

Take aways from Feb 23rd

Our meeting featured a presentation by Kevin Counihan, President of Choice Administrators, formerly Chief Marketing Officer, Massachusetts Connector. The purpose was to learn about the Mass experience and identify. This summarizes the key points and takeaways from Kevin's presentation. Check marks denote those takeaways that might be appropriate to develop as recommendations from our workgroup. Please provide additions/revisions at our 3.19.12 meeting.

- ✓ Support the development of a competitive marketplace by encouraging new entrants including a range of plan structures (public, not for profit, CO-OP etc). Enlist the assistance of the DOI in encouraging new entrants.

Must think like a business to successfully operate the Exchange

Think of the health plans as key Exchange suppliers. Make sure that people dealing with the health plans know the insurance business and understand their business needs and challenges

No national insurance players were active in Massachusetts when the Connector was established. All players were local plans.

- ✓ Success in reducing the number of uninsured was due to broad and deep stakeholder communication and collaboration –religious, community, advocacy, broker, small business--- enlisting the input of all.
- ✓ Big emphasis on and investment in market research to identify market segments and design outreach and products and work to achieve high customer satisfaction for all segments based on *their* needs and wants.

Given what is likely to be diverse & sometimes conflicting views by staff and Board members, Exchange leadership should focus on a small set of shared goals and use these to guide discussions and decisions. For example setting a target goal of reducing the number of uninsured by X percentage points by X date.

- ✓ Affordability of insurance and health care will continue to be an issue for small groups and individuals under Reform, so strategies to address this will need to be embedded in plan designs, network configurations and other payment and care models.