



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

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

Legislative Office Building
Hartford, CT

Thursday, September 19, 2013

Meeting Minutes

Members Present:

Lieutenant Governor Nancy Wyman (Chair); Dr. Robert Scalettar; Robert Tessier; Vicki Veltri, Office of the Healthcare Advocate (Vice Chair); Paul Philpott; Secretary Benjamin Barnes, Office of Policy and Management (OPM); Mary Fox; Maura Carley; Grant Ritter; Commissioner Roderick Bremby, Department of Social Services (DSS); Cecilia Woods; Commissioner Patricia Rehmer, Department of Mental Health and Addiction Services; and Mary Ellen Breault, Designee for Anne Melissa Dowling, Deputy Commissioner Connecticut Department of insurance (CID)

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

Other Participants:

Health Insurance Exchange (HIX) Staff: Kevin Counihan, Peter Van Loon, Julie Lyons, Steve Sigal, Virginia Lamb, Jason Madrak, James Michel, David Lynch, Matthew Lynch

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

A. Call to Order and Introductions

Lt. Governor Wyman opened the meeting at 9:01 a.m.
Commissioner Patricia Rehmer was sworn in as a new board member.

B. Public Comment

There was no public comment.

C. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the minutes from the July 30, 2013 meeting. Motion was made Vicki Veltri and seconded by Mary Fox. ***Motion passed unanimously. Commissioner Bremby had not yet arrived.***

D. By-Laws Revisions (Vote)

Virginia Lamb, General Counsel, presented the proposed changes to the Exchange's By-Laws. These changes are required to conform the Bylaws to the changes made by PA 12-347 to the Exchange's enabling statute. These changes include the removal of the position of Special Advisor to the Governor on Health Reform as an *ex officio* voting member of the Board; the addition of the Commissioner of the Department of Mental Health and Addiction Services to the Board as a *non-voting ex officio* member; a reduction in the number of voting Board members from 12 to 11; a reduction in a quorum for the conduct of business from 7 to 6; and, an expansion of the Exchange's powers and duties to include full legal authority for planning, implementation and administration of the All Payers Claim Data Base (APCD). Lt. Governor Wyman requested a motion to approve the proposed revisions to the Exchange's Bylaws. Robert Tessier made the motion and Mary Fox seconded. ***Motion passed unanimously. Commissioner Bremby had not yet arrived.***

E. CEO Report

Kevin Counihan, CEO, provided an update on current AHCT activities. Very good progress is being made and AHCT will be fully operational on October 1. Tasks have been prioritized based on system stability, consumer experience, support of the health plans participating and marketing outreach. Connecticut was recently invited along with several other states to participate in a teleconference with President Obama to discuss exchange implementation.

F. Operations and Information Technology Update

Peter Van Loon presented the operations update including risk updates. None of these risks currently threaten the October 1 Go-Live date. There is a technical environment risk and a performance testing risk. Two main contingencies have been put into place surrounding connection with the Federal Data Services HUB and the web application. Paper applications will be accepted as a contingency.

Commissioner Bremby arrived at 9:14 a.m.

The main focus for October 1 is system stability and consumer experience. A summary of training was provided. Currently, approximately 1,000 individuals have been trained. Training will be expanded to incorporate community groups and hospitals after October 1. System reporting will take place. Mr. Van Loon introduced David Lynch, Contact Center Manager, who provided a summary of call center activity. Mr. Lynch reported that the call center opened September 3 and presented a summary of call volumes and questions. The current average wait time is .16 seconds and the average call length is 8.18 minutes. The abandon rate was explained. Vicki Veltri asked about bi-lingual call center representatives. Mr. Lynch replied that all Hartford representatives are bi-lingual in English and Spanish. Other languages are handled through the New York City office. Dr. Scalettar asked for clarification on the number of calls, staffing and whether any of the questions would be presented in an FAQ environment. Mr. Lynch explained that an offered call is a call that stayed through the prompts, while an abandoned call is a hang up. Staffing is high currently because the Center is still in a training environment. Staffing is low on Saturdays. Volumes are actively monitored to determine staffing levels. Mr. Lynch further stated that the FAQs will be on the website and on the IVR.

Paul Philpott inquired as to the standards for answering calls. Mr. Lynch reported that the contract includes SLAs (service level agreements) which establish strict standards in terms of speed to answer, etc. Financial penalties will be levied against the vendor if the vendor exceeds the agreed upon level of 60 seconds to answer. Mr. Lynch reported that 80 call center representatives are planned. Call levels will be monitored daily and staff will be added as necessary. Mary Fox asked about customer satisfaction. Mr. Lynch responded that a customer survey is offered at the beginning of each call but will take place after the call. The survey process will begin on October 1 and the results will be supplied to the Board. Robert Tessier asked what the hours post-October 1 will be and whether the number of representatives is equally distributed between New York City and Hartford? Mr. Lynch reported that the hours will be 8 a.m. to 8 p.m., Monday through Friday and Saturdays from 11 a.m. to 3 p.m. If there are events which could yield additional calls, there is flexibility to add staff. There are more representatives in Hartford than in New York City.

James Wadleigh, CIO, provided the IT update. The status of system testing was provided and is on track for October 1 implementation. The State of Connecticut has tested over 4,000 testing scenarios in a short period of time. Testing levels from other states are not available for comparison. There are no critical or major defects remaining in the system integration testing. The 834 transaction testing with ConnectiCare was successful. Statuses on infrastructure/hosting preparation, operational readiness review and authority to connect status was provided. Performance testing will continue past October 1. The Operational Readiness Review was successful and there were no system errors. IRS has approved Connecticut's authority to accept federal tax information which is a major milestone. Mr. Tessier asked how volume can be tested? Mr. Wadleigh responded that a product has been purchased to simulate 5,000 concurrent users hitting the AHCT website. Scenarios also include hundreds of power users and testing is above expected volumes. Maura Carley asked whether the system provided a way to print a confirmation of enrollment. Mr. Wadleigh confirmed that there will be an opportunity to print out that information. Mr. Lynch added that over the phone enrollees will be mailed a confirmation from the carriers. Mr. Wadleigh confirmed that once an account is created, information can be saved and it will not be lost.

G. Independent Verification and Validation Update

Matt Cullen, IV&V Manager with First Data, provided the independent Verification and Validation update. Monitored activities include: ongoing interactions with CMS, continuation of on-site vendor visits and testing confirmation activities. Beginning October 1, monitoring efforts will encompass performance/stress and security/internet.

H. Plan Management Update

Julie Lyons, Director of Plan Management, provided the plan management update. Carrier plan preview has been completed. Carrier certification is at 93% completion. Carriers will be invited in to review the portal. ECP review and network adequacy review is also taking place. Current indications are that carrier networks will be substantially similar to those outside the Exchange. Network information is not expected to be received until September 30. A rigorous process to track Essential Community Providers (ECPs) has been developed. Carriers have reported continuing their ECP contracting efforts. Carrier contracts were sent out September 1 and negotiations are ongoing. Future steps by plan management were reviewed which include monitoring plan compliance; benefit exclusions and limitations; plan management system design changes; the recertification and decertification processes; and, developing quality metrics for providers and health plans. Mr. Philpott asked if information on the networks will be available for consumers on October 1. Ms. Lyons responded that call

center representatives will have access to that information. Anonymous shoppers will also have that information. Ms. Veltri asked how often carriers will be asked to update the provider network. Ms. Lyons responded that networks will be updated every 30 days. Providers are also required to state if they are not taking on new patients. Mr. Wadleigh added that networks can be updated nightly depending on the carriers' ability. Ms. Lyons stated that a written summary will be provided every 30 days regarding the provider networks.

I. Operational Processes

James Michel, Operations Manager, provided a brief overview of the key activities surrounding operations. Partnerships with various vendors and state agencies were summarized. A high-level overview of the "No Wrong Door" environment was presented. There will be multiple avenues for consumers to enroll in coverage. Once data is entered into the eligibility system coverage will be through DSS or AHCT. Mr. Michel provided a review of the partners involved in the process workflow including state and federal agencies; carriers; Maximus; Scan Optics; Sir Speedy and Xerox.

Lt. Governor Wyman emphasized the need to stress non-paper applications. Lt. Governor Wyman also brought up the issue of Medicare consumers being confused about how the Exchange affected them. The Exchange needs to clarify that it will have no effect on Medicare. Mr. Wadleigh reported that the system has built-in logic that will indicate that a consumer, such as a Medicare consumer does not qualify for the Exchange. Mr. Counihan added that the birth date is asked early on in the application process. This piece of information is critical to the calculation. Ms. Veltri pointed out that the Exchange having no impact on Medicare should be a training point. Mr. Counihan promised to follow up. Mr. Michel added that call center representatives are also trained to ask about age.

Kristin Dowty provided an overview of the streamlined application process specific to the Medicaid/CHIP program as well as the DSS and AHCT collaboration. Beginning in January, applicants going through the DSS Connect portal, who indicate they are looking for medical coverage will be routed to the AHCT web portal and then if qualified for Medicaid, seamlessly transferred back to DSS to apply for additional DSS programs. Assisters and DSS staff will be available beginning in November through March to assist applicants to apply in the manner that best suits their needs. Applicants may be looking for immediate coverage based on the rules today and not wait for the new rules. In person assisters will be working in both systems. Current application and notification processes were reviewed. Mr. Barnes reiterated the importance of no-wrong door in relation to public assisted healthcare. Lt. Governor Wyman thanked Commissioner Bremby and DSS for their work on the system change. Commissioner Bremby stated that EMS replacement should be done by 2015. Ms. Veltri asked when the Connect portal may be available and how DSS will distinguish a current Medicaid application from one that is eligible January 1 under the MAGI rules? Ms. Dowty responded that the portal will be available in October. Individuals that come in will be assessed under the current rules. It would be ideal if in person assisters were to assess the clients' needs prior to applying. Commissioner Rehmer inquired as to whether the spend down would change, since the poverty level is changing as of January 1? Ms. Dowty replied that spend down will exist for parents, children and for the ADD program. It is not an available option for those on Husky D as per federal guidance. Commissioner Bremby added that spend down will exist for aged, blind and disabled populations going forward. New rules are driven by Modified Adjusted Gross Income (MAGI).

Matthew Lynch, Analyst, provided a highlight of the gap tracking process – a process used to identify where AHCT might fail to meet regulatory/compliance guidelines. A high level overview surrounding how the remediation plan will close such gaps was reviewed including the process flow and remediation development. A remediation example was provided.

Tammy Preisner, Legal Compliance Manager, provided an overview of the various appeals functions. Appeals include: eligibility to participate on the Exchange; individual responsibility exemptions; eligibility determinations for APTC/CSR (Advanced Premium Tax Credits/Cost Sharing Reduction); and, commercial appeals which include the recertification and/or decertification of carriers. The Exchange has partnered with DSS for determinations based on the new MAGI rules (APTC/CSR appeals). This partnership will prevent the consumer from having to separately appeal DSS and AHCT eligibility determinations. It will also allow family members to adjudicate their appeals together. This combined appeals process will be consumer friendly and a more efficient use of resources, since to be eligible for an APTC, the individual must first be ruled ineligible for Medicaid. DSS has created a dedicated MAGI unit to handle these appeals. Other advantages from this partnership include leverage of DSS's expertise in eligibility hearings and the location of DSS offices throughout the state. The MAGI unit will have full reporting capabilities.

Lt. Governor Wyman left at 11:18 a.m.

James Michel provided an update on the outcome of the AHCT Model office walkthrough which took place on August 16, 2013. The model office exercise highlighted the disadvantages of paper applications. Results of the Model Office have been shared with CMS. Mr. Michel also provided an overview of the Roll Out Performance Monitoring. Vendors will be calling in with data to prepare and respond to any issues and to communicate to the AHCT leadership team and vendors on any potential gaps.

J. Marketing Update

Jason Madrak, Chief Marketing officer, provided a marketing update. Media efforts, benchmark research results and upcoming marketing efforts were reviewed. A status of navigator, in-person assister and broker training was provided. The New Britain and New Haven storefronts are currently being built and are currently trending for mid-October openings. New elements of media activity will be introduced. A summary of field activity was also provided. Next steps are: completing training of enrollment staff; retail and mobile event coordination; finalize and introduce new creative elements; and, institute performance tracking system for marketing efforts. Paul Philpott inquired as to storefront staffing and monitoring customer experience. Mr. Madrak responded that the storefronts will be staffed by four individuals -- a manager, assistant manager and two other individuals who are outreach individuals that have gone through the same training as the Exchange's in person assisters. Customer experience will be monitored by Tony Crowe, AHCT Retail Store Manager.

Mary Fox left at 11:50 a.m.

Mr. Philpott inquired as to brokers participating in staffing. Mr. Madrak replied that brokers have been encouraged to participate in both the mobile events and storefronts. There are two dedicated spaces for brokers in the storefronts. Operations of the storefronts will continue even after open enrollment.

K. Strategy Committee Update

Robert Scalettar provided a Strategy Committee update. The committee has met eight times and has heard presentations by various stakeholders with innovative concepts for consideration by AHCT. The committee recently heard a presentation by Consumer Reports which will be partnering with AHCT to provide helpful healthcare information to consumers as they access the website. More recently, the Committee began to review performance metrics for the organization.

L. Finance Update

Steve Sigal, Chief Financial officer, provided a finance update. A new Level One grant application request in the amount of \$21,877,158 has been completed and filed. Notifications of awards have been received for the supplemental grant requests for the Level Two and the In-Person Assister grants. The Level One Grant Close-out Progress Report has been completed and filed; the artifact requesting a lifting of the restrictions on the additional funding from the awarded grants after a successful Operations Readiness Review was prepared and filed. Collaboration continues with DSS in jointly developing the cost allocation rate for maintenance and operations shared service costs. The August 2013 finance dashboard overview was presented as well as the Fiscal Year to Date budget results; grant award summary and market assessment summary. A review was provided for the sustainability viability analysis.

Grant Ritter inquired as to what the \$22 million supplement is for and why it is Level I and not supplemental Level II? Mr. Sigal replied that Level I is a CMS requirement. The \$22 million is money to be spent on marketing and on the IT application. Many processes need to be changed as a result of the current build. This request addresses those issues.

Co-Chair Vicki Veltri requested a motion to go into Executive Session pursuant to Section 1-200(6)(C) and (E) and Section 1-210(b)(20) of the Connecticut General Statutes, matters concerning security and concerning the integrity of an information technology system. Motion was made by Grant Ritter and seconded by Robert Tessier. Ms. Woods was temporarily absent for this vote but returned for the Executive Session. *Motion passed unanimously.*

M. Adjournment

The Board came out of Executive Session at 12:59 p.m. Co-Chair Vicki Veltri requested a motion to adjourn the board meeting. Motion was made by Robert Tessier and seconded by Robert Scalettar. ***Motion passed unanimously.*** The meeting adjourned at 1:00 p.m.

The next Board Meeting will take place on October 17, 2013 at 9:00 a.m.