



Connecticut's Official Health Insurance Marketplace

## Board of Directors Meeting

*January 15, 2015*

# Agenda

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- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. CEO Update
- E. Vice-Chair Election
- F. Policy/Procedure
- G. Open Enrollment Update
- H. Operations Update
- I. Plan Management
- J. Adjournment

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# Public Comment

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## Review and Approval of Minutes (Vote)

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# CEO Update

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## Vice-Chair Election

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# Policy/Procedure

## ADOPTION OF EMPLOYER APPEALS PROCEDURE ON EMERGENCY BASIS: FINDING REQUIRED UNDER CONN. GEN. STAT. § 1-121

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- Section 1-121 of the Connecticut General Statutes permits a quasi-public agency to adopt a procedure upon fewer than thirty (30) days' notice if the agency finds that imminent peril to public health, safety or welfare requires such adoption. The Exchange finds that it must adopt an employer appeals process on fewer than thirty (30) days' notice because without such adoption, employers and employees are left in limbo with respect to significant financial risks.
- The Exchange is required to send a notice through its Integrated Eligibility System to any employer when their employee has been deemed eligible for Premium Tax Credits (PTC) and or Cost Sharing Reductions (CSR). Employers and employees have rights to appeal under federal law, but the federal government has yet to adopt any appeal procedures. Without the additional certainty that an appeal can provide, employers cannot plan for the financial impact of significant penalties and employees will not know if their premium tax credits are in jeopardy and their household budgets subject to a substantial additional expense. It is critical to get this information into the hands of employers and consumers as soon as possible.



## ADOPTION OF EMPLOYER APPEALS PROCEDURE ON EMERGENCY BASIS: FINDING REQUIRED UNDER CONN. GEN. STAT. § 1-121

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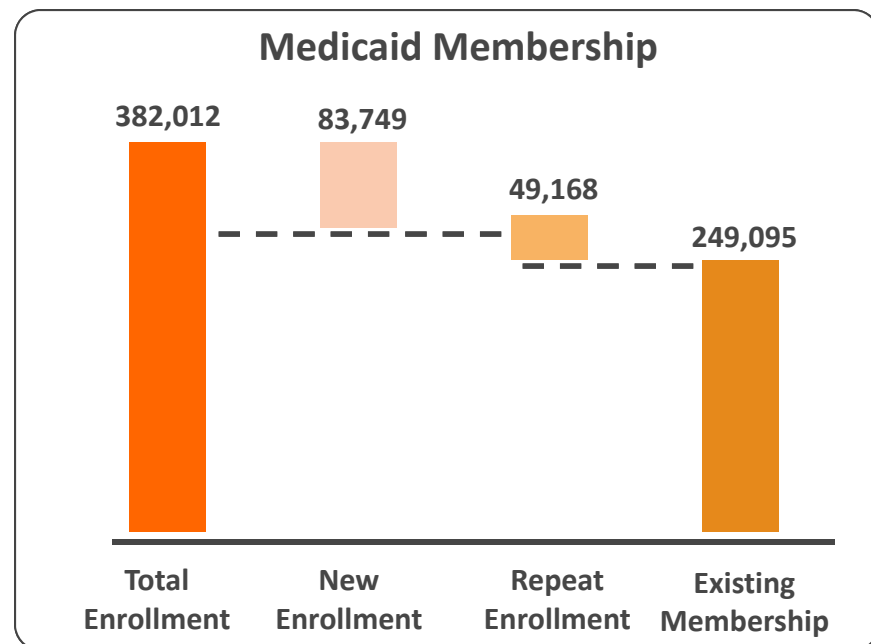
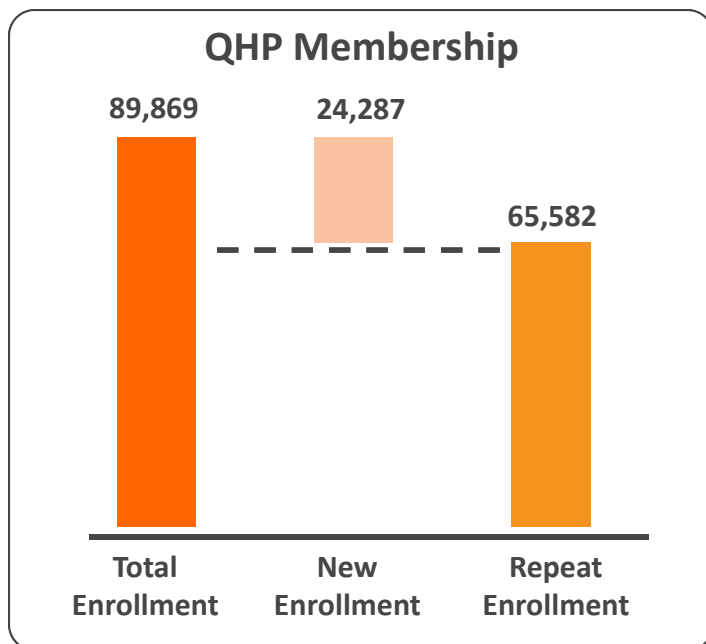
- For the 2015 Plan Year, the Exchange has received 163 calls from employers asking for information on how they should proceed or challenging their potential penalty in response to the notice they received. The Exchange expects this number will increase as additional notices are sent to employers during the 2015 Plan Year. The Employee's eligibility for PTCs and/or CSRs may change due to the Employer's Appeal finding. As a result, a significant number of employers and employees are immediately affected by this situation. Since the appeal process can take up to 180 days to complete, it is critical to start the appeals process as soon as possible so that the Exchange can provide much-needed answers to Connecticut businesses and citizens.

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# Open Enrollment Update

# Open Enrollment Membership Update

- Current membership across all plans and programs stands at **471,881** individuals
- Since the start of open enrollment, we have processed nearly **90k** QHP enrollments and **132k** Medicaid enrollments.
  - Of these **24,287** were new QHP customers, and **83,749** were new Medicaid customers.
  - Net new enrollment for the OE period thus far stands at **108,036** (78% Medicaid/22% QHP)



## Additional Membership Information

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- To date, ConnectiCare has seen the majority of new enrollments (43%)
- 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.

<b>2015 OE Carrier Churn</b>	<b>New 2015 Enrollees</b>	<b>(% of Total)</b>
<b>Anthem Blue Cross and Blue Shield</b>	7,606	31%
<b>ConnectiCare Benefits Inc</b>	10,430	43%
<b>HealthyCT Inc</b>	5,074	21%
<b>UnitedHealthcare</b>	1,177	5%
	<b>24,287</b>	<b>100%</b>

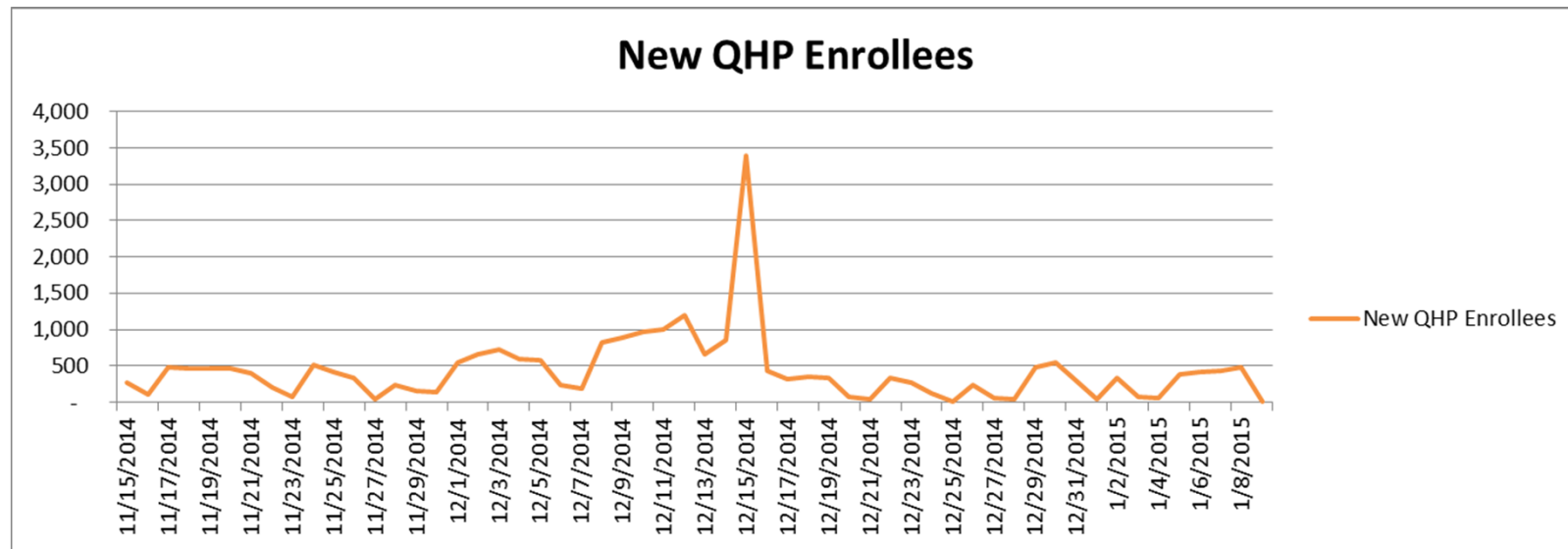
# Additional Membership Information

- The majority of both new and renewing enrollee's continue to choose silver level coverage
  - For new enrollee's, roughly half (or 53%) are choosing silver level plans, followed by 28% selecting bronze, and approximately 14% gold.
  - Both catastrophic and platinum plans continue to see very small selection

Enrollee Status	Total	Catastrophic	Bronze	Silver	Gold	Platinum
<b>New 2015 Enrollee</b>	<b>24,287</b>	<b>614</b> 2.5%	<b>6,863</b> 28.3%	<b>12,941</b> 53.3%	<b>3,336</b> 13.7%	<b>533</b> 2.2%
<b>Repeat Enrollee</b>	<b>65,582</b>	<b>711</b> 1.1%	<b>11,046</b> 16.8%	<b>41,529</b> 63.3%	<b>12,070</b> 18.4%	<b>226</b> 0.3%

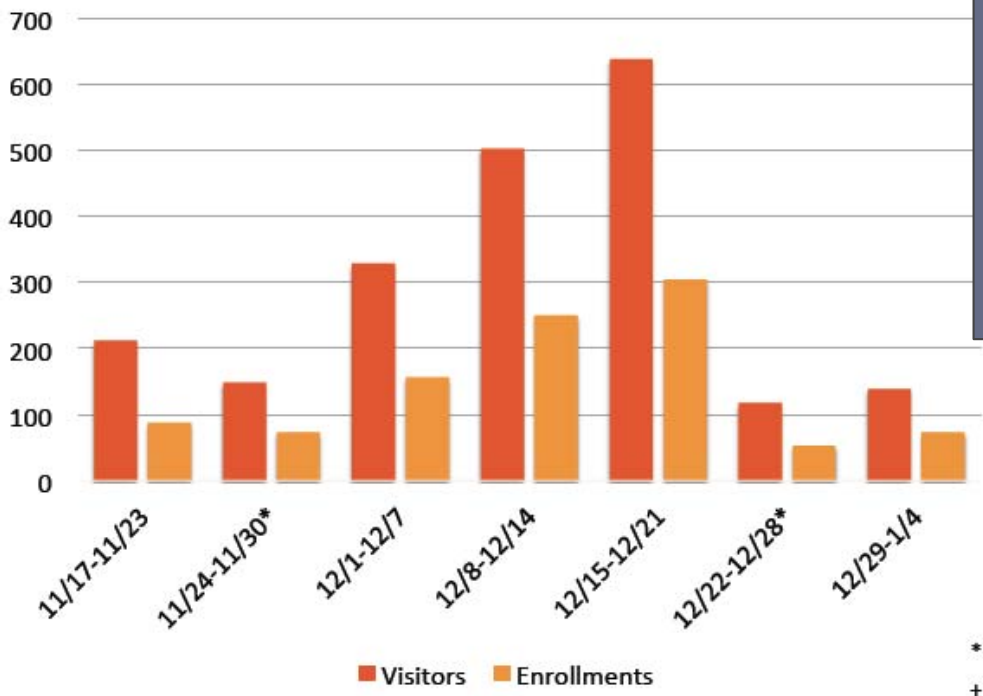
# Enrollment Trends

- QHP enrollment data by day indicates an increased tendency for deadline driven sign up activity
- Average daily enrollment, excluding the 5 days leading up to 12/15, stands at 337 enrollments per day.
- For the 5 days heading to 12/15, that average was 1,424 per day.
- Post 12/15 average daily enrollment now stands at 248 per day.



# In-Person Assistance Updated

- Community Enrollment Partner (CEP) locations are witnessing robust activity
  - More than 2,800 visitors have gone to a CEP location
  - 1,303 enrollments have taken place as a result (a 47% conversion)
    - 462 QHP, 841 Medicaid

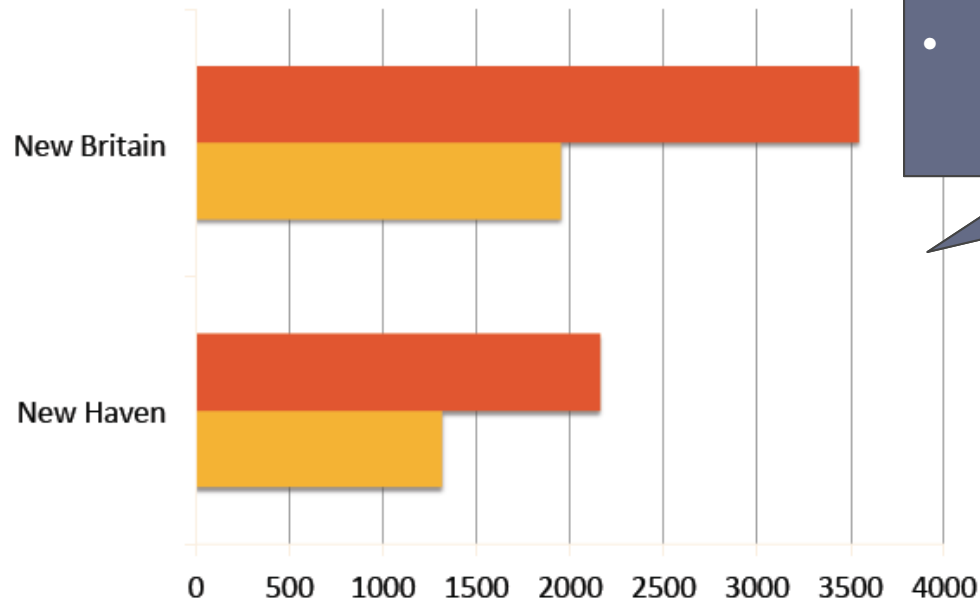


- During the same time frame last year, mobile enrollment fairs had witnessed attendance of 1,869 visitors and 864 enrollments.
- Our new strategy of consistent community enrollment resources has witnessed a 50% increase in visitors and a 50% increase in enrollments

\* Holiday week  
+ Weeks are Mon-Sun

# Store Front Updated

- Store front activity continues to build as we head towards OE's end
  - More than 6,200 individuals have visited our stores since 11/15
  - 3,540 enrollments have taken place as a result (a 57% conversion rate)
    - 1,459 QHP, 2,081 Medicaid



- During the same time frame last year, store fronts saw attendance of 5,224 visitors and 2,534 enrollments.
- With a well established retail presence in year 2, we have seen a 19% increase in visitors and a 40% increase in enrollments

■ Visitors  
■ Enrollments



The [www.accesshealthct.com](http://www.accesshealthct.com) website has had highly active usage since it went live and during this open enrollment

Metric	Description	Count
Total Page Views since October 01, 2013	The total number of page view on the website since the system went live	39,881,732
Total visitors since October 01, 2013	The total number of visitors to the website since the system went live	1,438,902
Total page view during this open enrollment	The number of page views since this open enrollment started on November 15, 2014	8,044,891
Total visitors during this open enrollment	The number of visitors to the website since this open enrollment started on November 15, 2014	292,130

**Consumers are using the ahCT Mobile App actively to create accounts, submit verifications, view messages and buy unsubsidized QHPs**

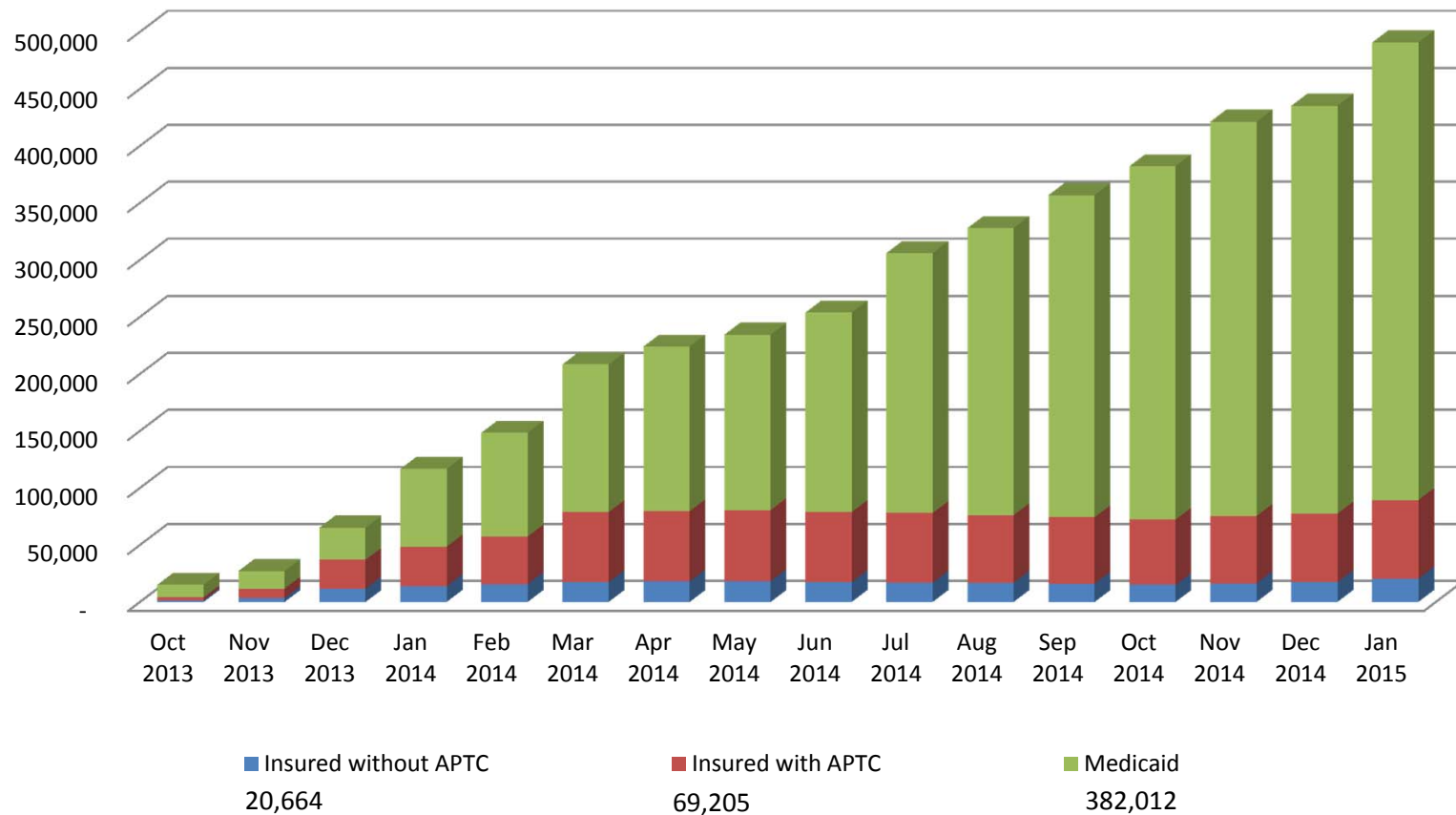
<b>Metric</b>	<b>Description</b>	<b>Count</b>
<b>App Downloads</b>	Number of Apps downloaded on iOS and Android	<b>18,495</b>
<b>Verification Documents Uploaded</b>	Number of verification documents uploaded	<b>6,277</b>
<b>Number of Accounts Created (attempts)</b>	Number of Account creation attempts	<b>30,875</b>
<b>Number of QHP Applications</b>	Number of Applications signed and submitted using Mobile Enroll	<b>489</b>
<b>Number of Message &amp; Notice Views</b>	Number of messages, notices and documents viewed in the mobile Inbox	<b>95,830</b>

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# Operations Update

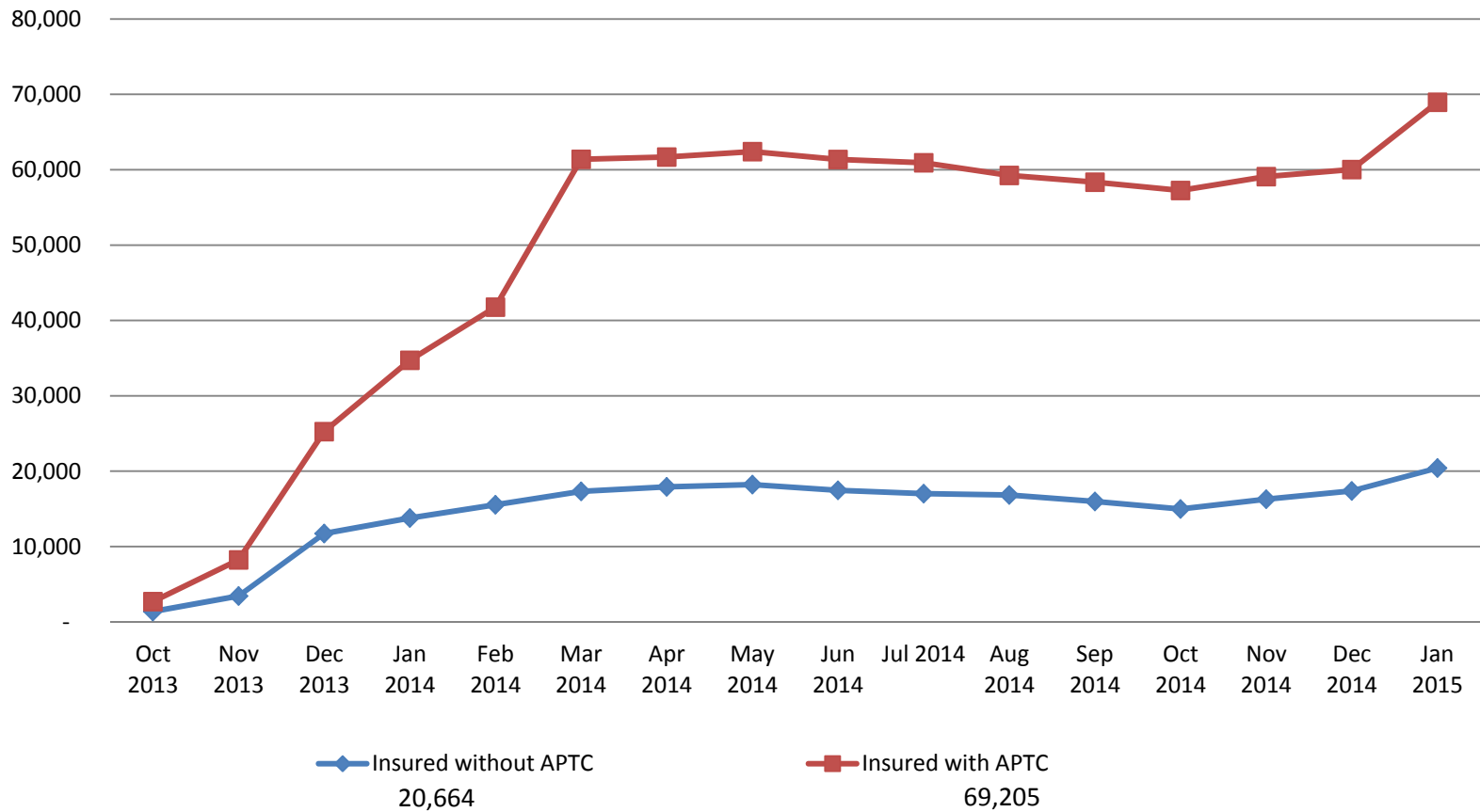
# Operating Metrics

## Total Membership – 471,881



# Operating Metrics

## Insured Membership- 89,869



# End of Open Enrollment Preparations

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- **Call Center**

- IVR
  - Prioritize customer enrollment through specialized IVR routing
  - Enable upfront messaging in the IVR
  - Allow callers the option of a call back
- Expanded Hours of Operation
  - 1/15/15 open 8am to 10pm
  - 2/14/15 open from 10am to 6pm
  - 2/15/15 (Sunday) open from 10am to 12 am (midnight)

- **Enrollment Centers**

- Hours on Feb 15<sup>th</sup> will be extended until 12 am (midnight)

- **Special Events**

- Working with Urban League of Hartford's Health Fair – Date to be determined

# 1095-A Consumer Support

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## Consumer Education

- AHCT Website “Learn More Tab” updated with 1095 – Dec 22, 2015
- Informational Post Card Mailed – Jan 5, 2015
- Tri-fold 1095 A pamphlet sent with 1095-A forms – last week of January 2015

## Consumer Support

- AHCT Main 1095 IVR Transfer Branch Activation – Jan 20, 2015
- 1095 Call Center Go-Live – Jan 26, 2015
- AHCT Website ‘Learn More Tab’ updated with 1095 information

## Training

- AHCT Training on 1095 System Corrections and Re-Printing Process – Jan 7, 2015
- 1095 Call Center Training – Jan 14, 2015



Connecticut's Official Health Insurance Marketplace

## Plan Management Update



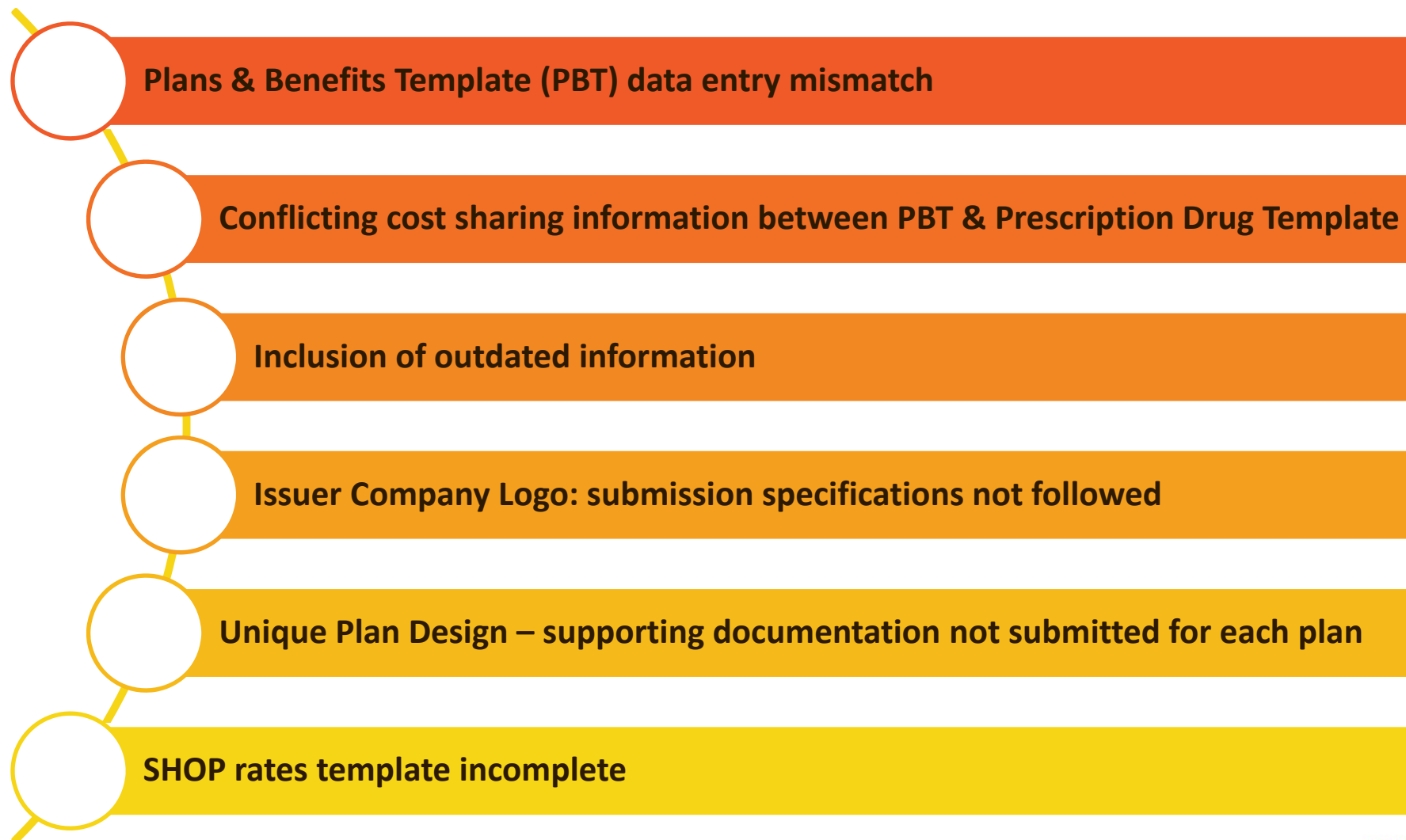
# AHCT Plan Management

## ★ KEY ACCOMPLISHMENTS FOR 2014 ★

- *QHP Application Review and Certification for 2015 Plan Year*
- *Plan Management Portal Redesign*
  - *Enhanced Data Review*
  - *Consumer Portal Simulation*
  - *Data Correction Functionality*
  - *Carrier Plan Preview*
- *Stand-Alone Dental Consumer Shopping Experience*
- *Uniform Schedule of Benefits Template Development and Implementation*
- *Mapping Software Acquisition, Training, Execution*
- *Essential Community Provider (ECP) Outreach*
- *Certification Review Data Integrity Comparison Enhancements*

# QHP Application Review: Primary Findings (2015 PY)

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# Expected Changes for QHP Review Process: 2016 Plan Year

## QHP APPLICATION

CONNECTICUT HEALTH INSURANCE EXCHANGE  
(EXCHANGE)  
dba  
Access Health CT  
Qualified Health Plan  
Application for Participation  
In the Individual and/or  
Small Business Health Options Program (SHOP)  
Marketplace  
For  
Plan Year 2016

- Develop detailed QHP Application instructions to enforce AHCT submission guidelines
- Responsible party quality assurance sign off required prior to submission/resubmission
- Results of CMS QHP Application Review Tools required as part of submission
- Include clarification of differences between CMS QHP templates and AHCT Data requirements

## IMPROVEMENTS TO CMS PLANS BENEFITS TEMPLATE

The screenshot shows a spreadsheet interface with multiple tabs. The 'Benefits' tab is active, displaying columns for 'EHB', 'Network ID', 'Network Name', 'Plan Type', 'Local of Coverage', 'EHB Reference', and 'EHB Reference'. Below this, there are sections for 'General Information' and 'EHB Reference' with various data entry fields.

- State EHB Reference Table to be updated
- Explanation Field: no longer requires completion of EHB Variance Reason
- Subject to Deductible fields on Benefits Package tab to be removed
- URLs for SBC moved to Cost Share Variance tab (specific to plan variant level)
- “Not Applicable” option added to each cost sharing drop down list box
- Modifications to drop down list box for certain Inpatient Hospital benefits

## SCHEDULE OF BENEFITS

Individual deductible applies if you have coverage only for yourself and not for any dependents. The family deductible applies if you have coverage for yourself and one or more eligible dependents. If you have family coverage, once any individual member of the family meets the individual deductible, the Plan will begin to pay claims for those benefits subject to the deductible for that individual. Also, once the family deductible is met by one or more members of the family, combined, the Plan will begin to pay claims for all members of the family (even if the individuals did not each meet the individual deductible).

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Plan Deductible		
Individual	\$2,600 per member	\$6,000 per member
Family	\$5,200 per family	\$12,000 per family
Separate Prescription Drug Deductible		
Individual	\$25 per member	\$50 per member
Family	\$50 per family	\$700 per family
Out-of-Pocket Maximum		
Individual	\$6,600 per member	\$12,500 per member
Family	\$13,200 per family	\$25,000 per family
(Includes deductibles, copayments and coinsurance)		
Provider Office Visits		Provider Office Visits
Adult Preventive Physical Exam	No Cost	40% coinsurance per visit

- Variable filing not permitted
- Less prescriptive for non-standard benefit language and cost sharing



# Issuer & Qualified Health Plan (QHP) Certification

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## Key Considerations about 2016 Plan Year:

- Open Enrollment period will begin earlier and is shorter (10/1/15 - 12/15/15)
- All currently participating QHP Issuers will have to be certified
- AHCT has been working with the Connecticut Insurance Department (CID) to coordinate the CID rate & form filing review timeframe w/ QHP certification timeframe
- Small Employer Health Options Program (SHOP) group size increases from 2-50 employees to 2-100 employees

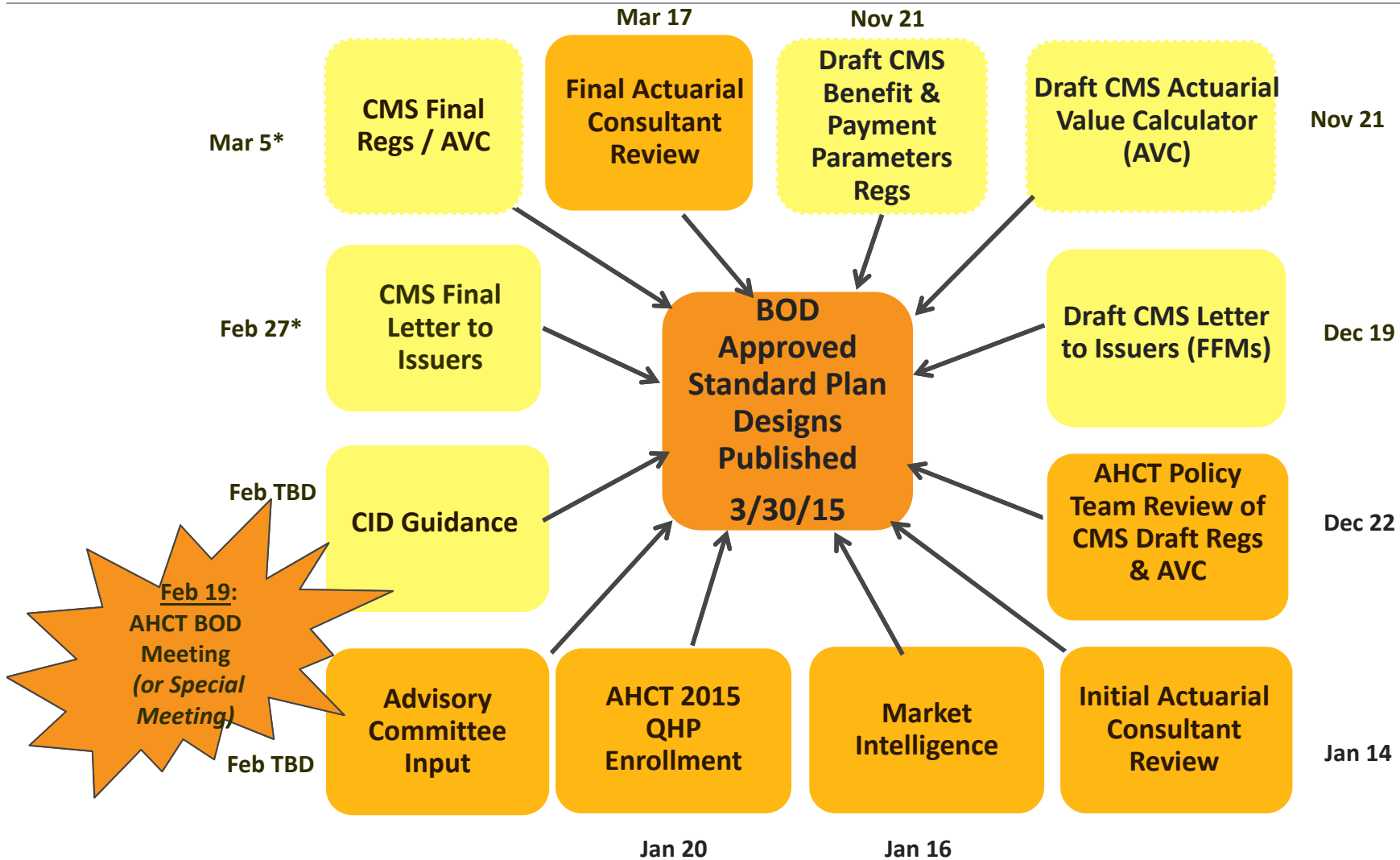
# AHCT 2016 Plan Year Key Deliverables

Deliverable/Milestone	Target Dates <i>(subject to change)</i>
Proposed HHS Notice of Benefit and Payment Parameters and Actuarial Value Calculator (AVC) Released by CMS	November 21, 2014 
Evaluate and Review 2015 Standard Plan Designs for Plan Year 2016	December 23, 2014 – February 13, 2015
Present Proposed AHCT Standard Plan Designs at Board of Directors (BOD) Meeting	February 19, 2015 <i>(or a Special BOD Meeting)</i>
HHS Notice of Final Benefit and Payment Parameters & Final AVC for 2016 Released	March 5, 2015 (TBD)
Release QHP Issuer Solicitation and Notice of Intent	March 17, 2015
Present Final Standard Plan Designs at BOD Meeting	March 26, 2015
Publish 2016 AHCT Standard Plan Designs	March 30, 2015 
QHP Issuer Non-Binding Notice of Intent Submission Deadline	March 31, 2015

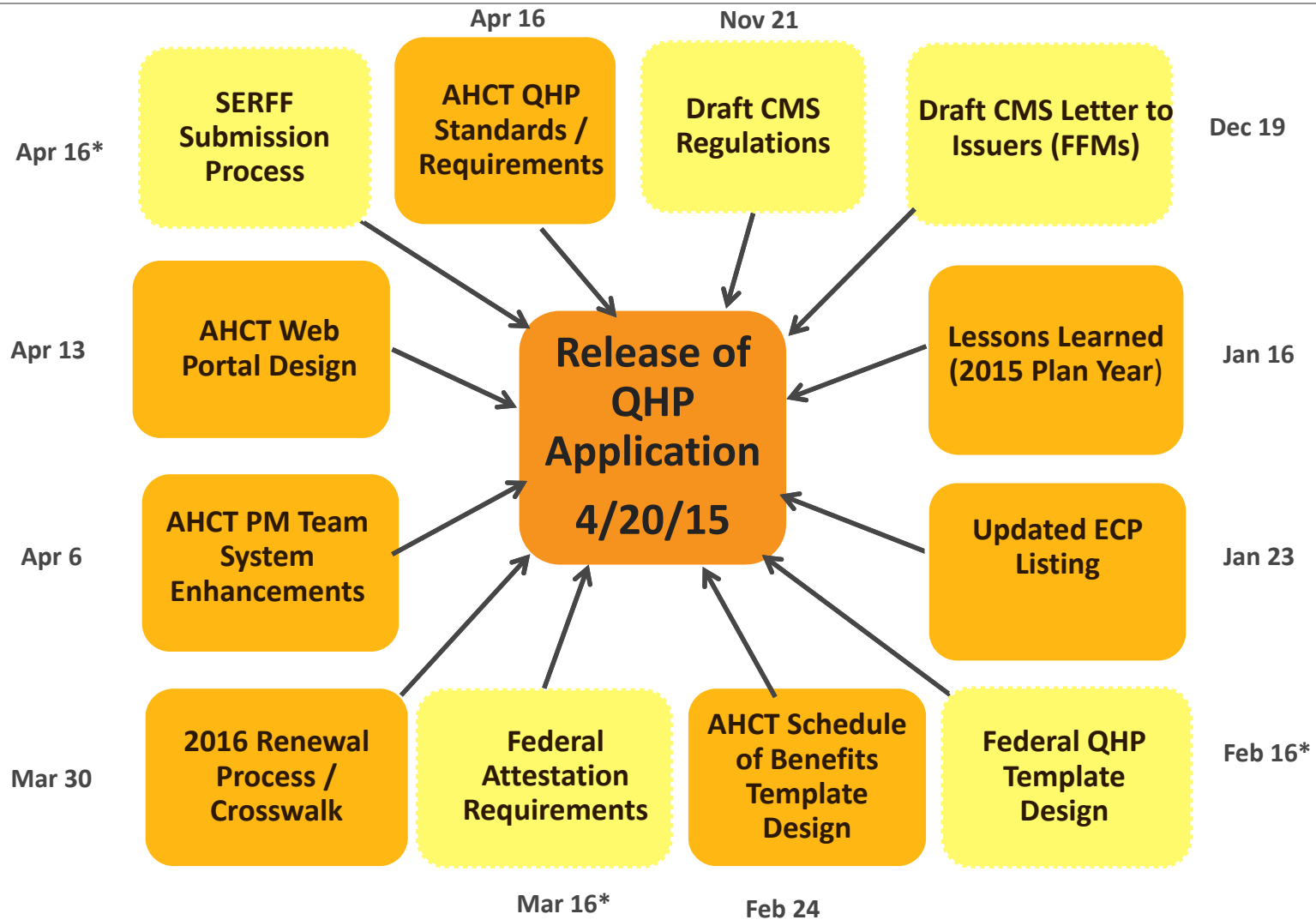
## AHCT 2016 Plan Year Key Deliverables, cont'd

Deliverable/Milestone	Target Dates ( <i>subject to change</i> )
Publish 2016 QHP Issuer Application, Instructions & Checklist	April 20, 2015 
QHP Applications, Template Data, Supporting Documents due to AHCT	May 18, 2015
AHCT Review of QHP Issuer Data Submissions / Resubmissions	May 19 – August 14, 2015
Certification of QHP Issuer Plan Submissions	July 30 – September 12, 2015 
Upload QHP Plan Data into AHCT Plan Management Staging System	August 17 – August 20, 2015
AHCT/QHP Issuer Plan Preview Sessions	August 24 – September 4, 2015
Activate Approved QHP Data in PM System	September 16, 2015
Certified QHP Plan Data Made Available to CMS	September 16, 2015
QHP Plan Data Published in AHCT Consumer Portal	October 1, 2015
Plan Year 2016 Open Enrollment Period	October 1– December 15, 2015

# QHP Application Development: Influences/Dependencies



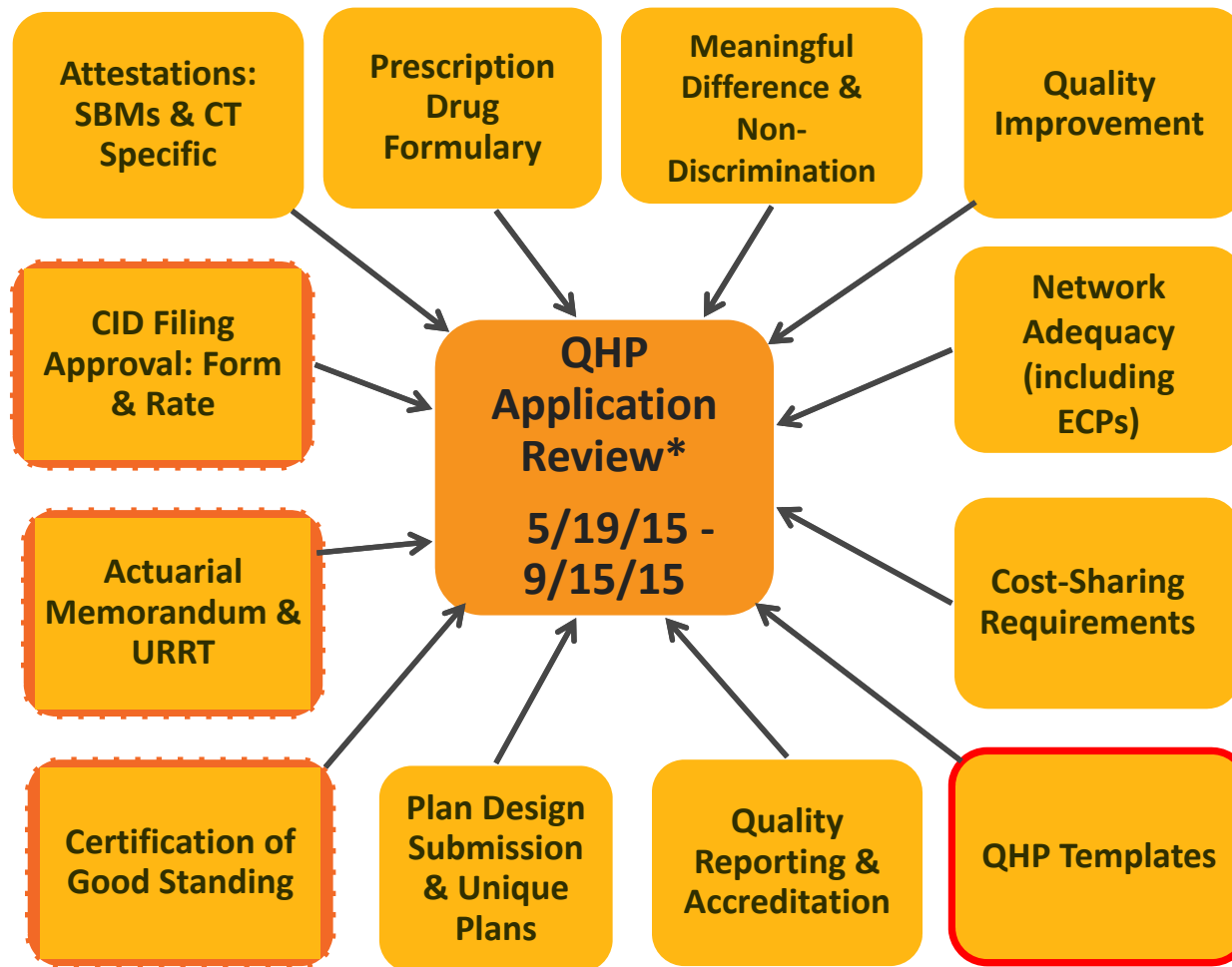
# QHP Application Development: Influences/Dependencies



All Dates Subject to Change  
 \*Anticipated Release Date

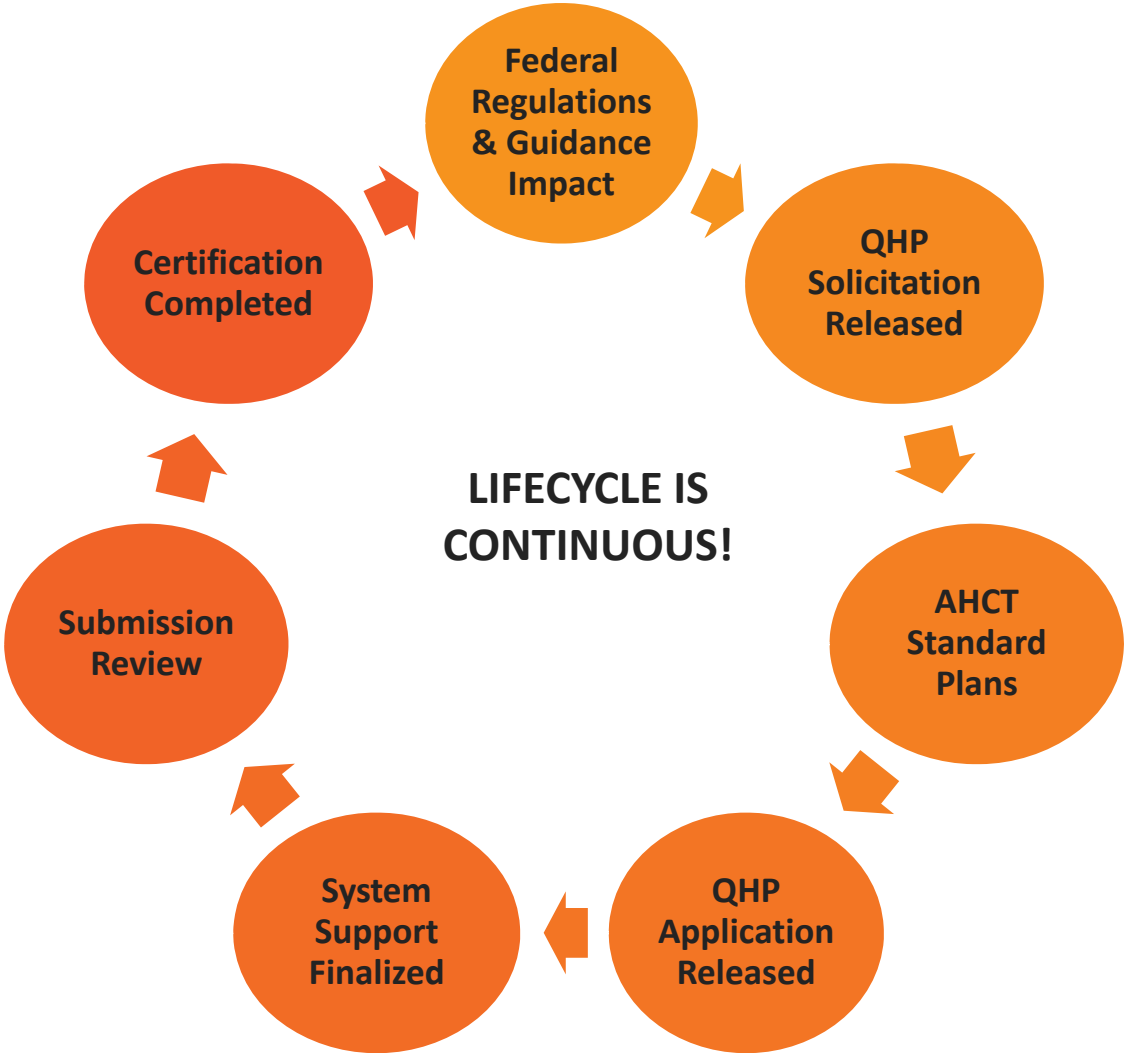


# QHP Certification: Requirements & Dependencies

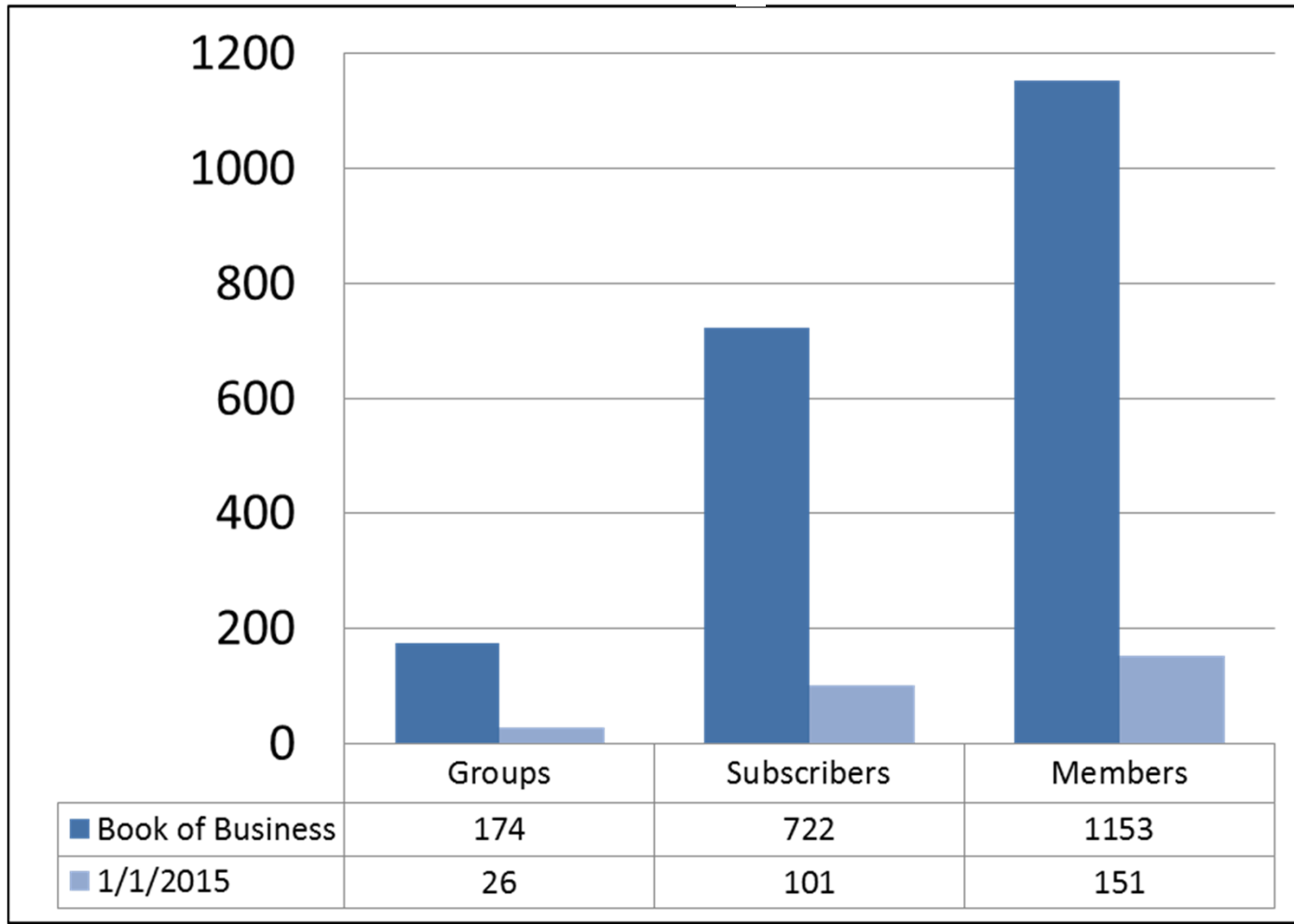


\*Ultimately Leads to Issuer & QHP Certification

# Plan Management Certification: Summary



# SHOP Sales Summary



# SHOP Re-launch - Marketing & Communications

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## “New Year, New Plans, New Opportunities”

- Email Blast to 659 brokers via Constant Contact
- Twitter and Facebook posts to promote links to SHOP website & brochure
  - Total Twitter audience = 2,427
  - Total Facebook audience = 39,996
- Presentations to key Chambers of Commerce
- Interviews the largest Connecticut Business Journals
- Newspaper advertisement in February issue of the Hartford Business Journal (Health Care Issue)
- Media interviews on Better Connecticut and WFSB (already airing)

# Broker Awareness Initiatives

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- One-on-one Broker Sales Calls
  - Target 48 broker visits per month
  - 2015 Plan Reviews
  - AHCT SB-specific Benefits Central Education
  - Group Dental Opportunities
- Training for New Brokers
- Broker-based Events
  - Structured Conferences /Trade Shows (i.e. National Association of Health Underwriters)
- Web Outreach
  - Benefit Central in February
  - New Web Site in place with tools and product ([www.accesshealthctsmallbiz.com](http://www.accesshealthctsmallbiz.com))

# Small Group Employer Awareness

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- Face-to-face
  - All renewing groups/broker to be contacted
- Direct Mail-based Outreach
  - Purchase of direct mailing list; target groups by size, ownership type, etc.
- New Web Site with key requested features:
  - Pay a bill
  - Get a quote
  - Tax credit estimator
  - Find a broker
- Partner with Associations that Support Small Businesses

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# Adjournment