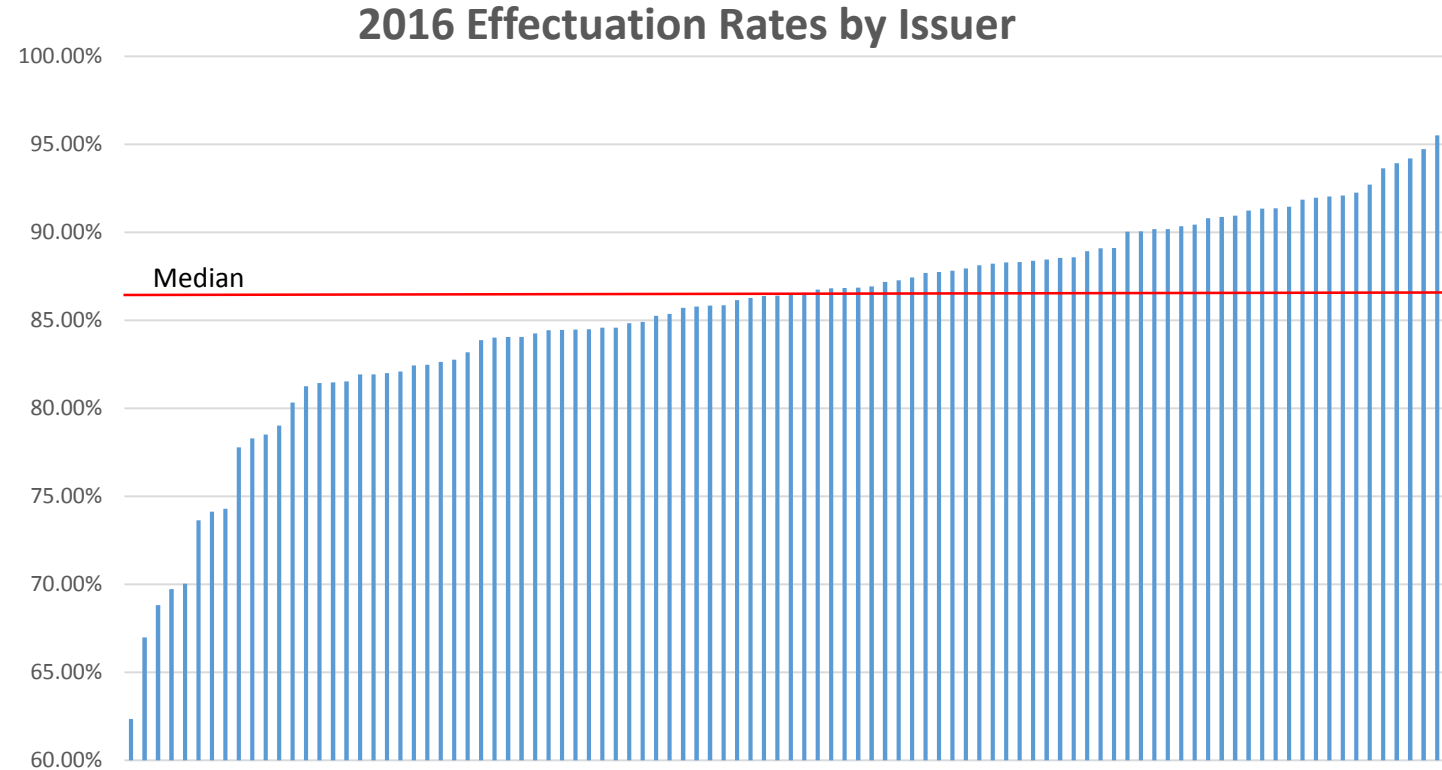
Change in Citizenship & Immigration DMI Resolution Rate by Age between 2015 and 2016	
Age	Change
18-34	15.8%
35-54	8.9%
55+	6.7%

Effectuation

In 2017, we hope to collaborate on effectuation in the same way we did on data matching.

- Issuer Innovation is already happening in this space.
- CMS is also making improvements, including:
 - Updates to the payment page on HealthCare.gov that make it clearer a consumer is not finished enrolling until they pay their premium
 - A new real-time email reminding consumers to pay their premium triggered right after they select a plan
- Issuers play a critical role in this consumer experience.

Variation between issuers



Best Practices

The CMS team interviewed a sample of issuers about how they approached effectuation.

Two points were clear:

- There isn't a silver bullet that increases effectuation – with one possible exception.
- But there are a lot of common practices shared by issuers with top effectuation rates.

Based on those conversations, we've distilled four effectuation best practices

#1: Focus on improving effectuation

Most meaningful distinction was the importance and focus placed on improving effectuation. It was a business priority for top effectuation issuers to:

- Communicate the plan's **core value** to the consumer.
- Coordinate to improve effectuation **across internal teams**.
- **Be responsive** to the members' needs and **remove barriers** wherever possible.
- Find ways to make the consumers needs intersect with innovations in care delivery, coordination and plan services.

#2: Comprehensive chase

Make your outreach a comprehensive, multi-touch approach to onboarding your consumers. Outreach across multiple channels reaches different types of consumers – relying on a single channel is not effective.

- Use email, mail, phone, SMS and even in-person contact.
- **Direct mail** that explains how to pay, encourages auto-pay, proto welcome members and pre-members vides a summary of plan benefits, explains how to find a physician
- Send **invoices**, encourage auto-pay, highlight all payment options, clearly state deadlines.
- Use **outbound and inbound calls**, considering a blend of automated and live calls.
- Use **email** to nudge consumers to action and provide personalized communication.

#3: Meaningful contact

One tactic rises to a best practice: a live long-form call (or an in-person meeting) with new consumers. This call is not merely a reminder to pay, but real consumer engagement that addresses the individual consumer's needs.

- Appears to have above average impact for effectuation, but issuers are also using it as an opportunity to start the process of connecting coverage to care.
- The interaction can be used as a feedback loop to drive process improvement.
- The call is not necessarily the first-touch – multiple touches may be needed before the call occurs.
- The call can provide critical information to a consumer who is deciding whether or not to effectuate.

#4: Make payment easy

Make the payment process as easy as possible for consumers:

- Many Marketplace consumers are unbanked or underbanked, so offer multiple ways to pay:
 - Credit card, bank, online, IVR\Phone, in-person payments, paper\mail\check\money order, and cash.
 - Get creative with payment options e.g. 7-11 and MoneyGram
- Encourage consumers to setup auto-pay
- Offer flexibility in binder payment timing
- Use data to improve the payment rates by monitoring monthly premium payments
- Train all staff who interact with consumers to notify consumers of upcoming payments and to accept payments
- Explain the consequences of missing payments to consumers

Thank You



Member Premiums

MeridianChoice

Sean Lancaster

October 5, 2016



Health Insurance Marketplace



Care.gov

Who We Are



Established in 1997
by Dr. David
Cotton
Headquartered in
Michigan

A family-owned
company dedicated
to improving the
quality of care in low
resource
environments

AS OF SEPTEMBER 2016

- Medicare, Medicaid, Exchange, MMP & Part D PDP
- Medicare, Medicaid, MMP & Part D PDP
- Medicare & Medicare Part D PDP
- Medicare Part D PDP

TOTAL COVERED LIVES: 868,696

Key Assumptions

- Enrollment
- Effectuation
- Delinquency



Culture

- Core Values



- Ramifications of poorly designed process could be life changing

Awareness



Process Design

- Voice of customer
- Target
- Performance monitoring
- Feedback loops

Policy

- Effectuation timeline
- Billing frequency
- Payment threshold
- Retro-enrollment
- Payment methods
- Payment forms

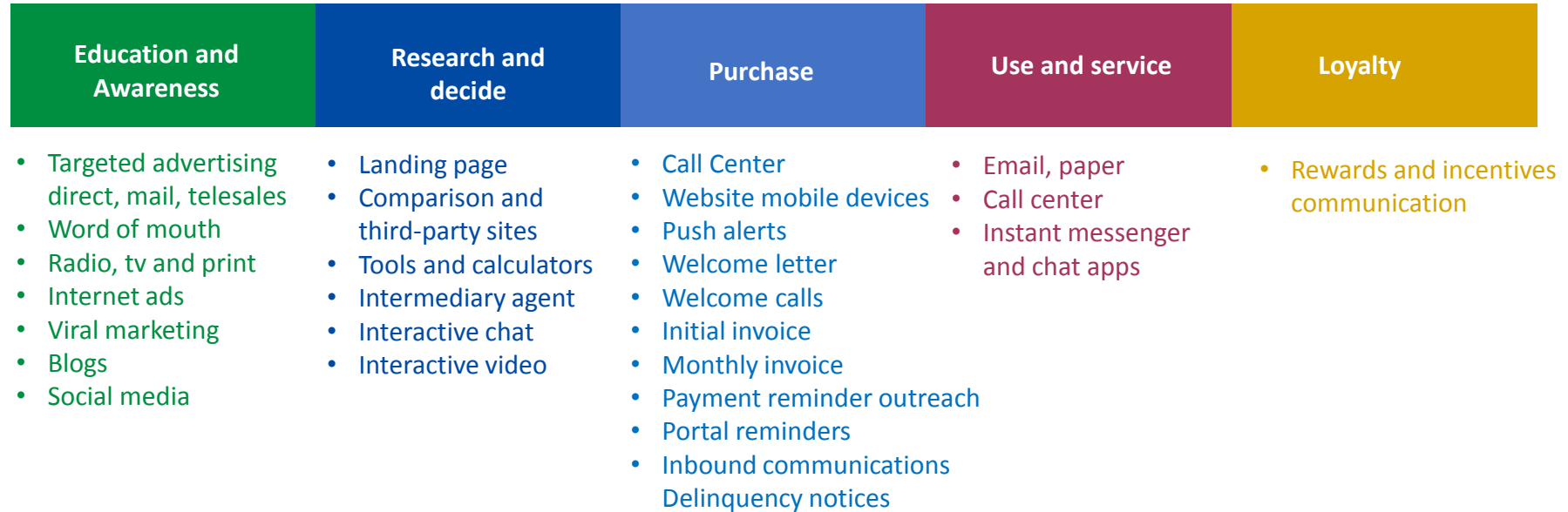


Operational

- Core Values
- Onboarding
- Technology



Opportunities to Engage



Outcomes

- Attrition
- Risk Pool
- Satisfaction
- Continuity



Thank You

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Innovation In Improving Effectuation and Member Engagement

Janet Fosdick

VP, Health Insurance Marketplace

MOLINA HEALTHCARE

October 5, 2016



Health Insurance **Marketplace** **HealthCare.gov**

Molina Healthcare Inc.,

Our mission

To provide quality health care to people receiving government assistance



Molina Healthcare Inc.,



Product Portfolio

Government programs

Health Plans



Risk-based health plan outsourcing for Medicaid, Medicare, and other government programs.

Medicaid Health Information Management



Medicaid non-risk fee based fiscal agent services, business process outsourcing, and care and utilization management.

Direct Delivery Primary Care



Company owned and operated primary care community clinics.

Medical Services Behavioral Health

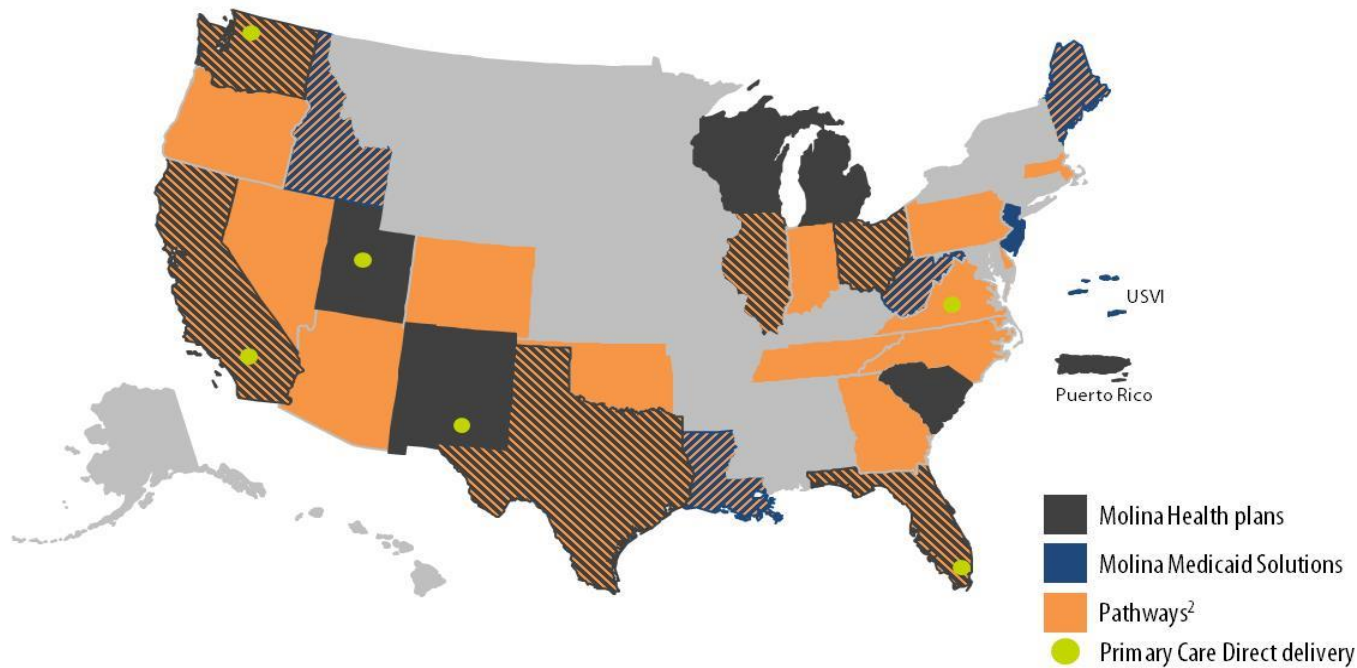


Provider network of outcome based behavioral/mental health and social services.

Molina Healthcare Inc.,

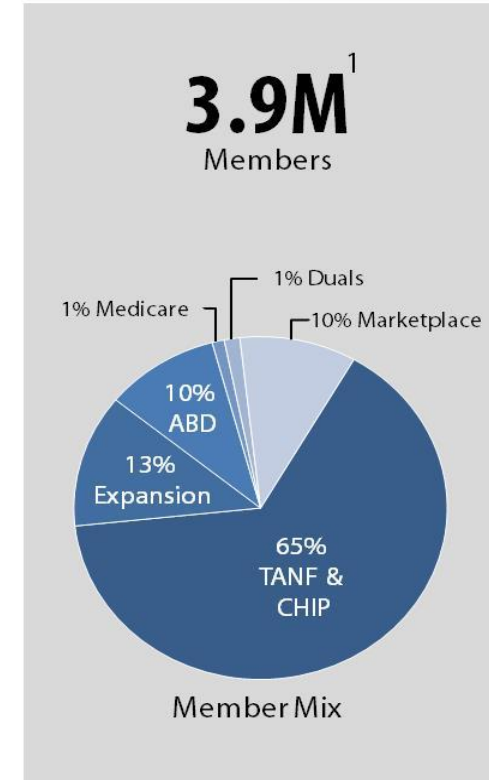
Our footprint today

Health plan footprint includes 4 of 5 largest Medicaid markets



1. Total enrollment relates to estimated membership as of January, 2016.

2. Pathways was previously known as Providence Human Services and was acquired from The Providence Services Corporation in a transaction that closed on November 1, 2015.



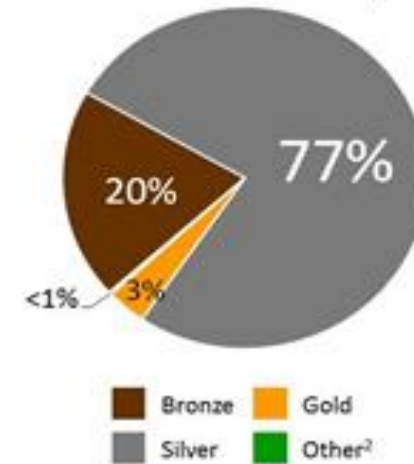
Molina Healthcare Inc.,

Marketplace

Focused on providing continuity to Medicaid members and extending services to the Medicaid ineligible low-income



Molina's Current Membership Distribution By Metal Type



90% of Molina Marketplace members receive government subsidies

1. As reported June 30, 2016

2. Platinum and Catastrophic products are only offered in California as required by the state

Enrollment



Plans

- Simple plan design to retain and grow membership in our current markets
- Minimal plan changes support retention
- Plans tailored to demographic needs
- CMS Standardized Options Product offering in specified markets

Enrollment

- One Stop Enrollment
 - Plan selection
 - Pay binder
 - Set up Auto Pay
- Enroll in My Molina (member portal)
- Select PCP
- Review Enrollment Summary

Payment

- Payment accepted at time of enrollment
- Multiple payment channels/options
- Payment Redirect /Pay Now option
- Leverage broker/agent partnership to promote effectuations

Outreach

- CBO/SBO/FBO community engagement and outreach
 - Molina Clinic
- Welcome letter
- Automated payment reminder
- Binder reminder
- Bilingual messaging English/Spanish

Engagement



Payment Solutions

- Meeting the member where they are
- Mobile optimized payment solutions
- Multiple payment channels/options
- Promote auto pay
- MoneyGram

Outreach

- Email payment reminders
- Data Matching Inconsistency reminders
- Renewal notices
- Easy renewal options
- Multi faceted phone outreach

Welcome Calls

- Welcome to the Molina Family
- Answer benefit questions
- High Level health assessment
- Encourage PCP visit

Broker Support

- Strong broker partnerships
- Dedicated Broker Support Unit
- Competitive compensation
- Provide knowledge and self service Tools
- Custom Reporting
 - Grace Period report
 - Data Matching Inconsistency report
- Broker feedback is encouraged

Takeaways



- Entrance into Marketplace is consistent with our mission to provide care to persons receiving government assistance
- Every month is a renewal month
- “One size does not fit all”-member engagement is about meeting the member where they are
- Member engagement and outreach is pivotal,, CBOs, FBOs, SBOs and Brokers are important partners
- “Without data, you are just another person with an opinion” W. Edwards Deming

Q&A Session

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To submit questions remotely,
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Break



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