



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Special Meeting

Legislative Office Building
Room 1D

Thursday, July 14, 2016
Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman (Chair); Demian Fontanella, Office of Healthcare Advocate (OHA); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Grant Ritter; Paul Philpott; Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Commissioner Katharine Wade, Connecticut Insurance Department (CID); Robert Scalettar, MD; Cecelia Woods; Commissioner Raul Pino, Department of Public Health; Commissioner Roderick Bremby, Department of Social Services (DSS)

Members Participating via Telephone: Maura Carley

Other Participants:

Access Health CT (AHCT) Staff: James R. Wadleigh, Jr., Susan Rich-Bye; Emanuela Cebert; Shan Jeffreys

Dr. Mehul Dalal, Connecticut Department of Public Health (DPH)

Members Absent:

Robert Tessier

Note: Robert Scalettar, MD, by the unanimous consent of all the voting members of the Board was elected as presiding officer in the absence of the Chair and Vice-Chair.

The Special Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 11:32 a.m.

I. Call to Order

Robert Scalettar, MD, called the meeting to order at 11:32 a.m. Dr. Scalettar asked participants to introduce themselves.

Benjamin Barnes arrived at 11:34 a.m.

II. Public Comment

No public comment

III. Votes

Dr. Scalettar requested a motion to approve the June 8th 2016 Board of Directors Special Meeting Minutes. Motion was made by Grant Ritter and seconded by Roderick Bremby. ***Motion passed unanimously.***

Susan Rich-Bye, Director of Legal Affairs and Policy, expressed Access Health CT's recommendation that Victoria Veltri be appointed as a member of the Consumer Experience and Outreach Advisory Committee. Ms. Veltri is no longer a member of the Board of Directors, following her resignation from the position of Healthcare Advocate and her appointment as the Chief Health Policy Advisor to the Lt. Governor. Ms. Rich-Bye stated that due to Ms. Veltri's invaluable experience in her former and current roles, Access Health CT would like her to become a member of the Consumer Experience and Outreach Advisory Committee. Dr. Scalettar requested a motion to reappoint Victoria Veltri to the Consumer Experience and Outreach Advisory Committee. Motion was made by Paul Philpott and seconded by Cecelia Woods. ***Motion passed unanimously.***

IV. CEO Update

Mr. James Wadleigh, CEO, updated the Board on AHCT activities. Mr. Wadleigh provided perspective on the continuous changes in the healthcare environment.

The Connecticut Insurance Department has placed Healthy CT under an Order of Supervision, which is a prohibition on writing new and renewed policies, effective immediately. Access Health CT is in the process of reaching out to consumers enrolled in

Healthy CT plans, informing them that they will not be able to renew their current plan, but can enroll in plans offered by other carriers through the Exchange during open enrollment. Mr. Wadleigh emphasized that current HealthyCT individual customers do not need to do anything now, because their policies are effective through the end of the year. Mr. Wadleigh indicated that small businesses are also impacted by the Order of Supervision. Small business policies will be in place until the end of their current plan year. These employers will also be contacted by Access Health CT.

Mr. Wadleigh said that there has been recent speculation that carriers may stop paying broker commissions for plans sold through AHCT. He said that AHCT is not aware, at this time, whether carriers will continue paying broker commissions. AHCT has worked hard to build strong relationships with the brokers, and the organization is working proactively to face possible changes affecting their compensation. Mr. Wadleigh emphasized that AHCT's goal is to always provide the best possible customer service to all. If brokers are not paid commissions, AHCT may consider hiring additional employees who would assist AHCT's customers with plan selection. Mr. Wadleigh stated that more information will be shared with AHCT's customers and the public if changes occur.

Commissioner Katharine Wade added that small employers' policies with Healthy CT are effective through June 30, 2017, or the end of their plan year. Dr. Scalettar emphasized that the expiration dates of the Healthy CT policies apply equally to all policies, both on and off the Exchange.

Paul Philpott indicated that AHCT needs to know whether brokers will be compensated by carriers, because approximately 40% of AHCT's Qualified Health Plan (QHP) consumers have been assisted by brokers. Commissioner Wade responded that the carriers proposed 2017 rate filings are available on the Connecticut Insurance Department website. Mr. Philpott asked which carriers will offer plans through the AHCT SHOP for the 2017 plan year. Mr. Wadleigh responded that Anthem would be the only carrier for SHOP in 2017. Mr. Philpott inquired about the financial performance of Anthem and ConnectiCare with regard to plans sold through AHCT. Mr. Wadleigh responded that both carriers are fully committed to offering plans for 2017, and that Access Health CT is looking for ways to help them continue in future years. AHCT's collaboration with the carriers is crucial for their financial sustainability. Commissioner Wade added that the Connecticut Insurance Department monitors the financial solvency of carriers. Mr. Philpott asked where the public can find insurance carriers' financial reports. Commissioner Wade responded that carriers licensed in Connecticut submit annual financial reports to the Insurance Department, and that more detailed financial information on publicly traded corporations is available through the US Securities and Exchange Commission.

Dr. Scalettar asked Mr. Wadleigh to provide insight on national trends for both non-profit Consumer Operated and Oriented Plans (CO-OP) and for-profit insurers. Mr. Wadleigh responded that the removal of funding from the Risk Corridor program, and the payments due through the Risk Adjustment program, had a significant negative financial impact on many CO-OPs. Illinois' and Oregon's CO-OPs have recently shut down. He said that many

carriers are experiencing net financial losses in their exchange plans, but others are profitable.

V. 2017 Open Enrollment Readiness Plan

Shan Jeffreys, Director of Marketplace Strategies, provided an update on 2017 Open Enrollment preparations. Plan Management is constantly working on the review of plan designs and completion of the certification process. At this time, AHCT is in the application submission review cycle, and is continuing to work closely with Wakely actuaries on the secondary carrier rate filing review. AHCT is tracking all of the functional areas with the percentage completed for all of them. Carrier transitions are also tracked.

VI. Transitional Medical Assistance (TMA) Update

Emanuela Cebert, Special Project Coordinator, provided an update on the enrollment of certain individuals who currently receive Transitional Medical Assistance (TMA). The TMA transition is being conducted in partnership with the Department of Social Services (DSS) to reach the population affected by a change in eligibility for HUSKY A. AHCT is contacting these individuals so that they are aware of their options and can avoid a gap in coverage. Ms. Cebert indicated that AHCT staff is meeting frequently with its DSS and Office of Policy and Management (OPM) counterparts. AHCT is proactive in notifying affected consumers through various means, such as sending 60- and 30-day notices. Other means of communication with consumers include postcards, posters distributed to community partners, live phone calls, community fairs, and social media outreach. Ms. Cebert indicated that this is a continuous effort. Currently, AHCT is in the outreach execution mode. Ms. Cebert emphasized that there will be a post-execution analysis of the program. A focus group facilitated by the Office of the Healthcare Advocate helped in drafting the letter, in English and Spanish, which was sent to those affected by the policy change. Phone call scripts have been targeted for this population. Community fairs are also being conducted on Saturdays in some locations. Ms. Cebert added that the call center's hours have been extended to include Saturdays, to allow consumers more opportunities to enroll. Brokers and staff members from AHCT's customer service department assist with enrollment during community fairs. Ms. Cebert stated that over 2,800 individuals have enrolled so far, with 880 in Qualified Health Plans (QHP), and 1,966 being re-determined eligible for a HUSKY program through the Integrated Eligibility System (IES). Nine press releases, in both English and Spanish, were prepared to inform the public about AHCT's enrollment events. Four radio interviews were also aired.

Lt. Governor Nancy Wyman arrived at 12:11 p.m.

Ms. Cebert provided statistical data regarding call volume generated by the AHCT's reminder mailings. AHCT sent 13,811 pieces of mail, and received 6,664 phone calls that were attributed to those mailings. There has also been a 12.7% increase in the website

activity. Ms. Cebert explained that on average, AHCT enrolls approximately 160 TMA consumers per day. AHCT will continue outreach efforts after July 31.

Mr. Philpott asked whether AHCT knows where these individuals currently receive care, and how they navigate carriers' provider networks to ensure continuity of care. Ms. Cebert responded that brokers assist consumers in reviewing each QHP's provider network. Dr. Scalettar thanked Ms. Cebert for the report, and expressed gratitude to the entire team for thoughtfulness in the planning. Demian Fontanella added words of appreciation to the staff for continuously working on getting people enrolled in the proper plan. He also indicated that following the July 31st deadline, AHCT still needs to address consumers who have failed to enroll. Mr. Fontanella also thanked all of the community partners for their roles in this effort. Benjamin Barnes also added his words of appreciation. He stated that AHCT cannot lose track of this population. Mr. Barnes asked for the statistical analysis of the QHP enrollees from this population in six months. Mr. Wadleigh responded that AHCT will provide those data. Mr. Wadleigh assured the Board that the organization will continue tracking this population.

VII. APCD Overview

Tamim Ahmed, Executive Director of the All Payer Claims Database (APCD), provided a brief update on APCD activity. Dr. Ahmed indicated that data submission by some carriers continues to be problematic. Various carriers are doing better than others. Some carriers are withdrawing data submission following the U.S. Supreme Court decision in *Gobeille v. Liberty Mutual*. The delay in data submission has had a ripple effect on the creation of the APCD website. Dr. Ahmed said that AHCT has executed a Memorandum of Agreement with DSS regarding the submission of Medicaid data to the APCD. He indicated that the members of the Data Review Committee will soon be appointed, pending a review by the AHCT CEO and the APCD Advisory Group. Dr. Ahmed also retracted comments he made during the May 19th Board of Directors meeting.

Mr. Philpott inquired whether the data submission suspension by some carriers would be indefinite. Dr. Ahmed responded that some carriers have suspended data submission indefinitely. He said that the Employee Retirement Income Security Act (ERISA) applies to all private sector employer-sponsored health plans, irrespective of the funding arrangements. He stated that these carriers would withhold the data, even for fully insured plans. Ms. Rich-Bye added that there is some confusion regarding the language of the U.S. Supreme Court ruling in *Gobeille*, and it is not clear whether the ERISA preemption applies to the self-funded plans only, or to all of the ERISA plans. Dr. Scalettar asked whether there are any other carriers, operating in New England states with APCDs, which have taken a similar position on withholding the data.

Cecelia Woods left at 12:34 p.m.

Ms. Rich-Bye responded that the *Gobeille* decision came from the U.S. Supreme Court, so it impacts all APCDs in the nation, not just those in the jurisdiction of the United States Court

of Appeals for the Second Circuit. Ms. Rich-Bye added that this issue is not limited to one carrier. She added that AHCT has been working with outside counsel to better understand the decision. There have also been discussions with the U.S. Department of Labor to obtain ERISA plan data through the promulgation of federal regulations. Dr. Scalettar thanked Dr. Ahmed for his work in making the APCD a useful tool not only for AHCT, but also for the citizens of Connecticut.

VIII. Digging Deeper: Uncovering Disparities in Health Status in Connecticut: Presentation by Dr. Mehul Dalal

Dr. Scalettar introduced Dr. Mehul Dalal, Chronic Disease Director at the Connecticut Department of Public Health, who provided an overview on disparities in health status in Connecticut.

Dr. Scalettar thanked Dr. Dalal for his presentation. He indicated that presenters such as Dr. Dalal widen the organization's vision. Lt. Governor Wyman asked what the Asian and Native American communities are doing to achieve a longer average life expectancy. Dr. Dalal stated that we should be learning from them, but some of the factors involve genetics. He indicated that healthy ideas can be learned from various subgroups. Mr. Bremby agreed, adding that African Americans or Blacks who are new immigrants to the country are generally healthier and live longer. There is a concern about the validity of the mortality data, due to the fact that Native Americans birth records may indicate different ethnicity than their death records. Ms. Delphin-Rittmon stated that DHMAS would like to partner with Dr. Dalal to look at the behavioral health data.

IX. Adjournment

Dr. Scalettar requested a motion to adjourn the meeting. Motion was made by Lt. Governor Nancy Wyman and seconded by Benjamin Barnes. ***Motion passed unanimously.*** Meeting adjourned at 12:57 p.m.