Marketplace Year 3: Issuer Insights & Innovation

October 5, 2016
Conversation with the CEOs – the Future of the Marketplace
To engage on social media use the following hashtag: #issuerinsights

To submit questions remotely, email us at: Partnership@cms.hhs.gov
The Marketplace Consumer

Using Data to Drive Outreach and Engagement

Joshua Peck, Chief Marketing Officer
Health Insurance Marketplace
Centers for Medicare & Medicaid Services
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.
• **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.
Terminations and financial assistance adjustments are dramatically lower in 2016.

Expriations by DMI Type

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
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<tr>
<td>Citizenship\Immigration</td>
<td>2015</td>
<td>2016</td>
</tr>
</tbody>
</table>
### Impact

Change in Citizenship & Immigration DMI Resolution Rate by Age between 2015 and 2016

<table>
<thead>
<tr>
<th>Age</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-34</td>
<td>15.8%</td>
</tr>
<tr>
<td>35-54</td>
<td>8.9%</td>
</tr>
<tr>
<td>55+</td>
<td>6.7%</td>
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</table>
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

2016 Effectuation Rates by Issuer

Median
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
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 videos 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
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

Marketplace Population

- Unbanked
- Uninsured
- Confused
- Suspicious
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

I just enrolled, what do I do now?
Opportunities to Engage

Education and Awareness
- Targeted advertising direct, mail, telesales
- Word of mouth
- Radio, tv and print
- Internet ads
- Viral marketing
- Blogs
- Social media

Research and decide
- Landing page
- Comparison and third-party sites
- Tools and calculators
- Intermediary agent
- Interactive chat
- Interactive video

Purchase
- Call Center
- Website mobile devices
- Push alerts
- Welcome letter
- Welcome calls
- Initial invoice
- Monthly invoice
- Payment reminder outreach
- Portal reminders
- Inbound communications
- Delinquency notices

Use and service
- Email, paper
- Call center
- Instant messenger and chat apps

Loyalty
- Rewards and incentives communication
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
Molina Healthcare Inc.,

Our mission
To provide quality health care to people receiving government assistance
Molina Healthcare Inc.,

Product Portfolio
Government programs

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>Medicaid Health Information Management</th>
<th>Direct Delivery Primary Care</th>
<th>Medical Services Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk-based health plan outsourcing for Medicaid, Medicare, and other government programs.</td>
<td>Medicaid non-risk fee based fiscal agent services, business process outsourcing, and care and utilization management.</td>
<td>Company owned and operated primary care community clinics.</td>
<td>Provider network of outcome based behavioral/mental health and social services.</td>
</tr>
</tbody>
</table>

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Our footprint today

Health plan footprint includes 4 of 5 largest Medicaid markets

1. Total enrollment data is estimated membership as of January 2016.
2. Pathways was previously known as Providence Human Services and was acquired from the Providence Services Corporation in transactions that closed on November 1, 2015.

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Molina Healthcare Inc.,

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

90% of Molina Marketplace members receive government subsidies

1. As reported, June 30, 2016
2. Marketplace Catastrophic products can only be offered in California as required by the state
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# 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

<table>
<thead>
<tr>
<th>Payment Solutions</th>
<th>Outreach</th>
<th>Welcome Calls</th>
<th>Broker Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Meeting the member where they are</td>
<td>• Email payment reminders</td>
<td>• Welcome to the Molina Family</td>
<td>• Strong broker partnerships</td>
</tr>
<tr>
<td>• Mobile optimized payment solutions</td>
<td>• Data Matching Inconsistency reminders</td>
<td>• Answer benefit questions</td>
<td>• Dedicated Broker Support Unit</td>
</tr>
<tr>
<td>• Multiple payment channels/options</td>
<td>• Renewal notices</td>
<td>• High Level health assessment</td>
<td>• Competitive compensation</td>
</tr>
<tr>
<td>• Promote auto pay</td>
<td>• Easy renewal options</td>
<td>• Encourage PCP visit</td>
<td>• Provide knowledge and self service Tools</td>
</tr>
<tr>
<td>• MoneyGram</td>
<td>• Multi faceted phone outreach</td>
<td></td>
<td>• Custom Reporting</td>
</tr>
</tbody>
</table>

- **Grace Period 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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Break