



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Legislative Office Building, Room 1D

Thursday, October 15, 2015

Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman (Chair); Victoria Veltri, (Vice-Chair), Office of Healthcare Advocate; Secretary Benjamin Barnes, Office of Policy and Management (OPM); Commissioner Roderick Bremby, Department of Social Services (DSS); Grant Ritter, Robert Tessier; Paul Philpott; Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Cecelia Woods; Robert Scalettar, MD; Paul Lombardo, designee for Commissioner Katharine Wade, Connecticut Insurance Department (CID); Maura Carley

Members Absent: Commissioner Jewel Mullen, Department of Public Health (DPH)

Other Participants:

Access Health CT (AHCT) Staff: James Wadleigh, James Michel, Steven Sigal; Susan Rich-Bye; Andrea Ravitz; Tamim Ahmed; Ronald Choquette; Tricia Brunton; Josephine Sempere; Kevin Reardon, Shan Jeffreys; Christopher Barnes (Acturus)

The 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 Wyman called the meeting to order at 9:02 a.m.

II. Public Comment

Kevin Galvin provided a public comment.

III. CEO Report

James Wadleigh, CEO, provided an update on AHCT activities. Mr. Wadleigh asked consumers to log into their accounts and provide address, income and family changes in advance of open enrollment. Last year, 20% - 30% of mail sent by AHCT was returned as undeliverable.

Maura Carley arrived at 9:08 a.m.

AHCT has begun to hold Healthy Chats around the state. This year's Healthy Chats are targeted towards local community leaders, with the goal of introducing AHCT and how our agency can help people in their communities. AHCT will continue to meet with carriers to improve processes. The Consumer Decision Support Tool is ready for publication.

Roderick Bremby arrived at 9:10 a.m.

Preparation has begun for 2017 Open Enrollment. The broker community has been engaged. A new mobile app is being developed, and will allow consumers to directly communicate with brokers. AHCT has begun meeting with brokers to discuss improving and expanding product offerings, including dental plans. The secret shopper program development is in its early stages. There will be a site redesign for 2017 Open Enrollment. AHCT leadership has begun meeting with colleges and universities to discuss engagement of students.

Miriam Delphin-Rittmon arrived at 9:14 a.m.

Mr. Wadleigh introduced Robert Blundo, who has taken on a new role which involves improving the utilization of data and analytics at AHCT.

IV. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the September 17, 2015 Regular Meeting minutes. Motion was made by Victoria Veltri and seconded by Cecelia Woods. ***Motion passed unanimously.***

V. Votes

Susan Rich-Bye, Director, Legal Affairs and Policy, introduced the All-Payer Claims Database Privacy Policy and Procedure for approval by the Board for publication in the Connecticut Law Journal and 30 days of public comment.

Benjamin Barnes arrived at 9:17 a.m.

Ms. Rich-Bye summarized the existing All-Payer Claims Database (APCD) governance and the proposed Policy and Procedure.

Robert Scalettar, M.D. thanked the individuals involved in the preparation of this policy and procedure. Paul Philpott asked for more information about the data release application. Ms. Rich-Bye replied that the application will be created by AHCT, and will require applicants to provide certain information to enable the Data Release Committee to make a decision on whether to release the requested data. Ms. Rich-Bye further added that the data can be released in two different ways -- through direct transmission of a data set, or through the use of an enclave model, in which applicants use a secure environment provided by AHCT. Tamim Ahmed added that the data request application form will require the requestor to demonstrate whether they have the ability to handle data securely. If the requestor cannot meet AHCT's security requirements, they will be invited to work in an AHCT secure environment. Mr. Philpott asked whether anyone could request data. Dr. Ahmed replied that anyone could request data, and that any requests would be thoroughly reviewed. He said that he expected residents of Connecticut, as well as some out-of-state organizations, to request data. Requests

will be evaluated in part based on whether they serve the residents of Connecticut. The data request application form is currently being developed.

Benjamin Barnes asked if the Committee would allow commercial use of the data. Mr. Ahmed replied that a decision on each request would be made by the Data Release Committee, adding that other states' APCDs do allow commercial entities to receive data. Further, the APCD would not be able to release data for purposes which would violate federal or state laws, and legal guidance is being sought on these issues. Mr. Barnes believes that there will be a robust demand for commercially viable information.

Ms. Rich-Bye stated that the policy and procedure was reviewed by the APCD Data Privacy and Security Subcommittee in May and approved by the full APCD Advisory Group in August. Robert Tessier added that the data will be completely de-identified. One of the conditions of any data release is a prohibition on any attempt to by individuals using APCD data to re-identify it.

Lt. Governor Wyman requested a motion to approve the All-Payer Claims Database (APCD) Privacy Policy and Procedure as presented by Exchange staff for publication in the *Connecticut Law Journal* and 30 days of public comment. Motion was made by Victoria Veltri and seconded by Robert Scalettar. **Motion passed unanimously.**

Ms. Rich-Bye presented the proposed bylaw amendment to reflect changes to the AHCT management. The proposed amendment would delete all references to the Chief Operating Officer position in Section 5.7 of the bylaws.

Lt. Governor Wyman requested a motion to adopt the amendment to the bylaws as recommended by Exchange staff to delete all references to a Chief Operating Officer in Section 5.7 Signing Authority. Motion was made by Benjamin Barnes and seconded by Victoria Veltri. **Motion passed unanimously.**

VI. Operations Update

James Michel provided an operations and enrollment update. Qualified Health Plan (QHP) enrollment remains steady but is anticipated to climb in the coming months during open enrollment. Ms. Veltri asked if the chart reflecting the total number of applications graphic could be altered to show Medicaid applications, broken down by the number of new enrollments, and those for which there was a redetermination. Mr. Wadleigh suggested that Commissioner Bremby present that information, since those numbers are from the DSS.

The call center interactive voice response (IVR) and scripts are being updated, and customer service representatives (CSR) are being re-certified through the Learning Management System. Additional staffing has been added to allow for the anticipated increase in calls. Call center and store front hours for OE were provided, and will be adjusted as needed. Community enrollment partners (CEP) will begin operation on Monday. Lt. Governor Wyman asked whether the hours could be extended in order to accommodate consumers who are working. Mr. Michel replied that Saturday mornings are a very busy time at the storefronts and CEPs, which are less busy on weekdays after 6:00 p.m. Hours, however, will be adjusted if necessary.

Mr. Michel provided a summary of 1095-A, B and Cs and explained the purpose of the requirement for issuing them. Estimates of the volume for the three types of 1095s were summarized. It is anticipated that there will be public confusion regarding these forms, and DSS and the AHCT marketing department are coordinating on a communication plan. There is the potential for insured consumers to receive three separate 1095s. Ms. Veltri stated that the 1095-Bs are of concern, since many Medicaid customers do not file tax returns, and this will be new for them. Ms. Veltri raised a concern that this will be an extraordinary challenge, and asked whether there had been any effort to tell the federal government about the potential problems. Ms. Rich-Bye added that anyone who has health insurance coverage will receive a 1095-B form. This will take the place of self-attestation on tax returns, providing proof that the individual has coverage.

Mr. Michel provided an update on the transition of consumers from Husky A to QHPs. To date, 175 individuals have transitioned from Husky A to QHPs. There are a number who have qualified for other types of Medicaid coverage. Mr. Barnes asked how many were determined eligible for Medicaid under some other provision. Mr. Bremby stated that approximately 600 individuals have been determined to still be eligible for some type of Medicaid coverage.

VII. 2016 Open Enrollment Update

Shan Jeffreys provided an update on the Open Enrollment period for 2016, reviewing the integrated project plan and communication plan. There was a successful readiness review with CMS, and no critical issues were identified. Stakeholder participation continues and has broadened to include other entities. Reminders have been sent to consumers enrolled in QHPs, and work has begun on the 2017 Open Enrollment.

Open Enrollment is on track. The 2016 Open Enrollment and renewals process was summarized. A total of 68,522 notices have been mailed to consumers. The average rate of members eligible for auto-renewal rate is 88.33%. The final renewal notice will be sent to consumers on December 5, 2015.

Mr. Philpott asked whether open enrollment planning would still occur if the CMS open enrollment readiness review did not take place. Mr. Jeffreys confirmed that AHCT would still go through this process, and added that this is done every year, and CMS can issue additional guidelines and recommendations. Mr. Wadleigh stated that there is information sharing across all of the states. The focus has moved from compliance to collaboration.

Ron Choquette introduced the Learning Management System, which has been operational as of September 1, 2015. Josephine Sempere summarized the learning curriculum, the number of registered users and the learning center completion rate. Kevin Reardon provided a live demonstration of the system. Grant Ritter asked whether other states could use this system. Ms. Sempere replied that the foundational material is on ACA education, and there is a module on AHCT-specific information, which could be customized for other states. Maryland's worker portal is similar to Connecticut's, and state-specific curriculum materials can be developed. Mr. Wadleigh added that AHCT could approach other states regarding use of this system.

VIII. Marketing Update

Andrea Ravitz provided an update on marketing activities and advertising campaigns. A summary of the summer outreach program was provided, including the timeline of all of the media efforts. A video testimonial from a consumer was presented. Ms. Ravitz provided a media summary with a concentration on television marketing. The media budget has decreased by \$1.1 million, compared with last year.

Ms. Ravitz summarized TV ad concepts, which were tested in four focus groups. AHCT has begun reaching out to leaders of community groups, public-facing entities, and other stakeholder organizations, which are critical to communications with consumers. Over 115 groups, representing over 330 locations throughout the state, have agreed to partner with AHCT. The entity outreach strategy includes 640 organizations and individuals. There will be community chats and media receptions. In-person enrollment assistance includes enrollment centers, community enrollment partners, certified brokers, certified application counselors (CAC), and enrollment events throughout the state. Over 500 CACs are available in hospitals and clinics around the state. The Lead Agency Program includes four broker agencies supporting the call center, taking live calls to make the enrollment process simpler. There are close to 50 brokers who will support this effort and who collectively speak multiple languages. The “Learn More” tab on the accesshealthct.com website will have information for consumers who are currently enrolled, as well as those who have yet to enroll.

AHCT’s multi-channel retention strategy was reviewed. Many consumers are not utilizing their health insurance plan benefits, and AHCT plans to mail birthday cards which will remind consumers of the importance an annual PCP visit. The communication strategy was reviewed, including partnerships with CVS and U.S. Citizenship and Immigration Services.

Benjamin Barnes left at 10:49 a.m.

Ms. Ravitz introduced Chris Barnes of Acturus, who provided additional information on the recent study which found that Connecticut’s uninsured rate has decreased to 3.8%. Chris Barnes summarized the research methodology used to determine this percentage. There is a standard correlation between the uninsured rate and socioeconomic status for individuals eligible for Medicaid, but this relationship is more complicated for other income brackets. Enough data had been gathered from various sources to determine the uninsured percentage without conducting a new survey. The research utilized government filings on health care coverage, as well as the results from the Kaiser Family Foundation study. The first study done by Acturus, prior to open enrollment, was very complex and matched the Kaiser data exactly. This study resulted in an estimate of 286,000 uninsured Connecticut residents in 2014. For the 2015 study, filings from CID were utilized to make sure there was no double-counting, particularly in certain segments of the population. In addition, the researchers used CMS data on Medicare and Medicaid coverage, as well as military and Veterans Administration data. Lt. Governor Wyman asked for an explanation of the discrepancy between another recent study indicating a 7% uninsured rate, and the Acturus study resulting in a 3.8% uninsured rate. Chris Barnes replied that the 7% figure is based on data which is 18 months old, and is primarily self-reported data with some significant variance compared to the filing data used by Acturus.

Lt. Governor Wyman asked for information on the concentration of uninsured residents in the northeastern corner of Connecticut. Chris Barnes replied that there is a higher percentage along the Rhode Island border. Commissioner Delphin-Rittmon asked if there a demographic profile of the 3.8% who remain uninsured. Chris Barnes replied that a significant portion of the

3.8% have low incomes, and remain uninsured for idiosyncratic reasons. Some individuals transition, or “churn”, between insurance plans and Medicaid, and this population may have more acute problems with knowing whether or not they are covered at a particular time.

Ms. Ravitz addressed AHCT’s next steps. One major goal is to have 105,000-110,000 enrolled QHP members by the end of Open Enrollment, including both new and retained members. The ultimate goal is to continue to reduce the uninsured rate in Connecticut. Some intermediate steps include improving retention rates, a targeted acquisition strategy, and addressing communication issues.

IX. Finance Update

Steve Sigal provided a finance update. Quarterly assessment revenues have risen to \$20 million. Mr. Sigal noted that the "no cost extension" request filed on September 28, 2015 was approved by CMS on October 6, 2015, thus extending the grant funding to December 15, 2016. The annual financial audit, as well as the programmatic audit, began on September 15 and is going well. The Connecticut Auditors of Public Accounts have issued their Biennial Compliance Audit Report for 2012 and 2013. AHCT agrees with the three findings identified, and actions have been taken to remediate them.

Tricia Brunton presented the expense reforecast for the first quarter of the 2016 fiscal year. Increases in the AHCT reforecast are a result of the higher contractual costs from AHCT's unbudgeted share of Husky A eligibility changes, and the inability to re-contract the verification process as planned in the budget. Other administrative unfavorable budgeting is due to a higher general insurance cost.

X. Technical Operations & Analytics

Robert Blundo provided the Technical Operations & Analytics department's vision and high level team goals. Over last two years, the Exchange has accumulated data which was not available at the exchange’s inception. AHCT now must translate this data, so that the results can be used to drive business decisions as well as the consumer experience. Mr. Blundo provided a reporting and dash boarding demonstration.

XI. APCD Update

Tamim Ahmed provided an update on APCD activities. An update of the Security Audit was summarized. The APCD website is finalized. The web-based reporting system is in the design phase. The new online registration process has been used to complete the annual registration for APCD data submitters. Dr. Ahmed also provided an update on the implementation of Public Act 15-146, An Act Concerning Hospitals, Insurers, and Health Care Consumers. The Consumer Decision Support Tool (CDS) will be launched publicly in November 2015. Dr. Ritter asked if current year utilization data can be used to improve the function of the CDS tool. Dr. Ahmed replied that this tool does not include many acute conditions, but focuses chronic conditions.

XII. Adjournment

***As approved by the Board of Directors on
November 19, 2015***

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Robert Scalettar. ***Motion passed unanimously.*** Meeting adjourned at 11:54 a.m.

*Next meeting will be on November 19, 2015 at the Legislative Office Building, Room 1D
from 9:00 a.m. to 12:00 p.m.*