



Connecticut's Official Health Insurance Marketplace

Board of Directors Meeting

December 18, 2014

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. By-laws Review Committee
- E. CEO Update
- F. Policies and Procedures
- G. Open Enrollment Update
- H. Operations Update
- I. Finance Update
- J. APCD Update
- K. Strategy Committee
- L. Adjournment

Public Comment

Review and Approval of Minutes (Votes)

By-laws Review Committee

CEO Update

Policies and Procedures

Open Enrollment Readiness Update

Agenda

1. Open enrollment readiness status update
2. Open enrollment activity update

Open Enrollment Work Stream Status

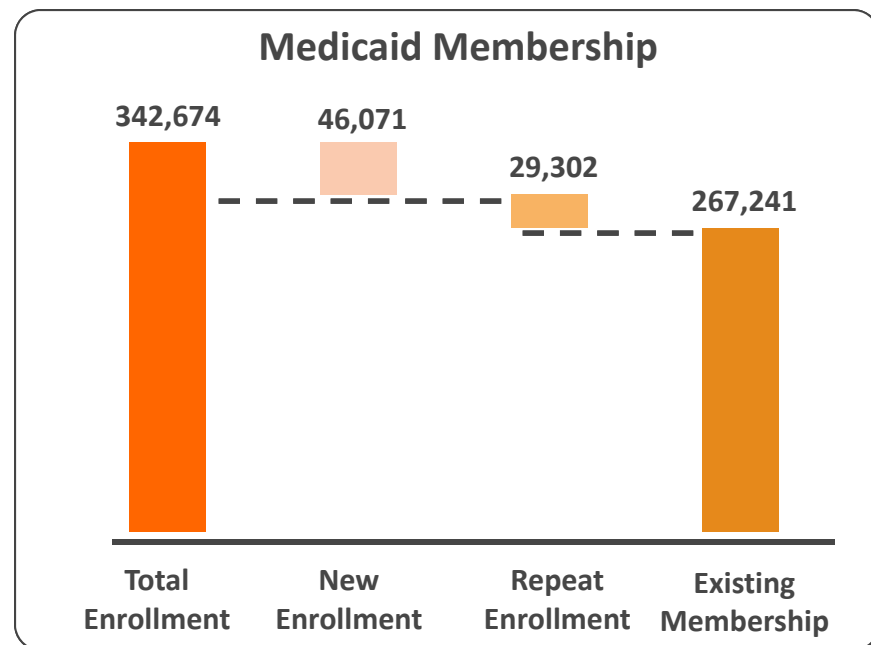
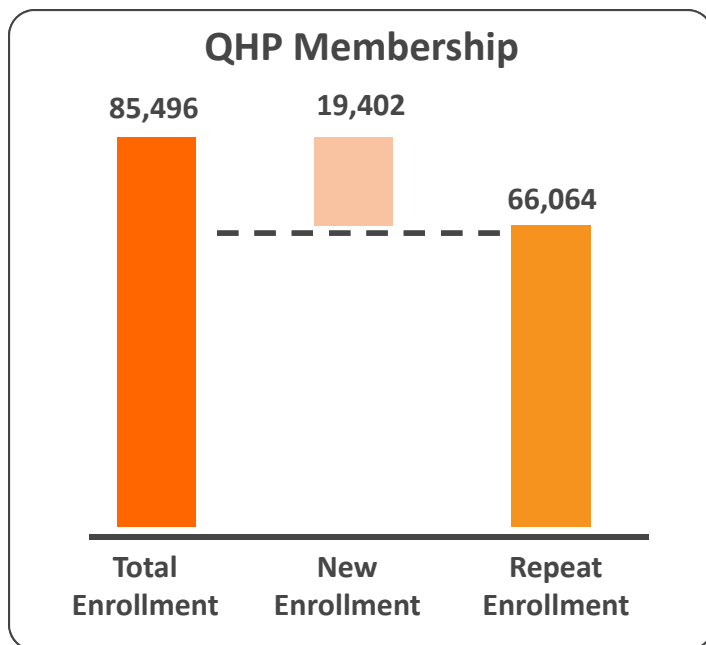
Weekly OE readiness efforts generating robust enrollment and renewal activity

Functional Area	(%) Complete	Current Status	Current Issues
Plan Management Project	100%		<ul style="list-style-type: none"> All plan detail up and loaded
Family Standalone Dental	89%		<ul style="list-style-type: none"> Continued dental training
Marketing and Communications	92%		<ul style="list-style-type: none"> On going updates of in field media
IT	93%		<ul style="list-style-type: none"> Monitoring and correction of minor system issues
Call Center	87%		<ul style="list-style-type: none"> Continued call center rep training and staffing
SHOP	95%		<ul style="list-style-type: none"> Working monthly group renewals
Training	99%		<ul style="list-style-type: none"> Handling residual training needs and in field training support
Field Services	100%		<ul style="list-style-type: none"> All store and community locations operational
IRD	100%		<ul style="list-style-type: none"> Currently at a 1-2 day turnaround for current issues
Sales	85%		<ul style="list-style-type: none"> Ongoing broker training and sales support needs
Renewals	95%		<ul style="list-style-type: none"> All auto-renewal notices processed

Overall = 89%

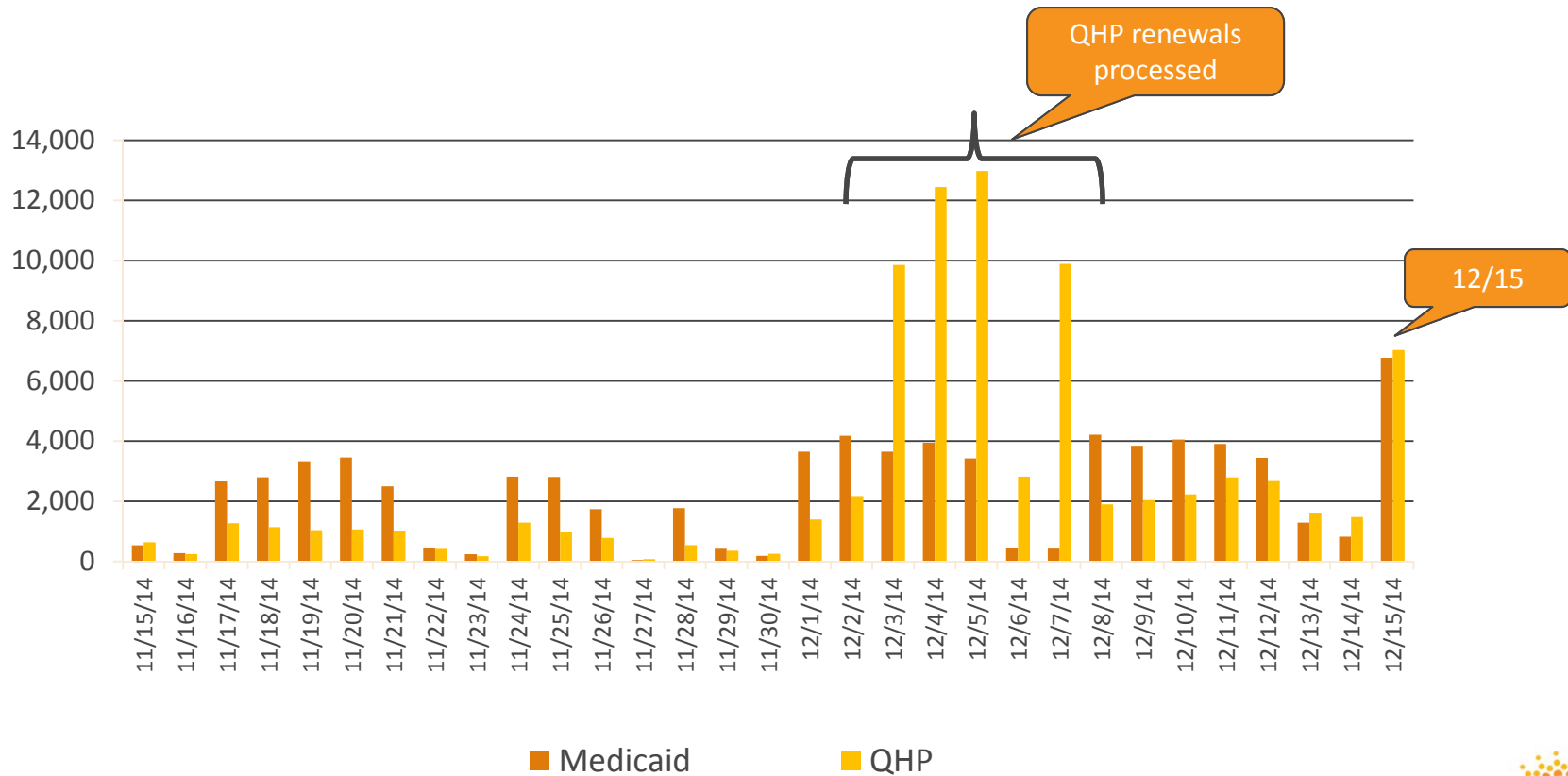
Open Enrollment Membership Update

- Current membership across all plans and programs stands at 428,170 individuals
- Since the start of open enrollment, we have processed more than 84k QHP enrollments and 75k Medicaid enrollments.
 - Of these 19,402 were new QHP customers, and 46,071 were new Medicaid customers.
 - Net new enrollment for the OE period thus far stands at 65,473 (70% Medicaid/30% QHP)



Open Enrollment Membership Update

- Enrollment activity has been robust and building throughout the OE period.
- On average, 2,300 Medicaid enrollments and 2,600 QHP enrollments are being processed daily
- 12/15 witnessed 6,770 Medicaid and 7,028 QHP enrollments processed, the 2nd highest day ever



Additional Membership Information

- To date, ConnectiCare has seen the majority of new enrollments (44%)
- Anthem is currently taking 1 out of every 3 new enrollments
- Healthy CT has seen a dramatic uptick in selection, with one in five individuals selecting their plans.
- Newly offered dental plans and our SHOP program continue to show solid gains

2015 OE Carrier Breakdown	New 2015 Enrollees	(%) of total
Anthem Blue Cross and Blue Shield	6,069	31%
ConnectiCare Benefits Inc	8,493	44%
HealthyCT Inc	3,850	20%
UnitedHealthcare	990	5%
Total	19,402	100%



Dental = 450

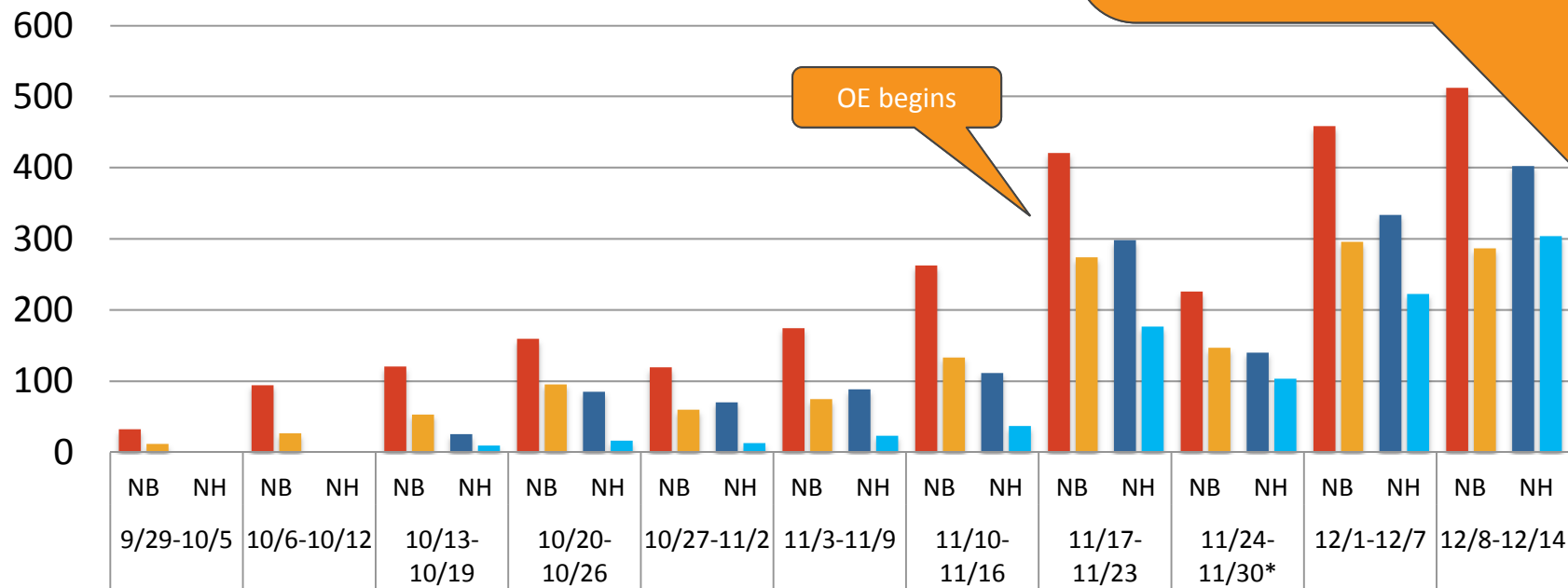


SHOP = 1,050

Store Front Updated

- Store front activity continues to grow steadily
 - Nearly 4,700 individuals have visited our stores since 11/15
 - 2,745 enrollments have taken place as a result
 - 1,198 QHP, 1,547 Medicaid

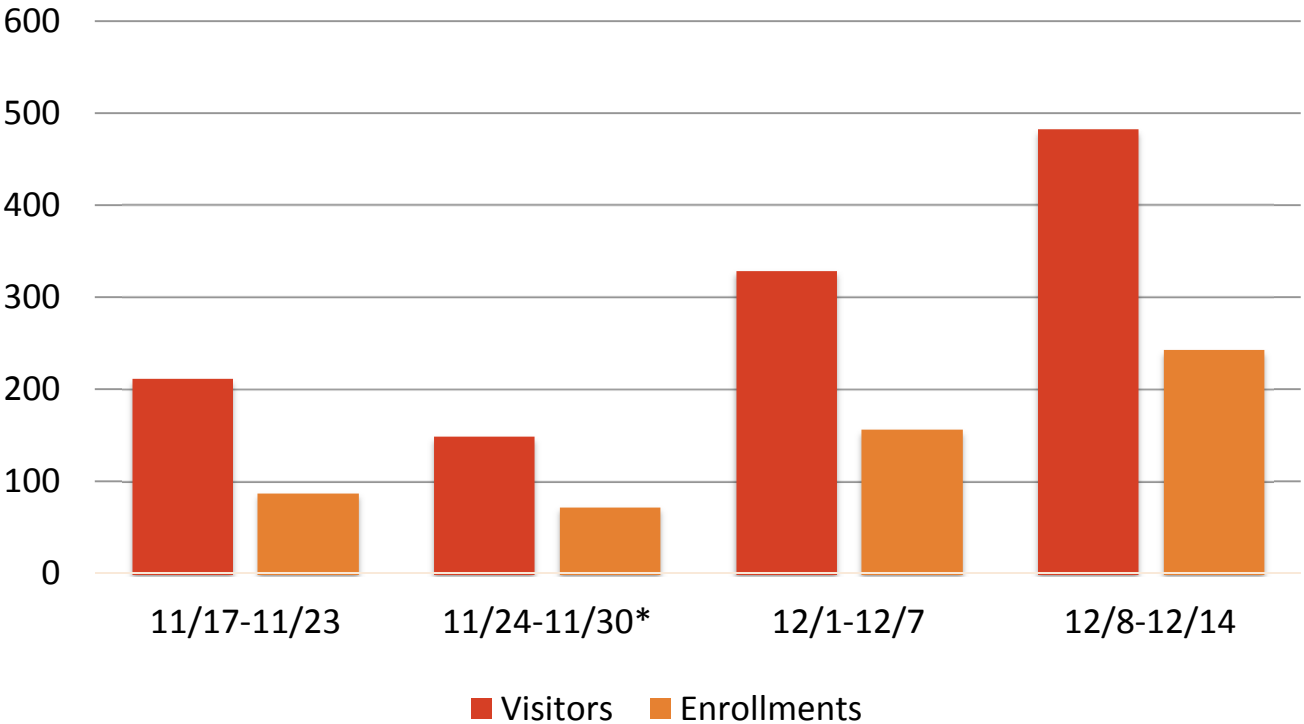
12/15 highlights:
 Total Enrollments: 292
 New Britain: 140, New Haven: 152
 Total Visitors: 396
 New Britain: 223, New Haven: 173
 Total QHPs: 127
 New Britain: 60, New Haven: 67
 Total Medicaid: 165
 New Britain: 80, New Haven: 85



■ Visitors ■ Enrollments
■ Visitors ■ Enrollments

In-Person Assistance Updated

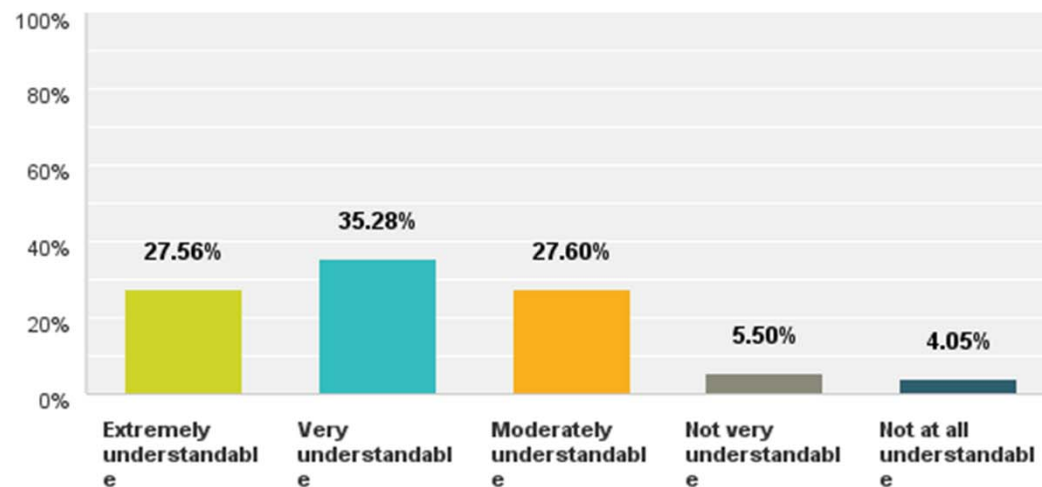
- Community Enrollment Partner (CEP) locations continue to gain traction
 - Nearly 1,337 visitors have gone to a CEP location
 - 749 enrollments have taken place as a result
 - 374 QHP, 375 Medicaid



Satisfaction With Web Site Enrollment Remains High

- An exit survey conducted among 2,616 recent online enrollee's shows increased ease and satisfaction with the online enrollment experience
- Nine in ten individuals (90%) find the application questions moderately to extremely understandable, with nearly two-thirds (63%) in the very/extremely understandable categories.

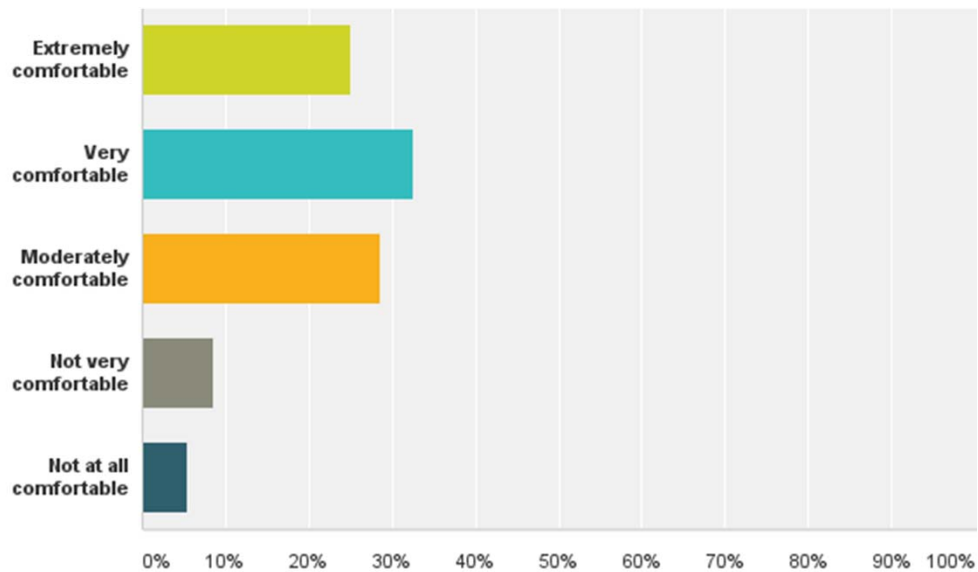
Q1: How understandable were the questions asked of you when you filled out the application for health insurance? (This is the section of the website where you answered questions about yourself (and family), current job and income.)



Satisfaction With Web Site Enrollment Remains High

- Decision support tools are well received, with 86% moderately to extremely comfortable with the resources available, and 57% in the very/extremely comfortable categories.

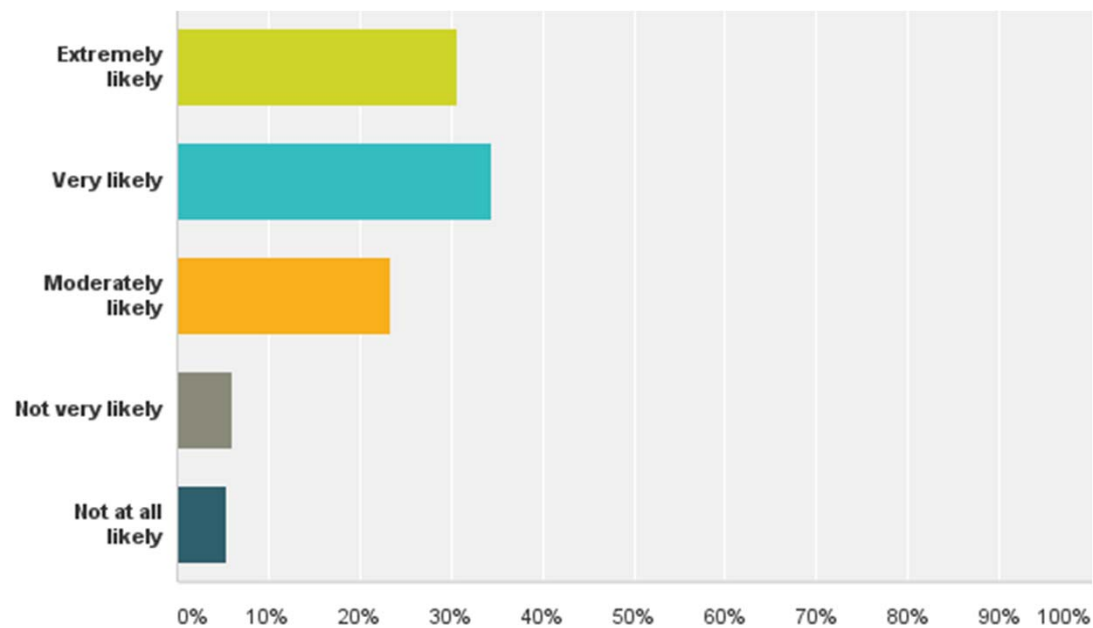
Q3: How comfortable were you with the resources available to help you in selecting a health plan?
(Resources include plan detail comparison, the ability to sort plans by price, metal levels, and plan ratings.)



Satisfaction With Web Site Enrollment Remains High

- Recent web enrollee's are highly likely to recommend Access Health CT to others, with 89% moderately to extremely likely to recommend, and two-thirds (65%) very or extremely likely to recommend.

Q5: How likely are you to recommend Access Health CT, Connecticut's Health Insurance Marketplace, to a friend or colleague?



Call Center Satisfaction Continues to Be High

- Since OE began, roughly one on five call center callers agreed to take part in a post call survey.
- Results show that the majority of callers report being pleased with their service.
- While wait times ebb and flow, based on deadlines and daily volumes, most callers have indicated patience with that wait, as long as resolution occurs once connected.
- **While high, these do align with the independent member census results of 83% satisfaction with the call center.**

Q2 - ClearInfo	20%
A1 - Yes	96%
A2 - No	3%
No Selection	1%
Q3 - Satisfaction	20%
A1 - Very Satisfied	67%
A2 - Mostly Satisfied	16%
A3 - Satisfied	12%
A4 - Mostly Dissatisfied	4%
A5 - Very Dissatisfied	2%
No Selection	0%
Q4 - Polite	20%
A1 - Very Polite	96%
A2 - Mostly Polite	3%
A3 - Polite	1%
A4 - Mostly impolite	0%
A5 - Very impolite	0%
No Selection	0%
Q5 - OverallQuality	20%
A1 - Very Satisfied	84%
A2 - Mostly Satisfied	10%
A3 - Satisfied	4%
A4 - Mostly Dissatisfied	1%
A5 - Very Dissatisfied	1%
No Selection	0%

} 95%

} 100%

} 98%

Operations Update

Operations

- December 15, 2014 was the last day for consumers to enroll for coverage that would be effective January 1, 2015

	November 15- December 14, 2014	December 15, 2014	Total Consumer Support Since November 15, 2014
Total Calls Answered (Maximus)	85,521	7,835	93,356
Total Store Visitors*	4,144	396	4,540
Total Store QHP Enrollments	586	71	657
Total Store QHP Renewals	457	56	401
Total Store Medicaid Enrollments	800	89	711
Total Store Medicaid Re-Determinations	529	76	453
Total CEP visitors	1,214	123	1,337
Total CEP QHP Enrollments	163	22	185
Total CEP QHP Renewals	82	7	89
Total CEP Medicaid Enrollments	223	23	246
Total CEP Medicaid Re-Determinations	112	17	129

**Store numbers are cumulative from their openings prior to 11/15*

Call Center - December 15th

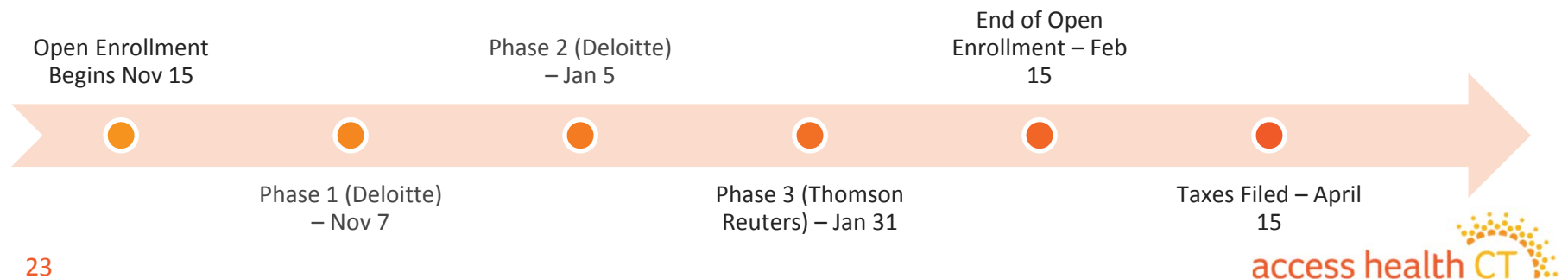
- In preparation for December 15th, the Call Center put together and executed a plan to mitigate high call volumes

Planned Approach	Execution
1) Offer a special “fast track” queue in the IVR for Jan 1 QHP Enrollments	24% of callers elected this option on December 15, 2014
2) Offer a “call-back” option for consumers for Jan 1 QHP Enrollments	5,613 consumers opted for a call back
3) CCRs offered this option to callers on the line after 6 pm	303 callers elected for a call back

- On December 15th, the Call Center:
 - Extended hours from 8 am - 10 pm
 - Had 303 Call Center Representatives Answering Phones
 - Received 18,478 calls
 - On average 1,319 calls per hour
 - Compared to approximate average of 4,500 calls/day since Nov 15th

Background

- **1095-A:**
 - All state-based exchanges are required by law to provide information to IRS in accordance with the ACA State Base Marketplace (SBM) reporting requirements
 - All QHP recipients on Exchange will have to use to file their taxes as evidence of coverage and to reconcile their Advanced Premium Tax Credit (APTC) with the IRS.
 - All 1095-As must be mailed to consumers by January 31, 2015
- **Status Update:**
 - AHCT is working with Deloitte and Thomson Reuters to assist with 1095 development, dissemination and support
 - AHCT Marketing is working on informational outreach communication and materials
 - AHCT Training is engaging our community stakeholders to raise awareness about 1095 (e.g., Consumer Advisory Committee, professional tax community, etc.)
- **Timeline:**



Anticipated Frequently Asked Questions

- **Examples:**

- What is this?
- What do I do with my 1095-A?
- I have never filed taxes before, do I need to file taxes now?
- What is APTC? What is premium?
- I didn't use my insurance (did not have claims) why do I still have to do this?
- I didn't pay my premiums, so why am I getting this form?
- I'm not a US citizen, why am I receiving this?
- The APTC is too high, I want to talk to someone.
- My information is wrong, what can I do to appeal?
- Can you help me with my taxes?
- How do I use the 1095-A for my dependents? Do they need to file separately?

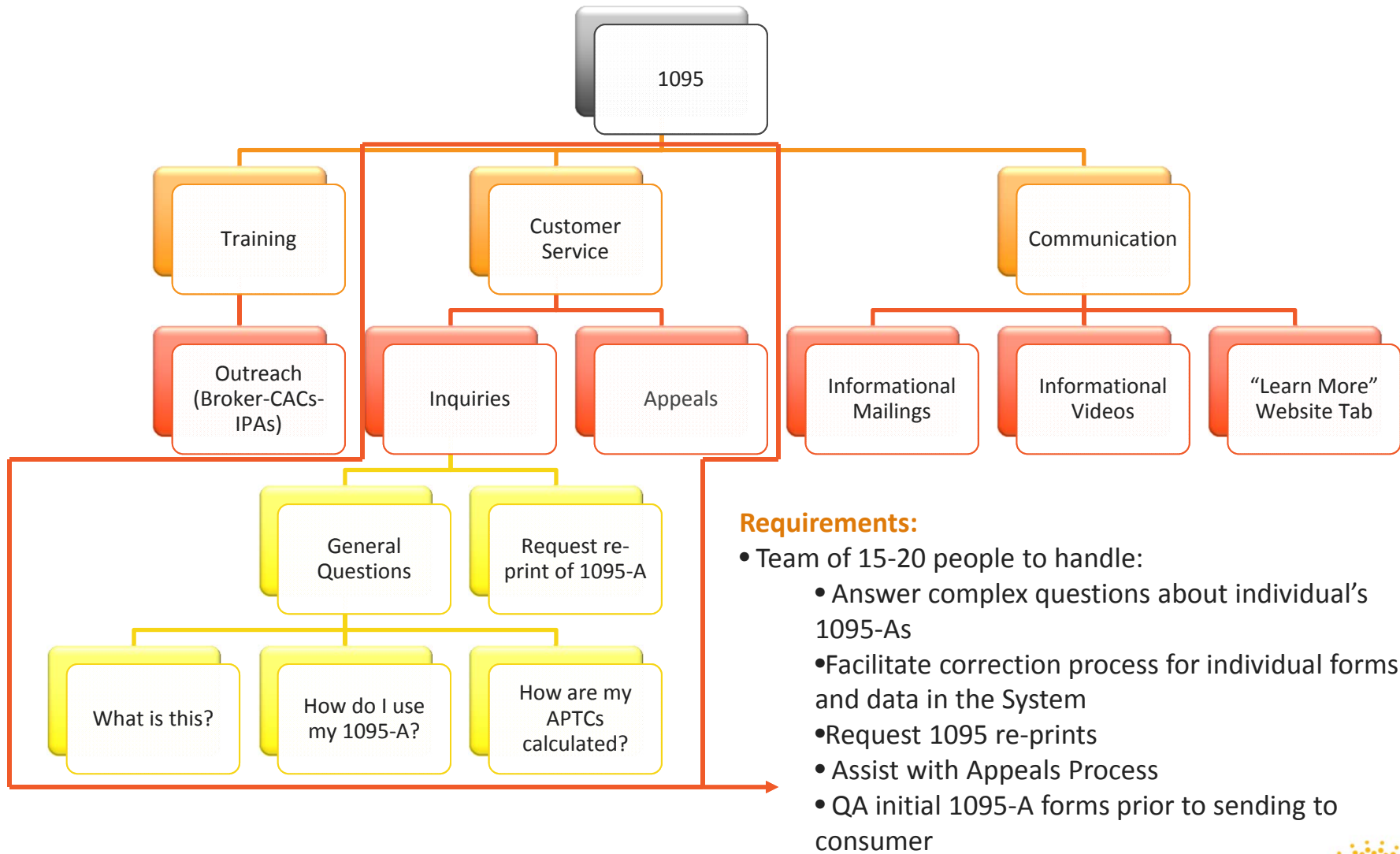


Consumer Outreach

- **AHCT Representative Training**
 - Community of Experts (COE) Meeting - weekly trainers' meeting to engage and inform AHCT's wider community of stakeholders and representatives
 - Participants: Call Center Representatives, AHCT Staff, DSS Representatives, and DSS Staff
 - Series of Webinars for Brokers and Certified Application Counselors (CACs)
- **AHCT Communications**
 - Paper - Educational materials on the 1095-A to be distributed over the following time periods:
 - Early January
 - Mid-Late January (with 1095-A forms)
 - Video - Posted on the website and distributed through social media outlets
 - Web - Landing page on the website will have 1095-A general information and FAQs



Operationalizing 1095-A Consumer Support





Connecticut's Official Health Insurance Marketplace

Finance Update
December 2015

Finance Update

- The Finance Team continues fulfilling its commitment to support the organization through its transition to a “going concern.”
- Continue securing financial resources:
 - 2014 market based assessments received to date total \$19.1M
 - Received feedback (no official award yet) from CMS regarding both the New Level One and Supplemental grant requests.
 - New Level One grant request will be awarded for \$9.25M (\$13.3M requested).
 - Supplemental grant request will be awarded for \$2.1M (\$3.3M requested).
 - Both reduced by sequestration (7.3%) and differing opinions on cost estimates.
- Regulatory requirements continue to be met:
 - The Fourth Quarter 2014 and First Quarter 2015 Quasi-Public Financial and Personnel Status Reports were submitted to the Office of Fiscal Analysis on November 21 and 25, 2014, respectively.
 - Coordinated and completed the Quarterly Report to the Connecticut Joint Standing Committees of the General Assembly under Sec.38a-1092(a) for the third calendar quarter.
 - The 2014 Quasi-Public Annual Report and the 2014 AHCT audited financial statements performed by Whittlesey & Hadley, P.C. were presented to the Audit Subcommittee on December 12, 2014 and are included in Director’s Board materials.

Finance Update – Continued

- Improving business processes with the final stages of the implementation project plan for the new ERP (Enterprise Resource Planning) system.
- The 1st quarter full fiscal year forecast, which displays a favorable variance of \$2.2M vs budget, follows. The reforecast was discussed with the Finance Subcommittee of the Board at its meeting on December 4, 2014, and, subsequently, in follow up correspondence with Finance Subcommittee members.



Connecticut's Official Health Insurance Marketplace

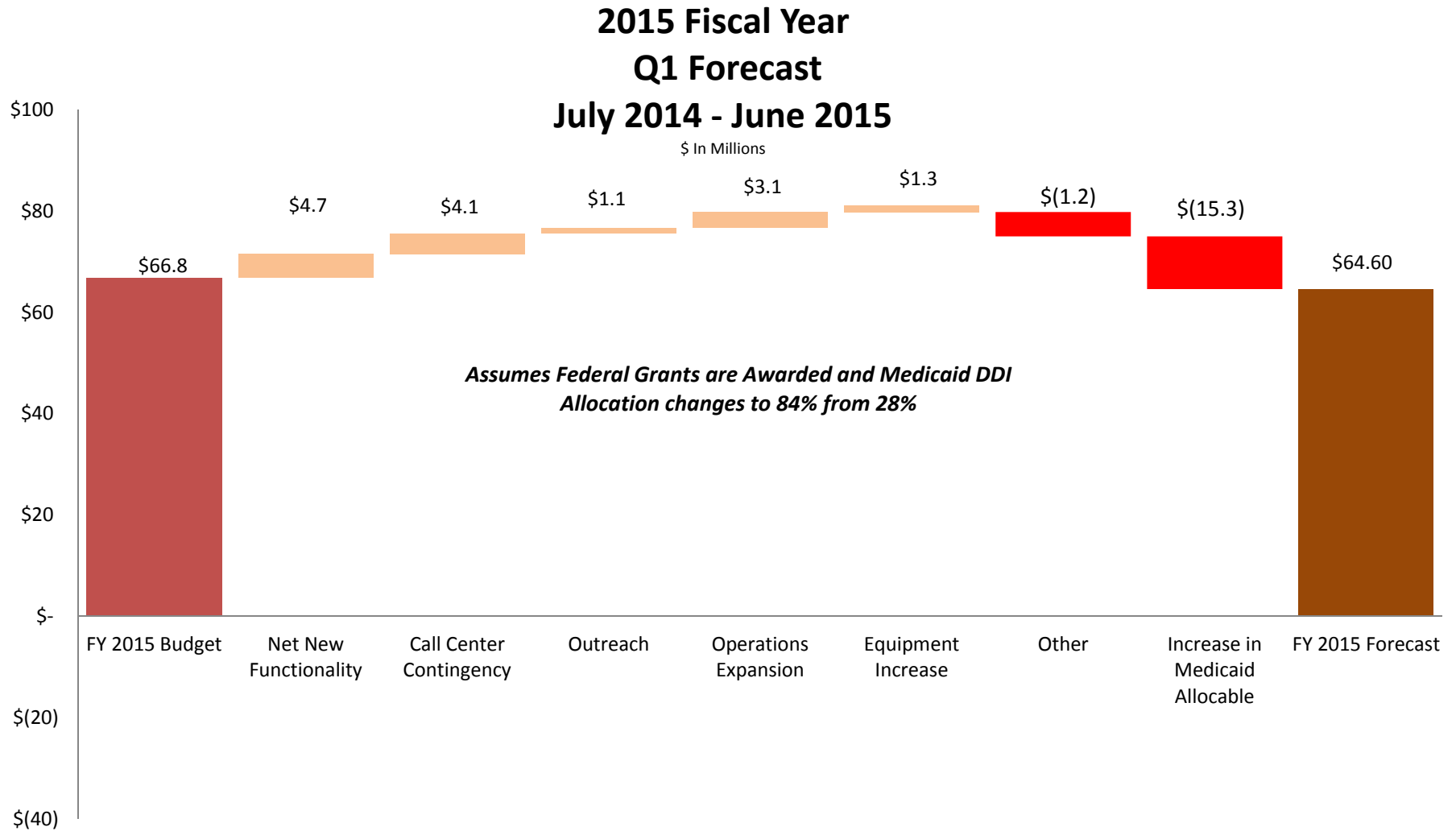
2015 First Quarter Full Year
Reforecast
December 18, 2015

2015 First Quarter Full Year Reforecast

Forecast Overview

- The 2015 First Quarter full year reforecast is estimated to be \$64.6M vs the 2015 Budget of \$66.8M, a favorable variance of \$2.2M
- Includes both the Supplemental Level One Grant award for \$2.1M (requested \$3.3M) and the new Level One Grant application for \$9.5M (requested \$13.3M) , as well as the allocation change for Medicaid Design, Development, and Implementation (DDI), included in the new Level One grant application (84% vs 28.53%)
- All risk mitigation actions are included in the reforecast:
 - Issue Resolution Department to handle Tier 2 and 3 call related issues
 - Development hosting transition
 - Brand outreach refresh
- All enrollment staff assistance is included in the reforecast:
 - AHCT store fronts in New Britain and New Haven
 - Operation of twelve (12) satellite enrollment support locations in selected libraries, health centers, and Department of Labor locations
- The risk to the forecast is manageable and relates to the total of the reductions by CMS to the grant requests of \$5.2M
 - A prospective maintenance and operations (M&O) cost allocation change currently being discussed with DSS, as well as the availability of expert information technology resources, would also serve to mitigate any risk

2015 First Quarter Full Year Reforecast



2015 First Quarter Full Year Reforecast

Budget vs Forecast

Expense Category	FY 2015 Budget	FY 2015 Q1 Fcst	FY 2015 Variance B (W)	FY 2015 Comments
Salary & Fringe	\$ 8,424,461	\$ 11,591,636	\$ (3,167,175)	Staffing- Operations
Consultants	\$ 62,649,722	\$ 73,844,722	\$ (11,195,000)	See Detail Chart
Equipment	\$ 250,000	\$ 1,587,697	\$ (1,337,697)	At Trend
Supplies	\$ 42,673	\$ 42,673	\$ -	
Travel	\$ 65,383	\$ 65,383	\$ -	
Medicaid Recovery	\$ (13,792,349)	\$ (29,111,969)	\$ 15,319,620	Call Center Increase, Allocation change to 84%
Other	\$ 9,179,131	\$ 6,579,694	\$ 2,599,437	Rent, telecom, ins., etc.
Total	\$ 66,819,021	\$ 64,599,836	\$ 2,219,185	
Head Count	86	130	(44)	(44)

2015 First Quarter Full Year Reforecast

DSS Allocation Reconciliation

Consulting	Revised Budget	Revised FCST	Budget Allocation %	FCST Allocation %	Allocated Budget	Allocated FCST
IT Billable	\$ 32,874,722.00	\$ 36,709,722.00	24%	55%	\$ 7,889,949.38	\$ 20,207,569.38
BEST	\$ 2,668,000.00	\$ 2,668,000.00	0%	28.53%	\$ -	\$ 773,720.00
Capital	\$ 3,000,000.00	\$ 5,000,000.00	0%	84%	\$ -	\$ 4,200,000.00
Cognizant	\$ 300,000.00	\$ 800,000.00	28.53%	84%	\$ 87,000.00	\$ 672,000.00
HWSW - OLD	\$ 250,000.00	\$ 250,000.00	28.53%	84%	\$ 72,500.00	\$ 210,000.00
IT Consulting - New DSS	\$ -	\$ 10,000,000.00	0%	84%	\$ -	\$ 8,400,000.00
IT Consulting Old	\$ 18,800,000.00	\$ 8,800,000.00	28.53%	28.53%	\$ 5,452,000.00	\$ 2,552,000.00
M&O	\$ 7,856,722.00	\$ 7,856,722.00	28.53%	28.53%	\$ 2,278,449.38	\$ 2,278,449.38
HWSW - New	\$ -	\$ 1,335,000.00	0%	84%	\$ -	\$ 1,121,400.00
Non-Billable	\$ 19,235,000.00	\$ 21,235,000.00	0%	0%	\$ -	\$ -
Accounting	\$ 35,000.00	\$ 35,000.00	0%	0%	\$ -	\$ -
AHES	\$ 5,000,000.00	\$ 5,000,000.00			\$ -	\$ -
APCD	\$ 2,700,000.00	\$ 2,700,000.00	0%	0%	\$ -	\$ -
Contingency	\$ -	\$ 2,000,000.00	0%	0%	\$ -	\$ -
Legal	\$ 500,000.00	\$ 500,000.00	0%	0%	\$ -	\$ -
Marketing	\$ 5,000,000.00	\$ 5,000,000.00	0%	0%	\$ -	\$ -
SHOP	\$ 3,000,000.00	\$ 3,000,000.00	0%	0%	\$ -	\$ -
SHOP Development	\$ 3,000,000.00	\$ 3,000,000.00	0%	0%	\$ -	\$ -
Ops - Billable	\$ 10,540,000.00	\$ 15,900,000.00	56%	56%	\$ 5,902,400.00	\$ 8,904,400.00
Call Center	\$ 10,540,000.00	\$ 14,500,000.00	56%	56%	\$ 5,902,400.00	\$ 8,120,000.00
Operations	\$ -	\$ 1,400,000.00	0%	56%	\$ -	\$ 784,400.00
Grand Total	\$ 62,649,722.00	\$ 73,844,722.00	22%	39%	\$ 13,792,349.38	\$ 29,111,969.38

2015 First Quarter Full Year Reforecast

Illustration of Hypothetical M&O Allocation Impact

\$51.6M vs \$64.6M

Expense Category	FY 2015 Q1 Fcst
Salary & Fringe	\$ 11,591,636
Consultants	\$ 73,844,722
Equipment	\$ 1,587,697
Supplies	\$ 42,673
Travel	\$ 65,383
Medicaid Recovery M&O	\$ (21,900,000)
Medicaid Recovery DDI	\$ (20,207,569)
Other	\$ 6,579,694
Total	\$ 51,604,236

- Comprehensive allocation of activity mix and shared services

2015 First Quarter Full Year Reforecast

Budget vs Actual thru October 2014

Expense Category	Budget	Actual	Variance B (W)
Salaries & Fringe	\$ 3,802,833	\$ 3,539,355	\$ 263,478
Consulting	\$ 31,276,789	\$ 11,990,156	\$ 19,286,633
Equipment	\$ 529,232	\$ 196,730	\$ 332,502
Supplies	\$ 14,224	\$ 9,048	\$ 5,176
Travel	\$ 27,607	\$ 25,000	\$ 2,607
Medicaid Recovery	\$ (16,183,839)	\$ (7,346,022)	\$ (8,837,817)
Other	\$ 5,950,325	\$ 4,398,347	\$ 1,551,978
Total	\$ 25,417,171	\$ 12,812,614	\$ 12,604,557

APCD Update

Overview of APCD Data & Analytics

First 30 Days (Nov' 14 - Dec' 14) post-Contract –

1. Determine dedicated PM resource from Onpoint
2. Determine Data Security Officer from Onpoint
3. Meeting schedule for carrier on-boarding in progress or already completed (Aetna, Anthem, CVS/Caremark)
4. Purpose for meeting with carriers is to clarify Data Submission Guide (DSG) and other technical requirements pertinent to data transmission to APCD
5. Ordering hardware & software for APCD's dual environment
6. Project expectations conveyed to Vendor and Subcontractors in a combined on-site meeting at Hartford
7. Monitoring implementation timeline

Overview of APCD Data & Analytics

Second 30 Days (Dec' 14 - Jan' 15) post-Contract –

1. Meetings with carriers will have been completed
2. Data collection requirements and expectations will have been communicated to the carriers
3. Production infrastructure design will have been completed to meet requirements of CT's APCD
4. Vendor will be ready to implement AHCT's requirements regarding hardware, software and network standard to support data collection and consumer reporting process
5. All hardware & software for dual environment will be in the pipeline or arrived
6. Meetings with vendor set up to develop various capabilities

Strategy Committee

Adjournment