



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

**Connecticut Health Insurance Exchange  
Board of Directors Regular Meeting**

Legislative Office Building  
Room 1D

Thursday, October 20, 2016  
**Meeting Minutes**

**Members Present:**

Lt. Governor Nancy Wyman (Chair); Robert Tessier (Vice-Chair); Demian Fontanella, Office of Healthcare Advocate (OHA); Paul Philpott; Michael Michaud on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Katharine Wade, Commissioner, Connecticut Insurance Department (CID); Robert Scalettar, MD; Victoria Veltri; Maura Carley; Grant Ritter

**Members on the phone:**

Cecelia Woods; Commissioner Raul Pino, Department of Public Health

**Other Participants:**

Access Health CT (AHCT) Staff: James R. Wadleigh, Jr., Susan Rich-Bye; Tamim Ahmed; Andrea Ravitz; Robert Blundo; Ann Lopes; John Carbone; Emanuela Cebert; Jeanna Walsh

**Members Absent:**

Secretary Benjamin Barnes, Office of Policy and Management (OPM); Commissioner Roderick Bremby, Department of Social Services (DSS)

**The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:00 a.m.**

**I. Call to Order**

Lt. Governor Nancy Wyman called the meeting to order at 9:00 a.m.

**II. Public Comment**

No public comment

### **III. Votes**

Lt. Governor Nancy Wyman requested a motion to approve the September 22, 2016 Board of Directors Regular Meeting Minutes. Motion was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

Lt. Governor Wyman introduced Susan Rich-Bye, Director of Legal Affairs and Policy. Ms. Rich-Bye addressed the need to appoint a new member to the Consumer Experience and Outreach Advisory Committee. Ms. Rich-Bye stated that the bylaws and statutes that govern AHCT require that the Board of Directors appoint members to the *ad hoc* as well as the standing committees. Ms. Rich-Bye expressed AHCT's recommendation that Demian Fontanella, who is the acting Healthcare Advocate, be appointed as a member of the Consumer Experience and Outreach Advisory Committee. Given his experience as the Healthcare Advocate, AHCT believes that he will be a great asset to the committee. Ms. Rich-Bye added that his knowledge and expertise will be beneficial to the work of the committee.

#### **Dr. Robert Scalettar arrived at 9:03 a.m.**

Lt. Governor Wyman requested a motion to appoint Demian Fontanella to the Consumer Experience and Outreach Advisory Committee. Motion was made by Robert Tessier and seconded by Victoria Veltri. ***Motion passed unanimously.***

### **IV. CEO Report**

James Wadleigh, CEO, briefly updated the Board on AHCT activities. November 1<sup>st</sup> is the beginning of the Open Enrollment period. Open Enrollment preparation is the main topic of this Board meeting. AHCT has already begun to lay out next year's preparations as well. Mr. Wadleigh indicated that AHCT has performed a lot of work for what is historically a very stressful time. The AHCT team continues to improve its operations with an aim of enhancing the customer service experience.

### **V. Marketing Update**

Andrea Ravitz, Director of Marketing, provided a marketing update. Ms. Ravitz indicated that marketing strategies have changed from years past, and current marketing activities are now focused on community outreach. To solidify this approach, half of the marketing budget is allocated to community outreach. Ms. Ravitz stressed that a lot of work remains to be done in order to make sure that people are not only receiving coverage, but also are staying enrolled. AHCT is partnering with close to 400 community organizations that are helping AHCT deliver the message that having health insurance is vital. Ms. Ravitz thanked the outreach team and community organizations for their exceptional role in conveying these important messages. The Marketing Department is developing improved communication strategies with community organizations to enhance positive outcomes that are vital to a successful Open Enrollment. AHCT is also focusing on mass media. AHCT is now planning for year-round outreach. AHCT will hold 40 community events around the state. AHCT held

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its first annual community conference, with over 200 attendees from around the state. Ms. Ravitz thanked Lt. Governor Nancy Wyman for attending it.

AHCT created its communication strategy, based on input from various community entities, in order to fully understand what they thought was vital to the success of reaching the largest number of people seeking affordable health insurance. Ms. Ravitz added that planning meetings with community organizations began in June. Based on those meetings, AHCT started developing communication strategies that involve educational and informational webinars. Ms. Ravitz stated that as of this Board meeting, AHCT had participated in 40 community events around the state, and that number would constantly grow. Multiple surveys were conducted in order to determine the major obstacles for people seeking health insurance through AHCT. Ms. Ravitz indicated that community organizations and customers had complained about the lack of communication. Ms. Ravitz summarized steps that AHCT has taken in order to improve on that missing component.

**Commissioner Wade arrived at 9:13 a.m.**

Ms. Ravitz also summarized the outreach campaign efforts, which include a college road trip to reach to millennials. Messaging to this group is thinking outside the box, which includes making them aware that at the end of the plan year in which they turn 26, they can no longer be a dependent on their parents' health insurance plan. AHCT, along with Live Nation, was able to make 25 stops to provide information, and to make sure that their concerns are heard. Social media platforms and videos are utilized for the purpose of reaching out to more individuals. The 'learn more' website has been redesigned with the intent of making it more appealing. Focus groups have been formed to test creative ideas for the purposes of improving the AHCT customer experience as well as getting healthcare coverage. AHCT is moving to a year-round marketing campaign.

Maura Carley stated that the system is very complex, adding that she is delighted to see that something is being done about education. Ms. Carley asked whether there were any thoughts about the self-employed individuals, regardless of age. Ms. Ravitz responded that one of the great things that AHCT was able to do was to find efficiencies. One of the questions that AHCT asked itself concerned the proper allocation of marketing funds to target specific groups. Based on the marketing data collection from previous years, AHCT has been able to identify groups that need to be targeted. Paul Philpott asked about the approach to the millennials, specifically pertaining to the potential tax penalty that they may face if they do not obtain healthcare coverage. Ms. Ravitz responded that the penalty does not mean too much to the millennials. The messages should emphasize that they will not be getting healthcare coverage at all. In addition, they would also lose that \$695 or 2.5% of income, whichever is greater, with a penalty. The wording of this message should be informational and educational.

**Commissioner Raul Pino joined by phone at 9:20 a.m.**

Robert Tessier congratulated AHCT on the number of community organizations involved. Mr. Tessier asked if AHCT is expecting them to enroll a significant number of individuals, and whether there will be feedback provided from these organizations on their enrollment

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numbers. Ms. Ravitz responded that these community organizations are divided into two different categories. Only certified applications counselors (CACs) can enroll people. AHCT is also monitoring their targets. Demian Fontanella praised AHCT for the way this information has been presented to the Board. Since the number of brokers will be limited, Mr. Fontanella asked whether the broker directory will be updated. Ms. Ravitz responded that this information is separate from the informational portion of the website, and it is on the main enrollment site. The organization has to wait for everyone to be certified or recertified as a CAC in order to appear in this directory. By November 1<sup>st</sup>, this list will be complete.

Lt. Governor Nancy Wyman asked whether, at college events, AHCT emphasizes that students under 26 can join their parents' plan. Ms. Ravitz responded that AHCT asks students what they know about health insurance. The purpose of these tours is also to remind students' parents about the importance of having coverage. AHCT explains that parents can obtain coverage through the Exchange or their employers.

Ms. Ravitz summarized the Small Business strategy. One of the main points of this program is to provide small businesses with the option of offering healthcare coverage for their employees. AHCT is targeting employers with up to 15 employees. Eligibility for tax credits is the main incentive for employers purchasing coverage through AHCT. AHCT needs to do a lot of work in order to become known in the small business community. This segment of AHCT's business approach is almost starting from scratch. AHCT had anticipated changes to its small employer enrollment as a result of the changes for Healthy CT. The original projection was that AHCT could lose about 50% of that its enrollment due to the changes. AHCT went into the retention mod and has retained that business. A multi-platform campaign, targeting small businesses, is part of the outreach effort going forward. Mr. Philpott asked for an explanation of the distribution plan. Ms. Ravitz responded that AHCT plans on contracting with about 25 small business lead brokers whose aim will be on acquisition. Mr. Philpott asked whether AHCT would advertise for the small employer marketplace and Ms. Ravitz confirmed that AHCT will advertise for SHOP.

Mr. Philpott asked about the organization's response to a small business which is considering buying health insurance through the Exchange. Ms. Ravitz responded that it depends on the nature of the business, as well as its needs. Mr. Philpott commented that the organization should try to develop a lasting relationship, not only with those businesses which are receiving tax credits, but also with those which do not. Mr. Wadleigh added that significant consolidation in the small group market is a fact. Numerous carriers have left the small business market in Connecticut. The market has shrunk from the payer perspective. Mr. Wadleigh stressed that AHCT has no membership fees for participation, while CBIA requires payment of a membership fee to participate. Mr. Philpott complimented Ms. Ravitz and the team for their work.

#### **VI. All Payers Claim Database (APCD) Update:**

Tamim Ahmed, Director of the All Payer Claims Database, provided an update on APCD activities. Commercial carriers, with the exception of Anthem, have completed submitting historical data, and now month to month claims data are being submitted. Anthem decided to withhold both self-funded and fully insured employer data, as ERISA data, based on its

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interpretation of the US Supreme Court decision in *Gobeille vs. Liberty Mutual*. Despite this obstacle, the APCD is working closely with the carrier to address this issue. Mr. Tessier asked whether the APCD had received any data from Anthem. Dr. Ahmed responded that Anthem had not submitted any data to the APCD. Mr. Tessier followed up by asking about the number of Anthem enrollees for whom the APCD expected to receive claims data. Dr. Ahmed replied that he had expected Anthem to submit data for approximately 400,000 individuals. Dr. Robert Scalettar asked whether Anthem's position on data submission has been consistent among all state APCDs. Dr. Ahmed responded that Anthem has submitted fully insured data to other state APCDs. Ms. Rich-Bye added that Connecticut's APCD is the only one that is run by a quasi-public agency. Other state APCDs are run by state health oversight agencies, which are allowed under HIPAA to require the submission of ERISA plan data. AHCT is not a health oversight agency, as it is quasi-public and does not have regulatory authority. AHCT is working on a solution to this issue.

Grant Ritter asked whether members of the Data Release Committee would have particular areas of expertise. Dr. Ahmed responded that the Data Release Committee membership has been defined. Ms. Rich-Bye stated that the Board had approved the APCD Privacy Policy and Procedure, which specifies the areas of expertise of the Data Release Committee members. Dr. Ahmed also thanked the APCD Advisory Group.

Dr. Ahmed demonstrated the APCD website. Victoria Veltri commented that at the recent National Academy for State Health Policy (NASHP) Conference, some state officials spoke about strategies for collecting self-insured plan data in light of the *Gobeille* decision. The United States Department of Labor (USDOL) has asked for public comments on draft regulations regarding requirements for self-insured plans. Ms. Veltri stated that this is an opportunity for the Exchange to express its opinions on the draft regulations. Ms. Rich-Bye responded that AHCT is working on submitting comments to the USDOL.

**Cecelia Woods disconnected at 9:45 a.m.**

## **VII. Technical Operations and Analytics - Enrollment Update**

Robert Blundo, Director of Technical Operations and Analytics, presented an update regarding current enrollment and special enrollment activities. Mr. Blundo stated that as of October 2016, Qualified Health Plan (QHP) enrollment remained at 99,038, with a net enrollment decrease of 16,936. The attrition rate is higher than that in 2015. Total terminations and cancellations, that appeared each month since the end of the 2016 Open Enrollment, equal 42,368. Attrition per month stands at an average of 4,760 per month. The main termination reason is non-payment of premium. Mr. Blundo added that AHCT is conducting a customer research initiative to determine how many of those terminations are preventable, and how many consumers would benefit from intervention. With an improved understanding of the reasons behind consumer terminations, AHCT can more effectively intervene in terms of education and outreach. The results of that research will be shared with the Board.

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Mr. Blundo added that AHCT saw over 26,000 new enrollments since the end of the 2016 Open Enrollment period. About 68% of new additions are still actively enrolled. As the Special Enrollment Verification process gets implemented, AHCT expects to see a reduction in individuals who are actively enrolled through Special Enrollment periods, since they will be required to verify their Special Enrollment attestation. The loss of Minimum Essential Coverage (MEC) is the leading reason for enrollment during the Special Enrollment period. Mr. Blundo added that the average age of consumers who terminate coverage is less than the average age of those who are actively enrolled. Mr. Blundo emphasized that the new enrollee population is younger on average, and this helps to diminish the effect of the age mix degradation that may be happening. The non-subsidized population is more likely to leave the Exchange. One of the major reasons for this group of individuals to leave the Exchange is that they may have a higher income, and do not qualify for the tax credits. Additionally, this group may have greater odds of getting healthcare coverage through their employers.

Mr. Blundo presented historical data on the past three open enrollment periods, as well as the Pre-Open Enrollment 4 data. Mr. Blundo added that his team and the operations team have been developing forecasts of the data based on prior open enrollments. This will help the organization to be more efficient when more customers need assistance during the Open Enrollment period. Operational monitoring during open enrollment will also occur. As trends emerge, AHCT can be nimbler as an organization and react accordingly. Ms. Veltri praised AHCT for compiling these data. Ms. Veltri asked whether AHCT had data available regarding the most common times of the year in which people are dis-enrolled from the coverage. Mr. Blundo responded that 50% of them are dis-enrolled within the first three months of the start of their coverage. Most likely, non-payment of the first premium payment is the main reason. Ms. Veltri asked about the percentage of the Medicaid population that enrolled during the Special Enrollment period, citing the loss of minimum essential coverage. Mr. Blundo referred to the new enrollee additions, with roughly 33% previously having HUSKY D coverage prior to enrolling in QHPs. Ms. Veltri also referred to a slide which indicated that 55.6% of those who were cancelling their coverage had subsidies. Ms. Veltri asked why these consumers would leave if they had help in paying their premiums. Mr. Blundo responded that the leaver surveys and research will provide the organization with more answers. Mr. Blundo added that some of these former customers are receiving healthcare coverage through their employer, while others are enrolling in other coverage. Mr. Blundo stated that AHCT needs better data regarding uninsured individuals. Once those data are collected, a AHCT will develop a better strategy of communicating with and educating these individuals.

Mr. Fontanella commented that there is an opportunity to identify big areas where consumers are falling through the cracks for a variety of reasons. Mr. Fontanella is concerned about the reasons that 55% of subsidized customers were cancelling their coverage. It is an indication of either the lack of basic understanding of their healthcare coverage, or poor plan selection. Mr. Fontanella would like to craft an outreach plan to educate these individuals. Mr. Blundo stated that as AHCT develops as an organization, it can gather more data to research issues, such as these subsidized customers who are leaving. Therefore, with a larger data collection, it will be easier to understand the trends and respond to them. Ms. Carley asked if Internal Revenue Services (IRS) data will be available eventually. The IRS has data about people who are uninsured, and who pay the penalty for that reason. Mr. Blundo

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responded that AHCT will not be able to obtain those data. Mr. Blundo added that currently, there are about 15,000 individuals who would qualify for subsidies through the Exchange, but are in the off-exchange individual market now. Mr. Wadleigh added that the Centers for Medicaid and Medicare Services (CMS) are working with the IRS on mailing letters to everyone in Connecticut who chose to pay the penalty, versus not enrolling in medical insurance. AHCT is not allowed to have that information as it is Federal Tax Information and is protected from disclosure.

## **VIII. Open Enrollment Update**

Ann Lopes, Carrier Product Manager, presented an update on her team's activities. Ms. Lopes stated that at the time of the Board meeting, the team was finalizing carrier certification letters and working on 2018 plans. Ms. Lopes added that major milestones for the team had been reached satisfactorily. All of the data uploaded is crucial in order for a customer to browse and shop for medical plans on the AHCT portal. Data templates from the carriers were received and verified, in order to make sure that the information received is aligned with the rate approval rendered by the Connecticut Insurance Department. AHCT allowed carriers to enter the portal so that they could view and validate the information. Ms. Lopes stated that there will be 19 individual medical plans available for the 2017 plan year. Small group will have eight plans available. There will be no change in the dental plan. Mr. Tessier asked why there would be only one dental plan on the Exchange. Ms. Lopes responded that in terms of the filings, there is no carrier in the market that is filing an ACA-compliant dental plan other than Anthem.

John Carbone, SHOP Sales Manager, summarized the Faneuil Broker Support Program. Mr. Carbone stated that the call center had hired 21 certified brokers, some of whom would be located in the Bristol Call Center, with others working in the two store fronts in New Britain and New Haven. The number of brokers working in the store fronts and the call center may vary based on the volume. Mr. Carbone added that the call center did a great job in hiring highly qualified brokers. Three brokers will be hired full time to handle the requests throughout the year. Brokers are fluent in a variety of languages. Ninety percent of brokers who were hired had worked with AHCT before. Mr. Philpott asked how these brokers would be compensated. Mr. Carbone responded that they would be paid hourly wages as employees of Faneuil. Mr. Philpott asked about the cost to AHCT, on an annual basis, to have these brokers available. Mr. Wadleigh responded that the total cost is between \$800,000 and \$1,000,000. Mr. Philpott asked whether that amount was allocated in the original AHCT budget. Mr. Wadleigh stated that these funds had to be shifted from other departments.

Emanuela Cebert, Stores and Outreach Manager, provided an update on her team's activities. Ms. Cebert stated that she oversees the store fronts and Community Partner Enrollment sites around the state. Many decisions that were made this year were informed by data that had been collected over the past four years. AHCT hired 21 Customer Relations Specialists who will be the staffing store fronts, 17 of whom are bilingual. Some of them have experience with the ACA as well as insurance. Other staff support will be available in those sites in case complex issues arise. Ms. Cebert added that some of the staff members have

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prior work experience with AHCT. The two store fronts in New Britain and New Haven are strategically located near the Fastrak and bus lines. Community Enrollment Partners are staffed with experienced personnel as well. The Department of Social Services Field Offices, CACs, and Community Partners offer in-person help with getting people enrolled.

Jeanna Walsh, Call Center Vendor Manager, presented a Call Center Update. Ms. Walsh stated that on September 26, 2016, the new call center vendor, Faneuil, started taking 100% of the calls. Call Center hours were summarized. AHCT is monitoring the quality of service that the new call center is providing to the Exchange's consumers. The call center is staffed with Spanish-speaking consumer service representatives. Mr. Tessier asked whether the hours of operation of the call center would be the same as they had been last year. Ms. Walsh stated that the hours are the same. Mr. Philpott asked whether AHCT surveys the consumer's experience immediately after the phone call ends. Ms. Walsh responded that immediately following the phone call, a customer satisfaction survey is performed. AHCT will be meeting on a monthly basis with the call center vendor to review possible complaints.

Mr. Wadleigh encouraged everyone on the Board to schedule some time to visit AHCT offices. Mr. Wadleigh added that with the new call center vendor, AHCT is able to view their service level on monitors that are located in the center of the office. Mr. Philpott stated that everyone that presents to the Board from AHCT does a spectacular job. Mr. Fontanella asked whether it would be possible for a dissatisfied customer, who called the call center and answered the survey, to speak with the supervisor after taking that survey. Ms. Walsh responded that, at this point, it would not be possible. Ms. Walsh added that the supervisor may reach out to that customer at a later time. Lt. Governor Wyman commented that this client would need to be contacted at the supervisor's earliest convenience.

## **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 10:53 a.m.