



Advisory Board  
HealthSource RI  
One Weybosset Hill / 33 Broad Street  
2<sup>nd</sup> Floor, Conference Room A  
1:00 pm – 2:30 pm  
Tuesday, August 19, 2014  
Agenda

I. Call to Order

Chairman Geoff Grove called the meeting to order at 1:05 pm

Board Members Present: Peter Howland and Linda Katz

Staff Present: Christine Ferguson, Director; Amy Black, Dara Chadwick, Lisa Monti and Marti Rosenberg

- II. Board members approved minutes from the July 22 Exchange Advisory Board meeting, with the following change proposed by Linda Katz: Page 2, #5, dealing with the HSRI eligibility system. Ms. Katz asked that the language “eligibility system for tax credits” be changed to “eligibility system for affordable coverage,” since HSRI’s value and how it is seen in the eyes of community members and policy-makers can be as a gateway to affordable coverage.

III. Director’s Report

Director Ferguson folded her Director’s Report into the report on HSRI activities.

IV. HSRI Activities:

- Marketing – Lisa Monti began the marketing discussion by presenting three video endorsements of HSRI from small employers, developed for a social media campaign. These videos will be shown on social media and on the HSRI website
  - i. The social media focus is flexible and adaptable. Paid advertising will send people to the website, where they can learn more about enrolling.
  - ii. Director Ferguson noted that HSRI has good research on its target small businesses. These advertisements will be targeted to them and will wrap into larger media and advertising campaigns, as well as other social media approaches.
  - iii. Ms. Monti also described a new web microsite for small employers: <http://wearebigbusiness.org/>. HSRI will ask its business customers to go to this site and indicate that they have enrolled through HSRI..

- iv. HSRI's marketing firm, NAIL, is working on the small employer advertising tag line to make it more action oriented and focused on purchasing insurance.

*Public comments:* Betsy Loucks from HealthRIght and Steve DeToy from the Rhode Island Medical Society both agreed that the concept of buying insurance through HealthSource RI needs to be spelled out more clearly.

Peter Howland, M.D. suggested that HSRI look into T.F. Green as an advertising site – while employers are “waiting around” for flights, they could be drawn to the HSRI website, perhaps through QR codes.

- Sales: Ron Choquette from the Connexions sales team made a presentation on HSRI sales. The sales team has begun its campaign, testing messages with smaller businesses and preparing to move to larger groups (40 to 50 employees). HSRI's goal is to enroll between 7,000 and 15,000 lives by January, which Director Ferguson noted was a “big lift.”
  - i. Ron Choquette noted that the majority of the currently targeted businesses have fewer than 10 employees. The team is focused on both inbound and outbound calls, working to get small employers from “prospect” to customer to customer service along the way. HSRI team members work in the field with companies and certified brokers, and are working to get more brokers certified. There are currently 200 certified brokers, but 10 to 15 brokers hold the majority of the business. Businesses do not need brokers to purchase from HSRI.
  - ii. Chairman Grove asked whether HSRI was receiving referrals from other companies. Mr. Choquette said that this was not happening now, but that it was a good idea to pursue.
  - iii. Ms. Katz asked if there was much connection with RIte Share. Mr. Choquette answered that there was not as much connection as he would like, but that this is on track for the coming months.
  - iv. Board members made additional suggestions for partnerships, including the URI Development Center, the Center for Women and Enterprise, and the Hatch Entrepreneurial Center on Weybosset Street. Director Ferguson noted that she is able to spend two to three days a week doing direct contact with employers and would be pleased to take any referrals that Advisory Board members or others can share. She is making connections with provider offices and CPA firms in particular.
- Renewals: Director Ferguson addressed the question of HSRI renewals for 2015. She noted that HSRI has roughly 30,000 people receiving coverage who must renew.

Several Contact Center representatives will work directly on renewals and retention for employers and employees.

- i. For individuals, HSRI needed to make a decision about how to carry out renewals. Many states will use 2013 tax data to give people their estimates for 2015 tax credits. There is the potential for wrong and confusing information with these data. Therefore, HSRI made the decision to have all individuals come back to HSRI with their 2015 income to get the correct tax credit information and to learn about new options and new, lower prices. HSRI has also planned a strong outreach campaign, via mail, email, navigators, outbound calls, and media. This aligns with HSRI's goal of creating educated consumers.
  - ii. Open enrollment will begin in November. HSRI members will be able to sign up through December 31, with a payment deadline of January 15, 2015 in order to avoid a break in coverage.
  - iii. Additionally, the IRS is requiring people to sign a specific consent form before they will match income data. The original HSRI consent form did not have this specific language because the IRS developed its language guidance after HSRI went live with its form.
- System: Director Ferguson reported on a series of concerns about current and potential defects in the HSRI system, including problems with interaction with the carriers. There are also problems with activities not related to eligibility, such as premium billing. Making sure these functions work properly is a core value for HSRI
  - i. From August through October, there are three maintenance & operations (M&O) changes to the system that include:
    1. A large October release that relates to updates in income, plus a SHOP enhancement that will remove ID proofing. All five of those changes within a 60-day window, plus all of the renewals who have to come in before January, may be a strain on the system.
    2. Director Ferguson stated that she is working closely with the HSRI team to address potential system impact issues. The team is also formulating a contingency plan. Director Ferguson does not want any issues with the system to affect the small employer take-up rate or individual enrollment.
    3. Additionally, Medicaid renewals are occurring during the same timeframe. Currently, HSRI's Contact Center staff spends approximately 85% of its time working with Medicaid customers and that will need to shift.
    4. Director Ferguson noted that she will keep the Advisory Board updated about the stability of the system and the contingency plans being created.
  - ii. Ms. Katz provided some detail about Medicaid renewals currently underway. Approximately 45,000 families need to renew their RIte Care coverage. Of the 25,000 in the first cycle, 9,300 have NOT completed their renewals. This is a 29% "churn" rate. The Executive Office of Health and Human Services (EOHHS) has just decided that families can renew outside of their cycle, which is positive because it means that families

won't have to wait until right in the middle of HSRI's open enrollment time. The Rhode Island Health Coverage Project has launched an outreach effort to get families to renew with the Contact Center over the phone, which Ms. Katz said is the easiest way for families to do this. Director Ferguson responded that she is looking into a variety of possibilities, including the possibility of shifting some dollars from other parts of the organization to the Contact Center to respond to this need. She added that HSRI has just submitted another grant request to CMS for additional outreach activities, but whether HSRI will receive this funding is uncertain. Ms. Katz added that she would coordinate with the HSRI Outreach Team, and that the Health Coverage Project would be willing to do some direct mail to RIte Care members. Director Ferguson appreciated that offer, and also talked about the importance of collaborating on data about these enrollments. She asked representatives from agencies and entities to flag problems that they see, to provide HSRI with some additional early warning signs.

- iii. Director Ferguson also noted that carriers have invested much time and money toward making this new system work and that HSRI is asking them to do more now. She said that she is aware that contingency plans will have to be coordinated broadly, with many partner agencies and organizations.
- iv. Director Ferguson and Ms. Katz also discussed the potential value of some re-branding, to separate HSRI for individuals and for small businesses. Ms. Katz agreed that separating out "affordability" components of HSRI, including the tax credits and Medicaid, might also make sense in light of public perception around ways that people receive assistance for their health care. Director Ferguson asked anyone who was interested in participating in this discussion to let Marti Rosenberg know, and that we would work to pull together a meeting.

**V. Public Comment:**

- Tina Spears asked about DHS programs, and the portals that they have in DHS offices to help Rhode Islanders. Are all state agencies equipped to help those individuals?
  - Director Ferguson replied: These re-certifications would normally go to DHS, but in actuality, some people go to DHS and others to HSRI. The level of capacity at those agencies is thin, as staff has been reduced in the last 10 years. She further stated that she fears that the ability to resolve capacity issues through existing mechanisms may not be possible.

**VI. Adjourn**

Next Meeting – September 16, 2014