



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Connecticut Historical Society
1 Elizabeth Street
Hartford, CT

Thursday, March 17, 2016

Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman (Chair); Victoria Veltri (Vice-Chair), Office of Healthcare Advocate (OHA); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Grant Ritter; Paul Philpott; Robert Tessier; Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Commissioner Katharine Wade, Connecticut Insurance Department (CID); Maura Carley; Raul Pino, Department of Public Health (DPH)

Members Participating by Telephone: Cecelia Woods

Members Absent: Robert Scalettar, MD; Commissioner Roderick Bremby, Department of Social Services (DSS)

Other Participants:

Access Health CT (AHCT) Staff: James Wadleigh, James Michel, Steven Sigal; Susan Rich-Bye; Andrea Ravitz; Shan Jeffreys

The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:01 a.m.

I. Call to Order

Lt. Governor Wyman called the meeting to order at 9:01 a.m.

II. Public Comment

None

III. Votes

Lt. Governor Wyman requested a motion to approve the February 18, 2016 Regular Meeting minutes. Motion was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to approve the March 1, 2016 Special Meeting minutes. Susan Rich-Bye, Director, Legal Affairs and Policy noted that the minutes will need to be amended by deleting Commissioner Jewel Mullen from the attendance list. Motion to approve the minutes as amended was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

Steven Sigal, Chief Financial Officer, provided a brief summary of the 2015 Fiscal Year Quasi-Public Agency annual report. The report is consistent with financial statements that were audited by Whittlesey & Hadley. Most of the executive summary and the other narrative are fairly consistent with the management's discussion and analysis in the audit report, although there are specific quasi-public agency requirements being fulfilled in this report as well.

Lt. Governor Wyman requested a motion to approve the 2015 Fiscal Year Quasi Public Annual Report. Motion was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

IV. CEO Report

James Wadleigh, CEO, provided an update on AHCT activities. AHCT has shifted from building a brand over the last two years to a direct community outreach program, which is one of the many drivers of AHCT's last successful open enrollment period. The shift to reviewing analytics is intended to help AHCT update its 2016 operational plan, and adjust the fiscal budget to better align it to organizational goals. The APCD continues to move forward and carrier data submission is improving. While the Supreme Court's decision to uphold the ability for carriers to withhold self-funded plan data is a disappointment, it is AHCT's goal to continue to show the value of this important statewide project. The AHCT team has initiated a program to revisit the overall business strategy. The plan is to present this strategy at the April Board of Directors meeting.

V. Marketing Update

Andrea Ravitz, Director of Marketing provided a media wrap-up for the 2016 Open Enrollment period. Messaging will now be focused around retention. Going into OE4, the member census will have an additional layer of customer satisfaction evaluation. The state's uninsured rate currently stands at 3.8%, and this rate will be re-evaluated over the next couple of months. From a budget perspective, both internal and external data will be utilized for efficiencies in the budget and more efficient media placement. There will be a year-round outreach commitment to continue improving health insurance literacy as well as plan and benefit utilization.

Community outreach efforts for OE3 were summarized. Ms. Veltri asked for an explanation of the in-person assistance data showing a drop in visitors and enrollments. Ms. Ravitz replied that there was an increase in the number of consumers going to a broker directly, as well as an increase in self-enrollment. There are increases in other areas of enrollment assistance. Ms. Veltri asked whether there had been an analysis of maintaining the enrollment centers for future open enrollment periods. Ms. Ravitz replied that those conversations are taking place, evaluating the effectiveness of the enrollment centers generally. Mr. Wadleigh added that the overall auto-renewal process affects this decrease as well. Ms. Ravitz stated that the data

represents enrollments, and not re-enrollments. Paul Philpott expects the trend to continue to look as presented, and asked about the extent to which the centers could play a role in increasing retention. Ms. Ravitz replied that AHCT is evaluating whether the enrollment centers should remain open after open enrollment. AHCT is definitely considering physical locations as a retention tool. The enrollment centers' purpose will be modified as AHCT moves to a mix of retention and acquisition of consumers.

Looking ahead to OE4, the main goals will be focused on plan and benefit awareness, education, engagement, enrollment, loyalty, and retention. It is time to transition consumers to utilization of health care.

Ms. Ravitz summarized the paid media wrap-up statistics. The integrated multi-media approach included a 42% decrease in investment from previous years. Television continues to be the main driver of all media.

Katharine Wade left at 9:28.

The media plan OE 2017 will involve thinking "outside the box". It is now time to transition consumers to care, which begins with encouraging consumers to get a primary care physician. A diverse, year-round marketing and outreach campaign will focus on benefit and plan utilization, wellness, education, and value. AHCT will have branding with the Hartford Yard Goats baseball team, which will be tied to different wellness messages using the team's mascots. There will be a partnership with NBC Connecticut, leveraging some additional opportunities. This will include a presence during the summer Olympics. There will be additional strategic partnerships which will be announced later.

Ms. Ravitz summarized marketing "thought starters", including a year-round outreach campaign, small business marketing, improved online experience, and enhanced research.

Ms. Veltri recommended seeking additional sponsorship and partnership opportunities. Mr. Wadleigh replied that AHCT is participating in monthly meetings with the Connecticut Health Foundation where possible future initiatives are discussed. There are ongoing discussions with organizations focused on health literacy, and AHCT is in the planning stages of collaboration on such initiatives. Ms. Veltri asked whether community organizations have print materials available in a variety of languages. Ms. Ravitz replied that the main piece of collateral is provided by AHCT, and efforts are underway to translate materials into various languages and dialects. The materials are currently translated into 13 different languages.

VI. 2016 Open Enrollment Analytics

Robert Blundo, Director, Technical Operations & Analytics, provided a 2016 Open Enrollment Analysis. Mr. Blundo began by providing a three year Open Enrollment overview. He also summarized several metrics and analyses of the 2016 open enrollment period, including carrier market share, premium assistance, plan metal selection, metal selection by financial assistance level, coverage start dates, enrollee race/ethnicity and language, and geography. Summaries were provided for customer acquisition in the areas of segmentation, segment profile, and financial assistance level. Mr. Blundo compared the 2016 enrollment to prior open enrollment periods.

Paul Philpott thanked the staff for the outstanding presentation. He asked how AHCT intended to find the vital few data points and conclusions from the many interesting findings from the analysis. Mr. Philpott stated that consumers will be switching metal tiers and carriers based on individual price sensitivity. He asked what could be done to refine the analysis of potential shifts, such as changes in tiers and carriers. Mr. Wadleigh replied that Mr. Blundo's presentation represents the maturing of the analytics of the organization. Some examples of next steps include an analysis of the 15%-25% of consumer who lose their coverage each year. More in-depth analysis will be presented at the next Board meeting. Further, approximately 4%-10% of customers are churning between Medicaid and QHP on a monthly basis. AHCT needs to determine what can be done to make that transition easier and educate consumers. Data are helping to generate questions on how AHCT as an organization pivots and moves forward. There is a large opportunity to address the issue of consumers who are eligible for cost-sharing reductions (CSR), but who are not enrolling in Silver metal tier CSR plans. Mr. Wadleigh said that he was not a proponent of consumers switching carriers. There are ongoing conversations with the carriers regarding consumer retention. AHCT is involved in collaborative efforts on customer wellness and literacy. The data have been generating many questions and opportunities.

Mr. Blundo added that AHCT needs to develop analytics that are not just interesting, but actionable. He hopes to be in a better position next year to conduct forecasting and predictive analytics.

Benjamin Barnes praised the report. He asked for data on the distribution of the actuarial value of consumers' plans, taking into account the higher actuarial value of the Silver CSR plans. He also expressed concern about the consumers who churn between Medicaid and QHPs, and asked whether data could be shared with Medicaid in order to ensure continuity of care for this population, particularly those with family members with different types of coverage. Mr. Wadleigh stated that this issue has been raised in the context of consumers currently enrolled in Temporary Medical Assistance (TMA), whose coverage will end this summer, and who may become eligible to enroll in QHPs. The carriers would like to be able to coordinate continuity of care with Medicaid. However, because of HIPAA restrictions, claims information cannot be shared between Medicaid and carriers. Mr. Barnes clarified that he would like this population to maintain continuous coverage, regardless of whether claims data could be shared.

Ms. Veltri asked about the Master Person Index (MPI) system, which assigns a unique identifier to each individual in the AHCT system. Mr. Wadleigh replied that the State of Connecticut has implemented an MPI system to be shared across agencies, and that AHCT was the first agency to begin migrating consumer data into this system. The MPI system is a cornerstone of shared service capability between DSS and AHCT. The new IMPACT project will also leverage this system, which has been live for two weeks. These coordinated initiatives underscore the need for a common Customer Relationship Management (CRM) tool to work across all agencies of the State of Connecticut.

Ms. Veltri is concerned about the CSR-eligible consumers who are not enrolling in CSR plans, and asked whether the system prompts consumers when they do not choose a CSR plan. Shan Jeffreys replied that the system does not currently prompt consumers regarding this decision, but said he would explore the possibility of including such information on the website.

Referring back to Mr. Blundo's presentation, Ms. Veltri asked whether the average premium amounts represented Silver plans. Mr. Blundo replied that average premiums are segregated by metal tier, at which point the average premium is calculated. Ms. Veltri referred to the statistics regarding race and enrollment by county. She asked whether AHCT could determine the number of uninsured individuals in those demographic categories. Mr. Blundo replied that there are opportunities to compare enrollment data to those collected through the member census, including demographics. This analysis will allow AHCT to develop a profile of the uninsured population, and create reports to inform stakeholders. Ms. Veltri asked whether the remaining statewide uninsured population could be divided by county. Ms. Rich-Bye added that AHCT processes exemptions, which could be analyzed to better understand the uninsured population.

Grant Ritter also echoed the praise for the dataset, and asked whether there was any information about consumers who enroll during special enrollment periods. He has heard from carriers that the special enrollment population generally has higher health costs than other enrollees. Mr. Blundo replied that AHCT has been following this population, as well as those who enroll during open enrollment and lose coverage during the year. During the month or two following open enrollment, many consumers lose coverage because they fail to make their first premium payment or provide verification documents, and some of these consumers attempt to enroll again. Approximately 10,000 consumers have lost coverage because of non-payment or failure to verify. There is a list of qualifying events that would allow an individual to enroll during a special enrollment period, and about 3,000 to 4,000 have done so since February 1. There will be more information on this topic presented in future meetings.

Maura Carley asked what documentation would be required for an individual to enroll upon the termination of COBRA coverage. Ms. Rich-Bye replied that the consumer would need to send in a termination letter from their COBRA carrier. AHCT is just now implementing a program requiring documentation which has not been required before. The Federally Facilitated Marketplace and other states are doing the same. Ms. Carley echoed the praise for the outstanding presentation.

Mr. Tessier thanked Mr. Blundo for the presentation. He asked whether a consumer survey is planned again for this year, and how AHCT would leverage its new capacities with the data to improve decision making. Ms. Ravitz replied that AHCT has far more internal data than it did previously, and does not need to rely solely on a member census for consumer information. AHCT is going through an RFP process to select a new survey research vendor, and the RFP requires ongoing research and collaboration with Mr. Blundo and the analytics team.

Lt. Governor Wyman echoed previous praises and asked whether there was a breakdown of the race, ethnicity, and age for those who do not receive financial assistance. Mr. Blundo replied that this population is typically younger, with a higher average income. Mr. Blundo agreed to provide information on the racial makeup and language preferences of this group.

VII. Plan Management Update

Shan Jeffreys, Director of Marketplace Strategies, provided the plan year 2017 Life Cycle Status summary. Concurrently, there is constant preparation and movement towards 2018. Target dates for upcoming activities were summarized. For 2018, Wakely Consulting has been

engaged to conduct strategic planning, based on national trends both within and outside of exchange markets. The advisory committee will be meeting in the coming months to discuss future plan options, with particular focus on improving quality and decreasing costs. Further, Plan Management is working closely with Mr. Blundo to incorporate consumer choice data in its planning.

VIII. Strategy Committee Update

Robert Tessier provided an update on the Strategy Committee. The Committee has met and has begun a review of the four Advisory Committees, including their membership and structure. Board members on advisory committees will be contacted to discuss their perspectives. This issue will come before the Board for a full discussion.

IX. Adjournment

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.*** Meeting adjourned at 10:47 a.m.