



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

Connecticut Health Insurance Exchange  
Board of Directors Regular Meeting

Legislative Office Building  
Room 1D

Thursday, November 16, 2017

**Meeting Minutes**

**Members Present:**

Robert Tessier (Vice-Chair); Victoria Veltri; Theodore Doolittle, Office of the Healthcare Advocate (OHA); Commissioner Katharine Wade, Connecticut Insurance Department (CID); Commissioner Roderick Bremby, Department of Social Services (DSS); Grant Ritter; Robert Scalettar, MD.; Michael Michaud on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DHMAS); Cecelia Woods

**Members Participating Remotely:**

Commissioner Raul Pino, Department of Public Health (DPH)

**Members Absent:** Lt. Governor Nancy Wyman, Chair; Paul Philpott; Secretary Benjamin Barnes, Office and Policy and Management (OPM)

**Other Participants:**

Access Health CT (AHCT) Staff: James R. Wadleigh; Ann Lopes; Andrea Ravitz; Anthony Crowe

**The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:02 a.m.**

**I. Call to Order**

Vice-Chair Robert Tessier called the meeting to order at 9:02 a.m.

**II. Public Comment**

No public comment.

**III. Votes:**

Vice-Chair Tessier requested to postpone voting on the October 19, 2017 Board of Directors Regular Meeting Minutes until quorum was met.

**IV. CEO Report**

James Wadleigh, CEO, updated the Board on Access Health CT (AHCT) activities. Mr. Wadleigh accentuated that 36 days are remaining in the 2018 Open Enrollment (OE) period. The annual OE started on November 1. The enrollment numbers are encouraging. Residents have only seven weeks to enroll this year, as compared with three months that AHCT customers were able to utilize in previous OEs. Enrollment trends are surpassing AHCT's internal expectations. Mr. Wadleigh indicated that 10 new OE centers are located throughout Connecticut. They are receiving great foot traffic. Mr. Wadleigh stated that at the first OE Fair at the Fairfield University, over 100 customers either signed up or renewed their coverage.

**Commissioner Raul Pino joined by telephone at 9:06 a.m.**

**Commissioner Roderick Bremby arrived at 9:06 a.m.**

Mr. Wadleigh stated that AHCT has been very active meeting with municipal leaders in an effort to enhance connection with their respective communities. They were very engaging and provided a much-needed connection. Mr. Wadleigh added that all of those meetings were very productive. The increased foot traffic into enrollment centers in those communities is a clear sign that cooperation between municipal leaders and AHCT is effective. A number of improvements were suggested for AHCT's communication initiatives. AHCT's marketing team is also actively engaged in providing key support to this very important aspect.

Mr. Wadleigh indicated that Congress may repeal the Affordable Care Act's (ACA) Individual Mandate as part of the tax bill proposal, or the mandate could be weakened through a potential Presidential Executive Order. Mr. Wadleigh stressed that the President may not repeal the law passed by Congress using the powers of his Executive Order. Mr. Wadleigh stated that the President may order the Executive Branch agencies to interpret or implement provisions in a certain way, but cannot invalidate the law.

AHCT's primary focus is on meeting the customers' needs. AHCT is working closely with the Department of Social Services (DSS) to contact approximately 13,000 individuals who are impacted by the decrease in the Husky A income limit, from 155 percent of the Federal Poverty Level (FPL) to 138 percent of the FPL, for parents and caretaker relatives. This change will occur on January 1, 2018. Mr. Wadleigh expressed his concern about the ongoing contract negotiations between Anthem and Hartford Healthcare, which as of this Board meeting have not been successful. If no agreement between these two entities is reached by December, AHCT will

implement a communications plan to make sure that all of AHCT's customers who have selected an Anthem plan understand the impact. It is AHCT's responsibility to help customers select plans that best suit their needs.

Mr. Tessier inquired about the level of cooperation between AHCT and local community leaders. Mr. Tessier accentuated that it is an area that needed improvement in the past on AHCT's side.

**Theodore Doolittle arrived at 9:11 a.m.**

Mr. Wadleigh stated that meetings with many municipal leaders, including mayors, were very productive. Municipal leaders were very receptive to various AHCT's initiatives. The immediate result of these discussions is the increased foot traffic into enrollment centers in those cities.

Vice-Chair Tessier requested a motion to approve the October 19, 2017 Board of Directors Regular Meeting Minutes. Motion was made by Grant Ritter and was seconded by Victoria Veltri.  
***Motion passed unanimously.***

**V. 2018 Open Enrollment Update**

Andrea Ravitz, Director of Marketing and Sales, provided the 2018 Open Enrollment Update. Ms. Ravitz indicated that Robert Blundo, Director of Technical Operations and Analytics, had asked her to present on his behalf. Ms. Ravitz stated that as of this Board meeting, 17,645 individuals signed up for Qualified Health Plans (QHP). The shopping portal experienced higher than usual activity, with over 70,000 visitors. The Plan Comparison Tool has been implemented. Close to 5,000 people utilized this feature. The call center received 67,830 calls that were answered. Stamford and Danbury are the busiest enrollment center locations. In the last week of November, AHCT will be going through the auto-renewal for the 2018 plans. AHCT implemented the mobile-friendly website, which is frequently utilized.

Ms. Ravitz added that from the acquisition perspective, there were over 6,000 new enrollees as of November 16. Over 11,000 customers were retained as of this Board meeting. The active renewal included 1,500 enrollees who were not eligible for auto-renewal, but purchased a 2018 plan. The overall growth day over day is very optimistic. Ms. Ravitz provided data pertaining to financial help utilization. The utilization of the combined Advanced Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR) increased from 46.6 percent to 51.8 percent from 2017 to 2018 plans. The usage of APTCs alone increased from 25.9 percent to 26.3 percent for the same period. The number of consumers using Financial Assistance (FA) decreased from 27.5 percent to 21.9 percent. From a carrier enrollment angle, Anthem saw a drop from 32.2 percent to 22.5 percent, while CBI experienced gains from 67.8 percent to 77.5 percent.

Ms. Veltri inquired whether people are changing to gold plans in the counties where the gold plans are less expensive than silver plans. Ms. Ravitz indicated that from consumers who have been retained who receive no FA, approximately 50 percent of them stay with the same plan, while the other half downgrades their plans. The amount of individuals who are upgrading their plans is very small. Mr. Wadleigh added that many AHCT customers are deciding to stay and continuing to purchase their plans through the Exchange. Robert Scalettar, MD, inquired about the insights pertaining to the drop in interest in the Anthem products. Ms. Ravitz indicated once the market research is fully executed, more information on this issue would be available. Mr. Wadleigh added that Anthem's enrollment has not fluctuated too much for 2018. Mr. Wadleigh added that based on the current data, most of the new AHCT customers have chosen CBI. Theodore Doolittle provided the Board with information that OHA is in the process of a project called Connecticut Speaks on Healthcare Costs. This project's aim is to gather public comment on medical plans' affordability. Mr. Doolittle accentuated his concern that a significant number of individuals expressed their dissatisfaction with enrolling, with a particular emphasis on the income verification procedures.

## **VI. Plan Management**

- **Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) Update**

Ann Lopes, Product Carrier Manager, provided the Board with an update on the work of the Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC). Ms. Lopes stated that at the August Board of Directors Meeting, the Plan Management department was asked to identify policies and criteria pertaining to QHP and certifications that were developed and approved by the Board over the past five years. Ms. Lopes provided the Board with information pertaining to the topics that either were or will be undertaken by the Committee. Ms. Lopes brought the Board up to date about the existing medical plan mix, which contains 20 plans in the individual market and 14 in the small group market, offered by the two participating carriers. Ms. Lopes summarized topics of discussions of the Committee, which included the requirement of standardized plans in the individual market, whether non-standard plans should continue to be permitted, and whether the maximum number of plans should continue to be prescribed. The Committee also discussed the possibility of eliminating the requirement that the lowest cost silver plan in the individual market be the AHCT standardized silver plan. Ms. Lopes provided a summary of those discussions. The Committee decided to maintain the requirement for standardized plans to be submitted in the individual market, continue to allow non-standard plans to be submitted, and to retain the maximum number of plans. Regarding the plan mix for the individual market, the Committee intends to vote to determine whether it should recommend no longer prescribing a standardized platinum plan for carriers who are interested to offering plans at that level. The Committee will discuss whether the lowest cost Silver Plan in

the Individual Market should be the AHCT standardized plan. SHOP plan requirements will be revisited. Prescription drug formularies and network adequacy standards will be reviewed. The Essential Community Provider (ECP) standards will also be discussed. Grant Ritter added that discussions in the committee are very productive and informative. Mr. Ritter indicated that he is content with the current standard silver plan.

- **2019 HHS Proposed Rule – Essential Health Benefits (Wakely)**

Julie Andrews, Actuary from the Wakely Consulting Group, provided an analysis of the 2019 HHS Proposed Rule – Essential Health Benefits. Dr. Scalettar inquired about selecting another state's benchmark plan, and whether it means anything for the variation in mandates between states. Ms. Andrews indicated that in the past, everything was tied to what was available in the state. It may provide greater flexibility to constrain the benefits that are offered, and potentially lower the cost and the tax burden of the program. If two mandates were instituted, those costs would need to be defrayed. Victoria Veltri asked whether another state with fewer mandates would still meet the EHB requirement and potentially lower costs. Ms. Andrews accentuated that it is designed to provide the flexibility to provide a safer way to lower costs. Katharine Wade added that Connecticut's mandates would still be applicable. Mr. Ritter added that Connecticut is a state with many mandates. Connecticut's mandates are stronger than the EHB requirements.

## **VII. Consumer Impact Study (Wakely)**

Ms. Andrews provided the Board with the Consumer Impact Study. Ms. Andrews presented an overview of the premium changes to consumers in the individual market, after reflecting federal assistance contributions.

### **Commissioner Katharine Wade left at 10:10 a.m.**

Ms. Andrews provided an analysis of the impacts that were calculated based on carrier plan mappings provided to Wakely by AHCT. The averages were weighted based on enrollment by plan and county.

## **VIII. Adjournment**

Vice-Chair Tessier requested a motion to adjourn the meeting. Motion was made by Cecelia Woods and was seconded by Grant Ritter. Motion passed unanimously. **Meeting adjourned at 10:40 a.m.**