Board of Directors Meeting

April 21, 2016

access health CT

Agenda

- Call to Order and Introductions
- Public Comment
- Votes
  - March 17, 2016 Regular Meeting Minutes (Vote)
  - Special Enrollment Verification Policy and Procedure (Vote)
- D. CEO Report
- E. Technical Operations & Analytics
- F. APCD Update
- G. Strategy Committee Update
- H. AHCT Three Year Strategy Plan
- I. Adjournment

access health CT

Votes

March 17, 2016 Regular Meeting Minutes

access health CT

Triggering Life Events:

- Loss of Minimum Essential Coverage
- Permanent move to Connecticut
- Birth
- Adoption, foster child, child support or other court order
- Marriage

access health CT

Enrollments Verification Procedure

➢ Notice to consumers notifying them to submit documentation to verify their eligibility for the Special Enrollment Period

➢ 30 days to submit documentation verifying eligibility or coverage will be terminated at end of current month

access health CT

CEO Update

Technical Operations & Analytics

Access Health CT - Enrollment Update (4/21/2016)

1) Current Enrollment (4/18)	2) Post Open Enrollment (OE) Churn	3) Disenrollment by Reason	4) Disenrollment By Customer Tenure	5) Disenrollment Reason By Customer Status	6) Disenrollment Reason By Carrier	7) New Enrollment by SEP Reason	8) New Enrollment by Customer Status

Highlights:

- 105,347 QHP enrollees actively enrolled on April 18, 2016.

- 90.8% net enrollment retention from peak enrollment.

- Proportion of the population that is non-subsidized increased 2% points since end of Open Enrollment.

Access Health CT - Enrollment Update (4/21/2016)

| 1) Current Enrollment (4/18) | 2) Post Open Enrollment (OE) Churn | 3) Disenrollment by Reason | 4) Disenrollment By Customer Tenure | 5) Disenrollment Reason By Customer Status | 6) Disenrollment Reason By Carrier | 7) New Enrollment by SEP Reason | 8) New Enrollment by Customer Status |

Post Open Enrollment (OE) Terminations/Cancelations
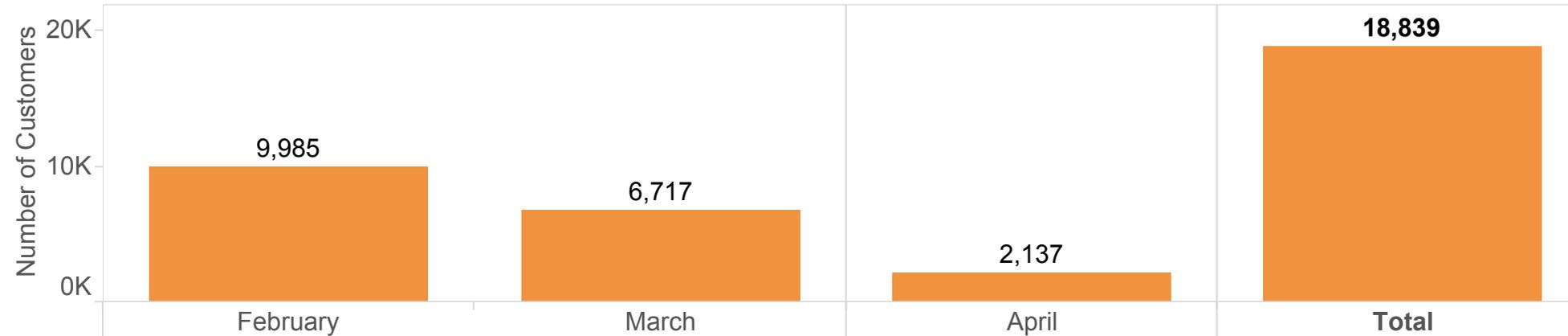
## Special Enrollment Period (SEP) Additions
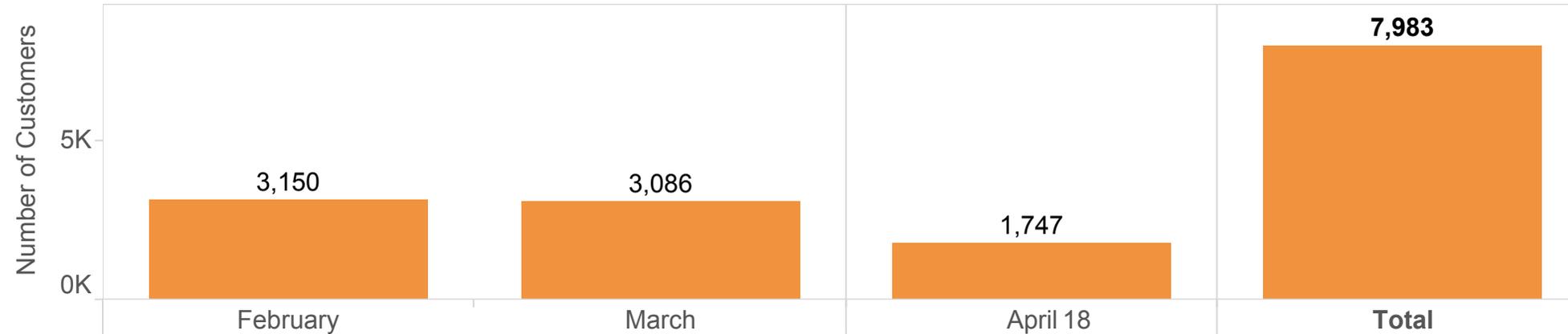
Highlights:

- 18.8k terminations/cancellations since the end of 2016 Open Enrollment.

- Termination activity expected to trend downward until mid-May. Steady state volume expected from June through October.

- 7.9k new enrollments since the end of 2016 Open Enrollment.

- Approx. 3.1k new enrollments per month during Special Enrollment Period (SEP).

Access Health CT - Enrollment Update (4/21/2016)

| 1) Current Enrollment (4/18) | 2) Post Open Enrollment (OE) Churn | **3) Disenrollment by Reason** | 4) Disenrollment By Customer Tenure | 5) Disenrollment Reason By Customer Status | 6) Disenrollment Reason By Carrier | 7) New Enrollment by SEP Reason | 8) New Enrollment by Customer Status |

Disenrollment Reason

Highlights:

- Of the 18.8k post Open Enrollment dis-enrollments, nearly 75% related to non-payment of premium or failure to provide verification documentation.

- 12.4% were determined eligible and applied for HUSKY coverage.

- 9.8% requested cancellation of coverage (i.e. gained alternative coverage, moved out of state, death, no longer insured, etc.).

Access Health CT - Enrollment Update (4/21/2016)

| 1) Current Enrollment (4/18) | 2) Post Open Enrollment (OE) Churn | 3) Disenrollment by Reason | **4) Disenrollment By Customer Tenure** | 5) Disenrollment Reason By Customer Status | 6) Disenrollment Reason By Carrier | 7) New Enrollment by SEP Reason | 8) New Enrollment by Customer Status |

of Initiated QHP Enrollment Days
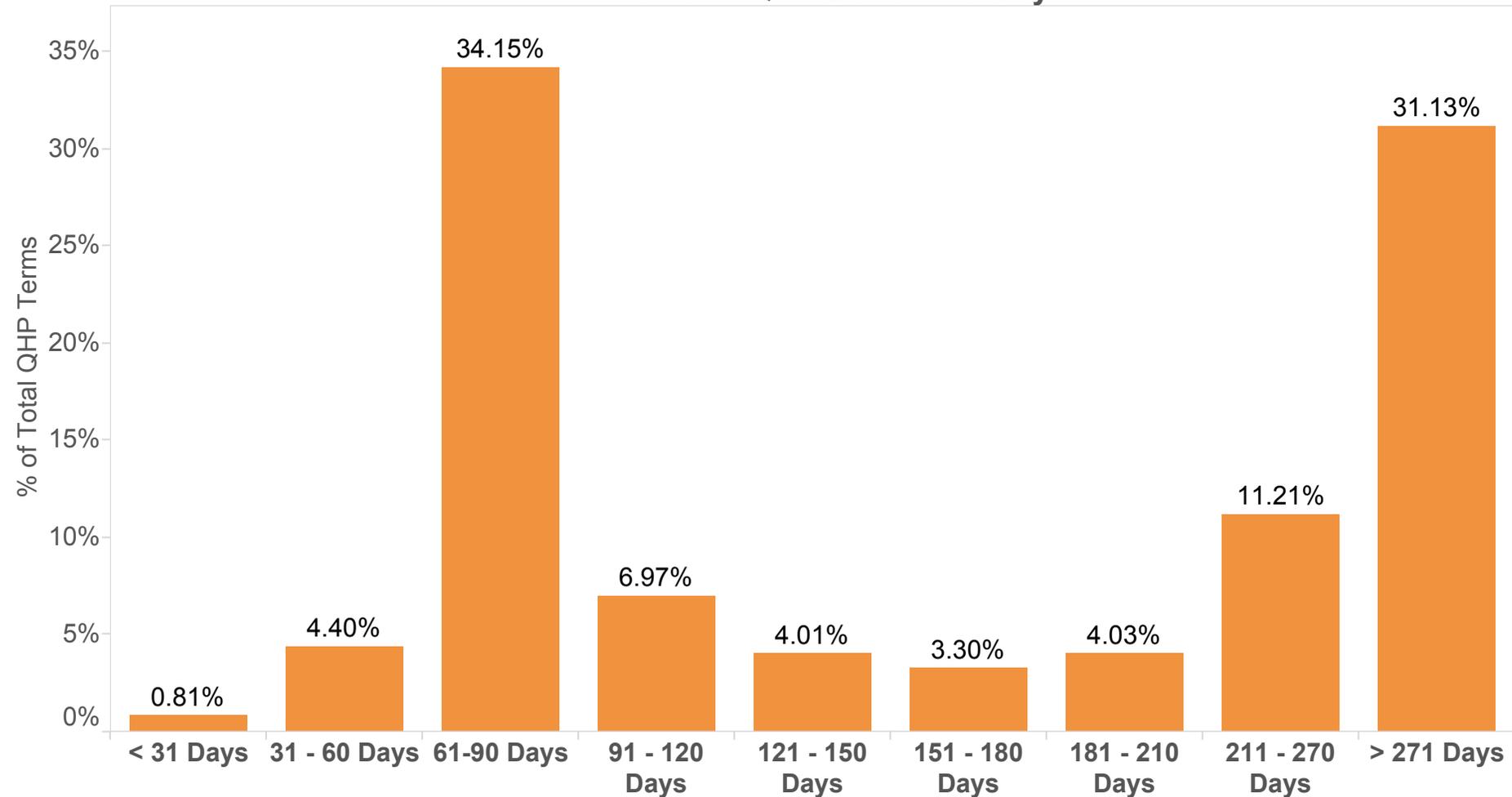
Highlights:

**Table includes non-pay and failure to verify terminations only.*

- Over 37% of the QHP terminations had 3 months or less (since June 2015) of QHP customer history with AHCT.

- Terminations for failure to verify and non-payment typically occur within 90 days of application completion.

Chart values (% of Total QHP Terms):
- < 31 Days: 0.81%
- 31 - 60 Days: 4.40%
- 61-90 Days: 34.15%
- 91 - 120 Days: 6.97%
- 121 - 150 Days: 4.01%
- 151 - 180 Days: 3.30%
- 181 - 210 Days: 4.03%
- 211 - 270 Days: 11.21%
- > 271 Days: 31.13%

Access Health CT - Enrollment Update (4/21/2016)

| 1) Current Enrollment (4/18) | 2) Post Open Enrollment (OE) Churn | 3) Disenrollment by Reason | 4) Disenrollment By Customer Tenure | **5) Disenrollment Reason By Customer Status** | 6) Disenrollment Reason By Carrier | 7) New Enrollment by SEP Reason | 8) New Enrollment by Customer Status |

Highlights:

- *Brand new Open Enrollment customers have higher proportion of verification failures and non-payment terminations.*

- *Repeat Customers more likely to transition to/from HUSKY programs.*

- *Existing Customers have highest % of voluntary cancellations.*

1) Age-Out 65 Years — Brand New Customer 1.84%, Repeat Customer 0.87%, Existing Customer 5.35%
2) Transition to HUSKY — Brand New Customer 11.12%, Repeat Customer 17.26%, Existing Customer 11.02%
3) Failure to Verify — Brand New Customer 26.05%, Repeat Customer 23.93%, Existing Customer 16.94%
4) Non-Payment — Brand New Customer 56.42%, Repeat Customer 52.25%, Existing Customer 53.54%
5) Enrollee Cancellation — Brand New Customer 4.57%, Repeat Customer 5.68%, Existing Customer 13.14%

Y-axis: % of Total QHP Terms

Existing Customer - Enrollees with active coverage prior to 2016 Open Enrollment commencing (i.e. actively enrolled on 10/31/2015).
Repeat Customer - Enrollees with coverage at any point in the last 5 months prior to 2016 Open Enrollment, however not enrolled on 10/31/2015.
Brand New Customer - Enrollees without coverage at any point in time prior to 2016 Open Enrollment.

Access Health CT - Enrollment Update (4/21/2016)

1) Current Enrollment (4/18)	2) Post Open Enrollment (OE) Churn	3) Disenrollment by Reason	4) Disenrollment By Customer Tenure	5) Disenrollment Reason By Customer Status	**6) Disenrollment Reason By Carrier**	7) New Enrollment by SEP Reason	8) New Enrollment by Customer Status

Carrier   **Disenrollment Reason**

Highlights:

-ConnectiCare experienced lowest post Open Enrollement attrition rate related to verification failures and non-payments at 7.9% compared to Anthem BCBS (8.9%) and HealthyCT (15.5%).

Anthem:
- 1) Age-Out 65 Years: 4.15%
- 2) Transition to HUSKY: 10.72%
- 3) Failure to Verify: 15.15%
- 4) Non-Payment: 58.97%
- 5) Enrollee Cancellation: 11.01%

ConnectiCare:
- 1) Age-Out 65 Years: 3.60%
- 2) Transition to HUSKY: 14.07%
- 3) Failure to Verify: 24.11%
- 4) Non-Payment: 49.57%
- 5) Enrollee Cancellation: 8.65%

HealthyCT:
- 1) Age-Out 65 Years: 3.26%
- 2) Transition to HUSKY: 11.54%
- 3) Failure to Verify: 18.09%
- 4) Non-Payment: 61.69%
- 5) Enrollee Cancellation: 5.43%

United Healthcare:
- 1) Age-Out 65 Years: 1.74%
- 2) Transition to HUSKY: 4.65%
- 3) Failure to Verify: 16.47%
- 4) Non-Payment: 36.05%
- 5) Enrollee Cancellation: 41.09%

1) Age-Out 65 Years **2) Transition to HUSKY** **3) Failure to Verify** **4) Non-Payment** **5) Enrollee Cancellation**

Access Health CT - Enrollment Update (4/21/2016)

1) Current Enrollment (4/18)	2) Post Open Enrollment (OE) Churn	3) Disenrollment by Reason	4) Disenrollment By Customer Tenure	5) Disenrollment Reason By Customer Status	6) Disenrollment Reason By Carrier	7) New Enrollment by SEP Reason	8) New Enrollment by Customer Status

Special Enrollment Reason

Highlights:

**Individuals who qualify for special enrollment can qualify through multiple special enrollment period (SEP) reasons. In an effort to simplify this table, a hierarchy was assigned based on the number for each SEP Reason Description in the table.*

- 82% of special enrollment enrollees were determined eligible due to loss of minimum essential coverage (MEC).

- Loss/Gain of APTC based on income changes within the customer application.

- "Other" includes applications that were overridden, retro-determined, or prior SEP assignments.

Access Health CT - Enrollment Update (4/21/2016)

| 1) Current Enrollment (4/18) | 2) Post Open Enrollment (OE) Churn | 3) Disenrollment by Reason | 4) Disenrollment By Customer Tenure | 5) Disenrollment Reason By Customer Status | 6) Disenrollment Reason By Carrier | 7) New Enrollment by SEP Reason | 8) New Enrollment by Customer Status |

Customer Acquisition Status

Legend: ■ HUSKY Transfer ■ QHP Only

- Brand New Customer: 41.99% (QHP Only 37.71%)
- Repeat Customer: 45.59% (HUSKY Transfer 30.30%, QHP Only 15.26%)
- Existing Customer: 12.45% (QHP Only 9.96%)
- Grand Total: HUSKY Transfer 37.08%, QHP Only 62.92%

Highlights:

- 42% of Special Enrollments attributed to brand new customers.

- 37% of Special Enrollments transitioned from a completed HUSKY application.

- 12% of Special Enrollments failed to enroll by the 2016 Open Enrollment deadline.

All Payer Claims Database (APCD) Update

April 21, 2016

APCD Update

- APCD Data Collection Plan - Data collection is ongoing although data quality validation has been very slow for some of the submitting entities. Most of the submitters have informed us they are running low on resources because of working with multiple APCDs, including us. Despite that, we believe that we will have data on roughly 600k-800k lives collected by the end of the month

- We monitor data submission at weekly meetings with the carriers and our data vendor, Onpoint
  - Acting as a moderator in the technical discussions between Onpoint and the carriers
  - Working with the carriers to get commitments to weekly completions by each segment (sub-submitters) of their businesses (in case they have multiple submitting units)
  - Providing guidance for data threshold and variance for acceptability of data quality
  - Exploring options to get the carriers to focus on timely completions

access health CT

APCD Data Collection Status

Submitting Plan	Payer ID	Submitters	Data Type				Member Count
			Eligibility	Medical	Pharmacy	Provider	
Aetna	CTC0010	Aetna Life Insurance Company Traditional	D/P	D/H	D/H	L/F	274,493
Aetna	CTC0010A	Aetna Life Insurance Company HMO SI	N/A	D/H	D/H	N/A	-
Aetna	CTC0010B	Aetna Life Insurance Company HMO Medicare	D/P	D/H	D/H	N/A	10,306
Aetna	CTC0010E	Aetna Life Insurance Company Aetna Student Health	D/P	D/H	N/A	D/H	25,288
Aetna	CTC0011	Aetna Health Insurance HMO FI	D/P	D/H	D/H	L/F	26,730
Aetna	CTC0011A	Aetna Health Insurance HMO on ACAS FI	D/P	D/P	D/H	N/A	14,667
Aetna	CTC0177	First Health Life and Health Insurance Company (Cov Part D)	D/P	N/A	D/P	N/A	10,576
Anthem	CTC0663	Anthem Health Plans, Inc	D/H	D/H	D/H	D/H	382,286
Cigna	CTC0025	Cigna Health and Life Insurance Company - East	D/P	D/P	D/P	D/P	147,357
Cigna	CTC0025F	Cigna Health and Life Insurance Company - West	D/P	D/P	D/P	D/P	240
ConnectiCare	CTC0719	ConnectiCare, Inc	D/P	D/P	D/P	D/P	220,229
ConnectiCare	CTC0719A	ConnectiCare, Inc - Medicare Advantage	N/S	N/S	N/S	N/S	
Harvard	CTC0213	Harvard Pilgrim Health Care of Connecticut, Inc	D/P	D/H	D/P	L/F	4,965
HealthYCT	CTC0021	HealthyCT Inc	L/F	P/F	L/F	P/F	7,362
UHG	CTC0193	Golden Rule Insurance Company	D/P	D/H	D/H	D/P	5,040
UHG	CTC0423	UnitedHealthcare Insurance Company	D/P	D/H	D/H	D/H	46,885
UHG	CTC0423A	Oxford Health Insurance Inc, (UHC)	D/P	D/H	L/F	D/H	252,279
UHG	CTC0423B	UnitedHealthcare - OrthoNet (Oxford)	N/A	D/P	N/A	N/A	-
UHG	CTC0423C	UnitedHealthcare Insurance - Medicare & Retirement	D/H	D/H	D/H	D/P	130,081
UHG	CTT0322	OptumHealth (UHC)	N/A	D/P	N/A	D/P	-
Wellcare	CTC0534	WellCare Of Connecticut, Inc	D/P	D/H	L/F	D/P	14,507
Wellcare	CTT0005	Caremark, LLC	L/F	N/A	P/F	N/A	-
ALL							**1,573,289**

N/S	**Not Sent.** Submitter has not yet provided a file for this data type
P/F	**Prelim fail.** File has a formatting issue that needs to be resolved by the submitter.
L/F	**Load fail.** File does not conform to required thresholds.
D/H	**DQ Hold.** Passed initial file load (met all thresholds) but Onpoint is questioning the quality of some of the data.
D/P	**DQ Pass.** All thresholds and data quality validations have been passed and this file will be accepted for inclusion into the APCD.
N/A	**Not Applicable.** Submitter will not be providing this file type.

ealth CT

APCD Update

- SCOTUS Decision Impact: Due to recent Supreme Court decision, two carriers have stopped submitting data until they are able to separate ERISA data from fully insured — estimated at 12+ weeks. It remains unclear what will happen with ERISA data in the future.

- The National APCD Council has been working with the National Academy for State Health Policy (NASHP) to address strategy following SCOTUS decision. They have outlined issues for next steps.
  - Potential voluntary submission of self-funded ERISA plan data would require APCDs to enter into Business Associate Agreements with the carriers for HIPAA compliance
  - Questions regarding how ERISA employers' opt-out process is structured currently and documentation that would be required for implementation by plans.
  - NASHP has reached out to U.S. Department of Labor (USDOL); USDOL is trying to understand where its authority lies. There is room for collaboration between APCDs and USDOL.
  - John Freedman (of Freedman Health) also held a meeting (on 4/7) to discuss viability of developing a common data set across all APCDs in an effort to impose data uniformity, so that DOL could acquire ERISA data on behalf of APCDs.

access health CT

APCD Update

- Data Management, Infrastructure, Web - Continued to develop, deploy and work toward data management infrastructure for the Managed Environment, which will enable AHCT's staff to have quick access to de-identified data

- Onsite meeting with Onpoint: Discussed logistical support, web reports, developing additional reports, and the implementation timeline.

- Working with Onpoint and its web vendor to deploy the APCD website in May, 2016, to an internal audience and in July, 2016 for external view

- Collecting inputs from various stakeholders to develop a list for membership in the Data Review Committee

access health CT

APCD Update

- Received confirmation from CMS that our APCD will be considered as a state agency and thus receive Medicare data under the State Agency category, allowing for multi-purpose data uses

- SIM will be able to use this data to develop performance metrics; inclusion of Medicaid data in the APCD will complete a true all-payer construct

- APCD intends to develop multi-payer reports for population analytics and for cost transparency based on appropriate claims experience, from payer-specific population

- Working with SIM on finalizing data from CMS (details regarding how much history, frequency of updates, types of data, etc.)

access health CT

Strategy Committee Update

access health CT

ACCESS HEALTH CT STRATEGY DRAFT

Board of Directors April, 2016

Contents

• • •

Vision and Mission

Accomplishments
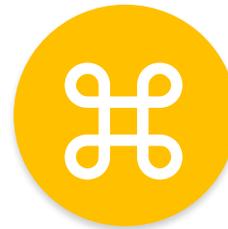
Evolution

Strategy

Strategic Overview

Pillars and Structure

Initiatives

Next Steps

Our **V**ision

● ● ●

> *The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.*

As approved by the Board on April 19, 2012

Our **M**ission

To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

As approved by the Board on April 19, 2012

Organization **A**ccomplishments

WORKFORCE
Skilled and diverse team

LOWERED UNINSURED RATE
Currently at 3.8%

INNOVATION
Data based decisions with targeted outcomes
Proactive engagement of stakeholders
First enrollment centers in the nation

AFFORDABILITY AND LOWERING COSTS
Transitional reinsurance, low carrier assessment,
standard plan designs and independent rate reviews

PEOPLE, PROCESS AND TECHNOLOGY
Effective decision making and prioritization
Successful solutions and processes
Close to 1 million individuals served since 2013

The above were instrumental in Access Health CT's success

A c c o m p l i s h m e n t s

AHCT's Functional Areas

● ● ●

ALL PAYER CLAIMS DATABASE
- First state-based marketplace to incorporate an APCD in the nation
- Developed the first AHCT consumer support tool

DATA AND ANALYTICS
- Compliance with federal reporting requirements
- Implementation of a enterprise data warehouse
- Enterprise reporting software

FINANCE
- First self sustaining state-based marketplace
- Obtained & administered grant funding
- Procured an independent review of carrier rates to ensure reasonable premium costs

HUMAN RESOURCES
- Built a staff structure and diverse workforce
- Aligned managers and employees skills with business strategy

INFORMATION TECHNOLOGY
- Designed, developed and implemented the Health Insurance Exchange system on time and within budget
- Award winning technology with an innovative mobile enrollment solution

APCD: All Payers Claim Database

Accomplishments

AHCT's Functional Areas

● ● ●

LEGAL AND POLICY

- Ensured compliance with Affordable Care Act, state and federal regulations
- Sole state-based marketplace to implement a transitional reinsurance program

MARKETING

- Established a trusted brand
- Designed diverse marketing and advertising campaigns
- Implemented successful community outreach efforts (community leaders and influencers)
- Established the first enrollment centers in the nation

OPERATIONS

- Built a customer service focused organization
- Developed strategic partnerships to provide core services

PLAN MANAGEMENT

- Effective partnership with carriers and state agencies
- Implemented the Essential Health Benefits and qualified health plans (QHP) criteria
- Automation of rate administration, plan designs and data interchange
- Reduced costs with low carrier assessment and standard plan designs

SMALL BUSINESS AND BROKER SUPPORT

- Established a small business program
- Developed successful relationships with dedicated broker partners
- Created an effective training and education program

Evolution

● ● ●

	OE1 2013-2014 (6mo)	OE2 2014-2015 (3mo)	OE3 2015-2016 (3mo)	OE4 2016-2017 (3mo)
Key to Success	AHCT Staff	AHCT Staff	AHCT Staff	AHCT Staff
Focus	Implementation of the Affordable Care Act	Member Retention	Health and benefit awareness	Customer Service/Experience
Uninsured Rate	8%	4%	3.8%	-
Investment	$122.8M	$55.7M	$45.4M	-
QHP Membership	78,730	110,095	116,019	-
Sm. Biz Membership	920	1,197	1,492	-
Residents Served	208,301	552,603	724,022	-

QHP: Qualified Health Plans

S t r a t e g y

●●●

" Access Health CT's strategic goals focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities and a healthier Connecticut. "

Strategic Overview

Access Health CT's foundation comprises our people, our brand, our processes and technology. The four pillars are built on this foundation that support our Mission, Vision and Strategy.

M&V

Mission   Vision

Strategy

Strategy

Pillars

Data Analytics   Innovative Solutions   Customer Support   Education/Engagement

Foundation
(AHCT Team)
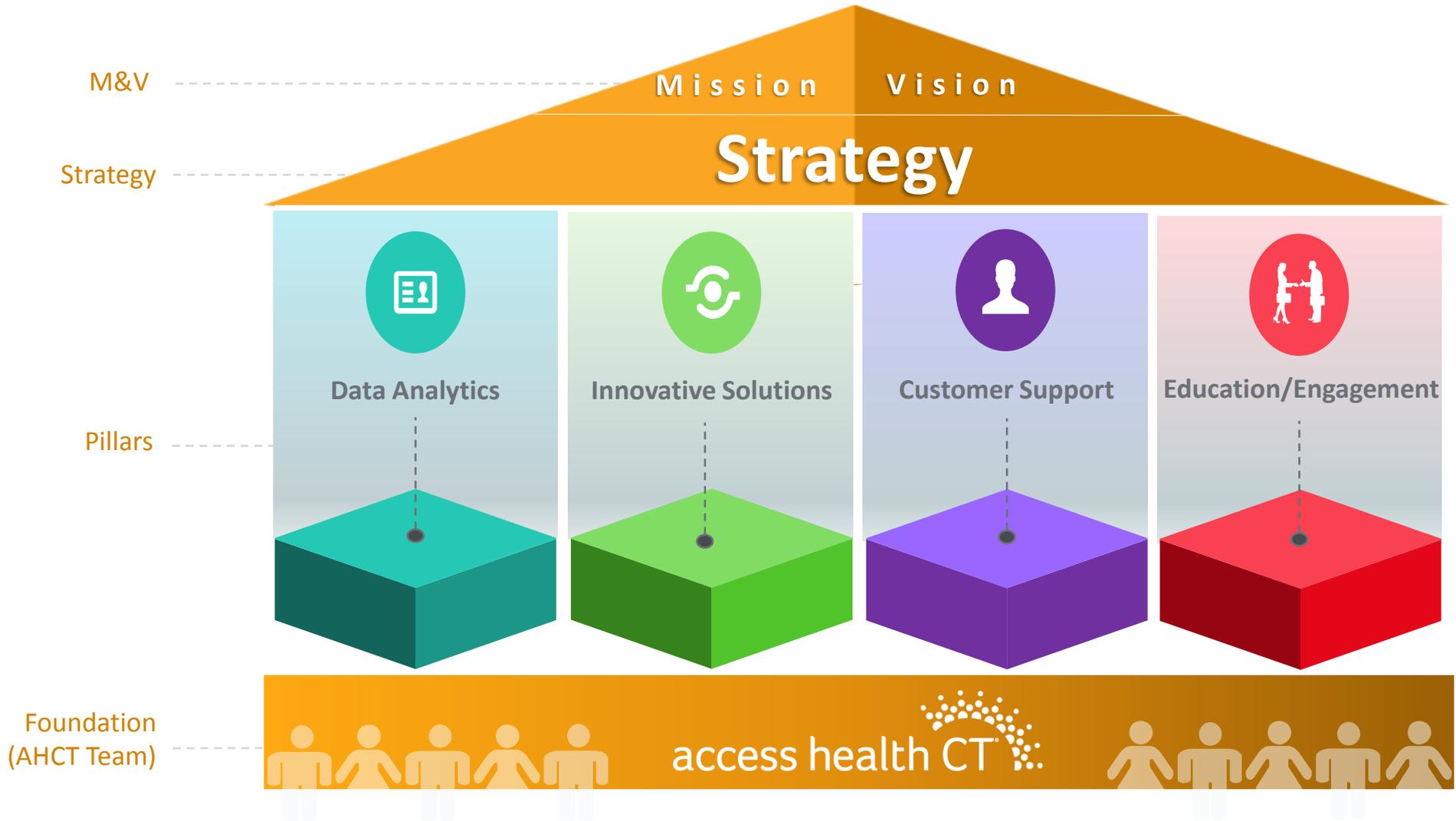
access health CT

Pillars

Data Analytics

Access Health CT fosters a data-oriented culture that guides and supports the use of analytics. These enable the organization to efficiently and effectively **focus on the customer**; and identify and address **strategic opportunities** as they arise.
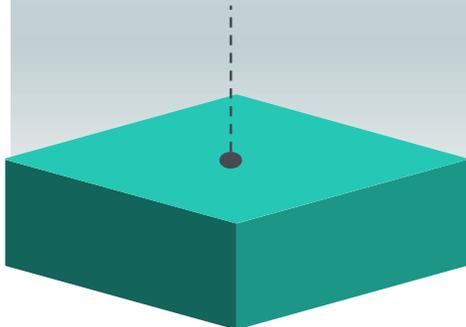
Innovative Solutions

Access Health CT is constantly innovating and building solutions based on evaluation, selection, timing and budget to enable our customers to achieve **better health outcomes** for them and their families.
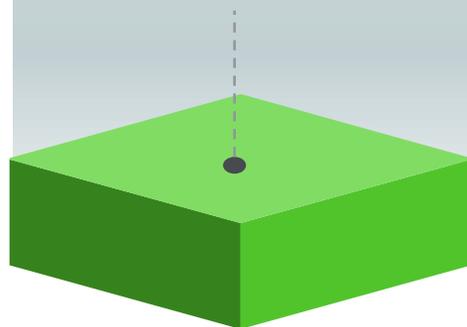
Customer Support

By incorporating intelligent customer service platforms, Access Health CT assists individuals in making cost effective decisions. N**ew initiatives** will ensure that residents get the support they need, when and where they need it.
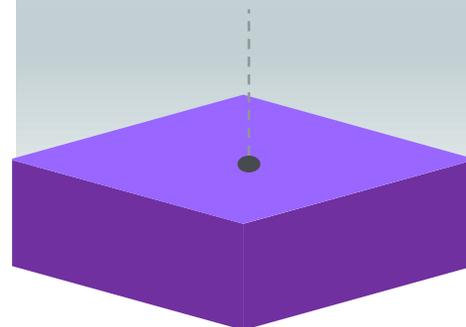
Education/Engagement

Access Health CT develops tools to inform and engage individuals to experience a healthier life. By **leveraging data**, the organization enables real-time performance measurement and customize content to better serve each audience.
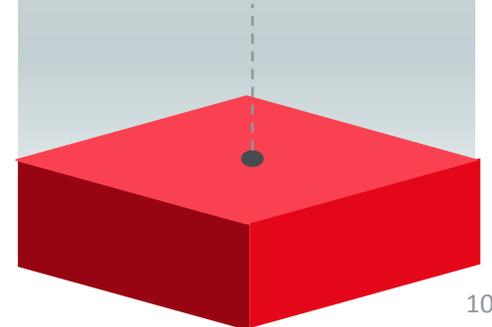
Three **Y**ear **S**trategic **I**nitiatives

• • •

Access Health CT's initiatives will only be effective with collaboration across functional areas. To be able to achieve success, there's continuous engagement and execution across the entire organization.

2016

2017

2018

Enrollment

Care
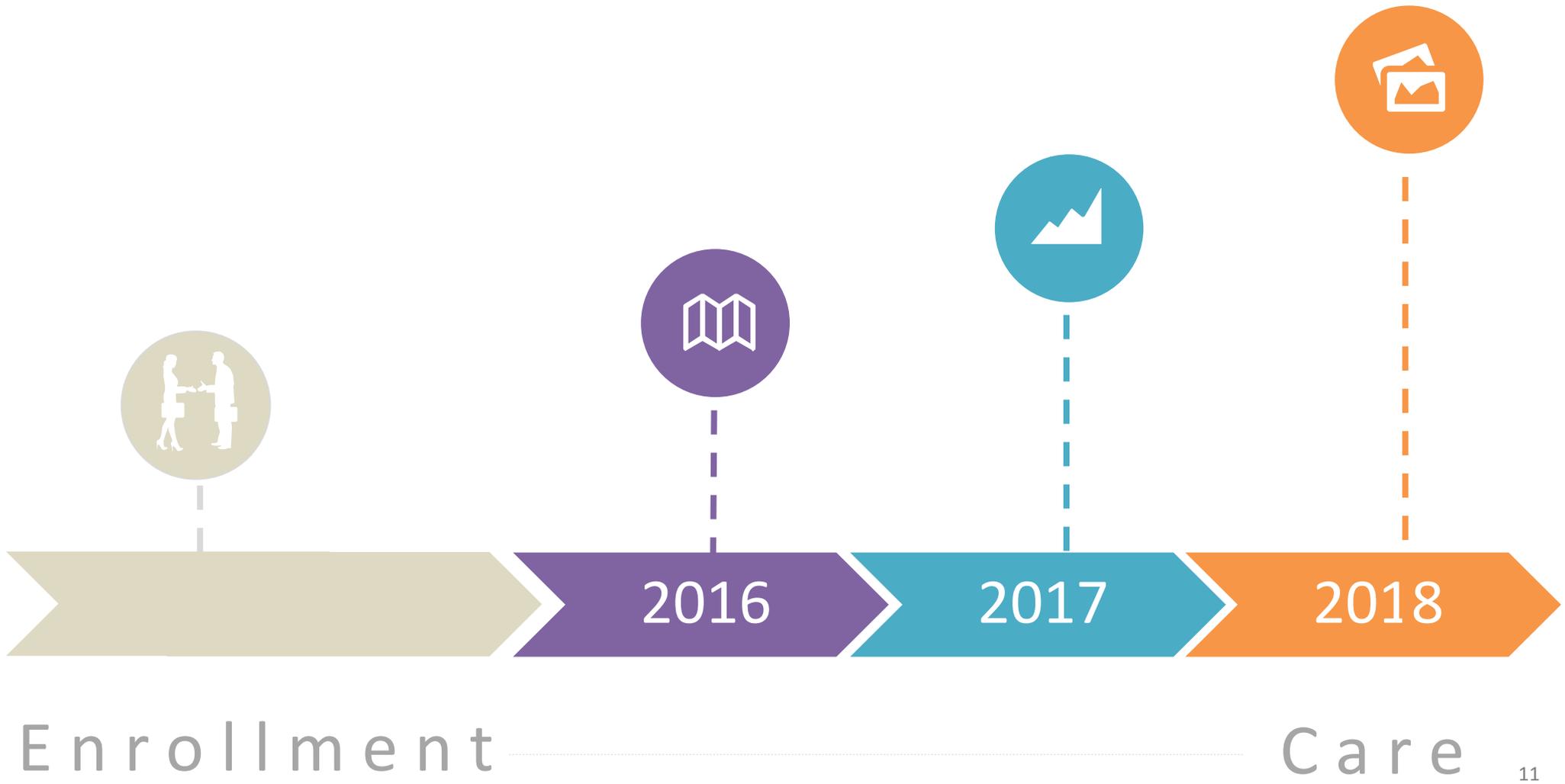
Cross Functional – 2016-2018 INITIATIVES

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Consumer decision support tool. - Minimize customer issues. - State-based exchange Collaboration. - Address carrier issues.	- Increase membership and decrease attrition. - Support broker community. - Improve customer service and experience. - Information transaction carrier / exchange. - Strong brand to engages with target audiences.	- Healthcare research through APCD. - Health data collection. - Reduce and address disparities in health care and consumer concerns. - Analytics suite with customer focus.	- Smart shopping tools. - Delivery System Reform impacting affordability. Health insurance literacy and plan utilization. - Product innovation and health plan quality.	- Health care reform through integrated data. - Customer relationship management tool - Data analytics to improve quality of care. - Health and wellness initiatives. -Understand customer behavior.

APCD: All Payers Claim Database

Appendix

● ● ●

Functional Areas– 2016-2018 INITIATIVES

Data and Analytics– 2016-2018 Initiatives

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Link customer analytics with different functional areas to anticipate customer demand, target prospects, and ensure product offerings align with customer shopping trends. - Improve information transaction quality and depth between carrier and exchange. - Enhance consumer decision support tools to enable individuals to select appropriate health plans. -Complete risk profiling of products/customers for on/off exchange populations.	- Develop operational analytics to support business planning focused on customer issue resolution. - Collaborate with internal partners to enable proactive customer assistance. - Continue expanding consumer decision support tools based on costs, quality ratings, health plan offerings etc. - Enhance health insurance literacy through information.	- Utilize APCD and demographic risk factors to understand customer disparities. - Improve data collection and measurement of health information. -Facilitate healthcare disparity research through the use of APCD in CT. - Work with various state registries to improve data collection and enhance health services research capabilities.	- Continue to supply external partners with oversight and reporting. - Develop an enterprise analytics suite which unifies customer relationship management, integrated eligibility, customer history and quality metrics. - Support state mandates regarding costs and quality transparency legislation(s). - Develop digital tools to assist consumers in shopping and evaluating medical services and conditions.	- Utilize data analytics to provide and improve quality of care. - Facilitate public health research through the use of APCD in CT. - Implement standardized healthcare quality measures to promote informed consumer choice across CT. - Support state innovation and health care reform through the provision of integrated health care data.

APCD: All Payers Claim Database

Customer Support– 2016-2018 Initiatives

Access to quality insurance choices

- Expand customer support programs and certification.
- Enhance customer service tools to address customers proactively.
- Partner with internal functional areas to address carrier issues

Deliver a positive customer experience

- Implement plans to increase membership and decrease attrition.
- Develop support programs to provide dedicated support to the broker community.
- Implement an improved customer relationship management tool
- Develop new processes to improve customer experience.

Reduce disparities in health care

- Implement a plan selection tool to support the broker community.
- Develop a plan focused on decreasing customer issues.
- Collaborate with external partners to leverage internal expertise and support initiatives for reducing disparities.

Improve quality & cost transparency

- Provide tools, education and information to support the broker community and the customers they serve.
- Collaborate with external partners to address cost transparency.

Healthier people, community, Connecticut

- Provide tools, education and information to support the broker community and the customers they serve.
- Implement an improved customer relationship management tool

Finance – 2016-2018 Initiatives

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Improve cost attributions for all components of the Integrated Eligibility System to support affordable operating costs. - Revive the Affordable Care Act transitional reinsurance in Connecticut to lower premium costs.	- Implement new functionality of the Enterprise Resource Planning system to assist internal functional partners in executing managerial responsibilities. - Partner with internal functional partners to leverage the new Human Resource Information System for efficiencies.	- Implement proactive contract management reporting and processes to enable internal functional partners to procure needed goods and services more efficiently.	- Educate internal functional partners about internal cost transparency to favorably impact organizational sustainability.	- Support internal functional partners in efforts to provide flexibility and ease to members in selecting health plans and submitting premium payments.

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Continue to engage with staff members on quality insurance requirements and wellness through insurance choices.	- Continually train AHCT staff to understand and provide outstanding consumer experience. -Develop new organizational structure to better serve consumers. - Increase staff retention. - Provide professional development opportunities. - Implement self-service function to access employee information.	- Contribute health care and wellness administration knowledge to cost, quality, equity (Triple Aim) partnerships. - Educate staff on disparity in healthcare.	- Evolve and develop alternative staffing in the organization to deliver cost, quality, equity (Triple Aim) initiatives. - Educate employees about the total value of the company provided health care insurance.	- Promote staff wellness and knowledge of health care.

Triple Aim: cost, quality, equity

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Improve technology and processes to minimize customer issues for lower cost and increased flexibility. - Collaborate with other state-based exchanges on best practices and cost efficiencies.	- Improve usability of digital platforms. - Improve information transaction quality and depth between carrier and exchange. - Deliver new technologies that improve customer service.	- Provide technology development needed to implement health care initiatives.	- Work with internal partners to develop technology needed for health care cost analyses.	- Develop and deliver a comprehensive digital strategy and technology plan in support of health and wellness initiatives and improved security.
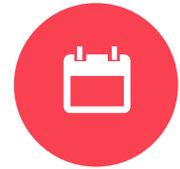
Legal and Policy – 2016-2018 Initiatives

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Collaborate with internal and external partners to develop new insurance product offerings. - Revive the Affordable Care Act transitional reinsurance in Connecticut to lower premium costs. - Support efforts to increase small business insurance options.	- Partner with internal and external teams to develop legislative agenda. - Strengthen outreach and education for consumer issues and tax programs.	- Partner with state agencies to address disparities in health care. - Implement proactive contract management reporting and processes.	- Support agency collaborations and partnerships to improve quality and cost transparency.	Collaborate with stakeholders to improve health issues.

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Build a strategic community support program. - Work with external partners on laws and regulations to support the organization. - Enhance options to improve membership and retention.	- Continue to build a strong brand. - Increase membership and decrease attrition (individual and small business). - Streamline marketing efforts. - Inform media outlets, elected leaders and key staff of various business aspects that affect people we serve. - Engage and support brokers. - Collaborate with external partners to provide better customer experience.	- Partner with leaders and influencers to better serve communities. - Target marketing efforts to ensure access to quality, culturally-competent care for underserved and hard to reach populations. - Inform media outlets, elected leaders and key staff (constituents) of disparity issues. - Assist employers in making health insurance decisions.	- Provide tools that have a direct impact on health care decisions. - Improve health insurance literacy and plan utilization. - Inform constituents of quality and cost issues. - Enhance digital platforms to provide product and carrier information.	- Streamline marketing efforts. - Improve understanding of customer behavior - Continue the organization's visibility in the state. - Communicate with external partners on the value of health care and plan utilization. - Utilize brokers to support employers and their employees.

Plan Management– 2016-2018 Initiatives

Access to quality insurance choices	Deliver a positive customer experience	Reduce disparities in health care	Improve quality & cost transparency	Healthier people, community, Connecticut
- Incorporate new products and services - Improve plan design strategy. - Expand active purchasing to improve plan options.	- Improve information transaction quality and depth between carrier and exchange. - Improve and Expand Open Enrollment Readiness processes.	-Build strategic alliances with organizations to address consumer concerns.	- Support product innovation and health plan quality. - Share plan information with external partners. - Expand active purchasing to lower insurance premium expense. - Delivery System Reform impacting affordability via: reinsurance, low carrier assessment, standard plan designs and independent rate reviews.	- Promote health and wellness with external partners.
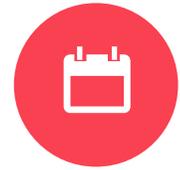
Adjournment