



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

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

Legislative Office Building  
Room 1D  
Hartford, CT

Thursday, December 18, 2014

**Meeting Minutes**

**Members Present:**

Lt. Governor Nancy Wyman (Chair); Vicki Veltri, Vice-Chair (Office of Healthcare Advocate); Deputy Commissioner Anne Melissa Dowling, Connecticut Insurance Department (CID); Commissioner Patricia Rehmer, Department of Mental Health and Addiction Services; Commissioner Roderick Bremby, Department of Social Services (DSS); Maura Carley; Paul Philpott; Grant Ritter; Robert Tessier; Robert Scalettar, MD; and Cecelia Woods

**Members Absent:** Secretary Benjamin Barnes, Office of Policy and Management (OPM)

**Members Participating by Telephone:** Commissioner Jewel Mullen, Department of Public Health (DPH)

**Other Participants:**

Health Insurance Exchange (HIX) Staff: James Wadleigh, Virginia Lamb, James Michel, Peter Nichol, Julie Lyons, Jason Madrak, Chad Brooker

**The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:04 a.m.**

**A. Call to Order and Introductions**

Vice-Chair Vicki Veltri called the meeting to order at 9:04 a.m.

**B. Public Comment**

There were no public comments.

**C. Review and Approval of Minutes**

Vice-Chair Veltri requested a motion to approve the minutes from the November 6, 2014 Special Meeting. Motion was made by Cecelia Woods and seconded by Maura Carley. ***Motion passed unanimously.***

Vice-Chair Veltri requested a motion to approve the minutes from the November 7, 2014 Special Meeting. Motion was made by Robert Tessier and seconded by Paul Philpott. ***Motion passed unanimously.***

**D. By-Laws Review Committee**

Virginia Lamb, General Counsel, noted that the Exchange's by-laws were originally written in January 2012. While the By-laws have been amended several times to address specific legislative changes to the Exchange's enabling legislation, they have not generally been reviewed or changed to address the Exchange's business needs. The Audit Committee recommended that this issue be brought to the Board's attention and suggested that the Board might consider establishing an *ad hoc* Board committee to review the By-laws and make recommendations as appropriate for the full Board's consideration. This topic will be put on a future Board agenda.

**E. CEO Update**

Acting CEO Jim Wadleigh reviewed current Access Health CT (AHCT) activities. Two of the busiest days in the IT environment in 2014 were March 31 and December 15. On December 15, there were over 18,000 phone calls; approximately 7,000 new qualified health plan (QHP) customers, and approximately 7,000 new Medicaid customers. Since November 15, the call center has answered over 95,000 phone calls. There have been over 176,000 unique website visitors this year and 1,700 unique visitors per day. A website assistance tool (the avatar named "Tina") was rolled out and 40% of the total website visitors are engaging Tina. Open enrollment (OE) goals for 2015 are 70,000 total QHP enrollments, with 30,000 to 35,000 enrollments from those previously uninsured. As of December 15, AHCT had 86,000 QHP customers of which approximately 66,000 had been auto enrolled. In addition there were 342,000 Medicaid customers; 66,000 of the QHP/Medicaid total were new customers (almost 20,000 new QHP customers; and 46,000 new Medicaid customers). As of midnight December 15, 6,000 customers who had been unable to complete their applications prior to the December 15 deadline for January 1 coverage took advantage of AHCT's call back line. These individuals are being called back and processed through special enrollment. Mr. Wadleigh thanked the insurance carriers for their cooperation on these special enrollments and their work to ensure that ID cards are timely sent to enrollees for January 1 coverage. Individual dental coverage has also been rolled out. There are 450 new dental customers. In addition the Small Business Health Options Program (SHOP) membership has grown to 1,050 customers. Connecticut is the only state providing customers with the ability to purchase a QHP via a mobile application. Currently AHCT's mobile app can only process customers who are not applying for APTC. AHCT's APTC mobile app version is due to roll out in January. The Community enrollment partner (CEP) sites reported strong enrollment activity. Customers can get in person assistance at these sites, located throughout the state. AHCT staff began a volunteer program with Food Share going out to local communities to help distribute food and provide information regarding enrollment.

**Commissioner Bremby arrived at 9:24 a.m.**

## **F. Policies and Procedures**

Virginia Lamb, General Counsel, reported that the Audits Policy approved at the August 21, 2014 Board Meeting is ready for adoption. The Policy was noticed in the *Connecticut Law Journal* and on the AHCT's website. The 30-day public comment period closed on November 21, 2014. No comments were received. Vicki Veltri requested a motion to adopt the Audits Policy. Motion was made by Grant Ritter and seconded by Robert Scalettar, MD. ***Motion passed unanimously.***

## **G. Open Enrollment Update**

Jason Madrak, Chief Marketing Officer, provided an Open Enrollment (OE) update. Work is 89% complete. Some outstanding items include continued dental training; ongoing marketing communications with new elements coming on line in January; minor IT system enhancements; call center training and staffing; working on SHOP renewals and residual training needs. There is also ongoing broker training. The auto-renewal process continues to be monitored. Current membership across all plans and programs stands at 428,170 individuals. Nearly 4,700 individuals have visited the New Britain and New Haven customer contact centers since November 15 and 2,745 individuals have enrolled through those locations. Community enrollment partners (CEP) locations continue to gain traction with East Hartford and Norwich doing very well. There were nearly 1,337 visitors resulting in 749 enrollments. Website enrollment satisfaction remains high according to the exit survey that follows online enrollment.

### **Lt. Governor Wyman arrived at 9:52 a.m.**

Mr. Philpott asked whether the SHOP offers a full employee choice model. Julie Lyons, Director of Plan Management, reported that the full choice model was explored last year, but did not receive carrier support. Ms. Lyons offered to explore the model again with all carriers.

Ms. Carley asked whether there was any data on web enrollment abandonment. Mr. Madrak replied that there is no data on web abandonment, but that a web design study to obtain consumer input on the enrollment process is being discussed. Mr. Wadleigh added that AHCT has begun looking at adding additional decision support tools and looking to private sector approaches. The "Learn More" tab has been redesigned and consumers are spending more time on that page. Commissioner Pat Rehmer suggested that the Department of Mental Health and Addiction Services has young adults in long term recovery who may be helpful in reviewing the site. Mr. Tessier asked if the number of plans available through the site will be reviewed and whether the additional plans were more helpful or more confusing to consumers. Ms. Lyons reported that all plans are being reviewed and a more comprehensive plan management timeline will be presented at the next board meeting. There was a recent meeting with CID to review the calendar of events.

## **H. Operations Update**

James Michel provided the operations update. In preparation for December 15 (the deadline to enroll in coverage beginning on January 1, 2015), AHCT and the Call Center established and executed a plan to handle high call volumes, including having over 300 representatives available. On December 15, the Call Center experienced its second highest daily call volume. At one point, there were 1,300 calls per hour. The Call Center implemented a special "fast track" queue for January 1 QHP enrollment and there was a call back option ensuring that anyone who called on December 15 could obtain coverage beginning on January, even if they had been unable to complete their application.

Mr. Michel introduced Edith Lortie, IT systems architect, who summarized preparations for the issuance of IRS Form 1095A. All state-based exchanges must provide information to the IRS in accordance with the ACA State Based Marketplace (SBM) reporting requirements. Form 1095A will provide evidence of coverage and will be used to reconcile Advanced Premium Tax Credits (APTC). Lt. Governor Wyman asked whether consumers are made aware at the time they sign up that they will be required to file a tax return. Mr. Wadleigh replied that during the enrollment process, the consumer is advised of the amount of APTC they are eligible for. Ms. Lamb reported that at the beginning of every application, there is a federally-prescribed notice which states the need for the consumer to reconcile their tax credit when they file their IRS return. Ms. Lamb also reported that consumers have the opportunity to get a tax credit when they file their return, even if they did not choose to get their tax credit in advance.

With respect to customer outreach regarding Form 1095A, Mr. Michel stated that anticipated Frequently Asked Questions were developed as part of a comprehensive plan to address customer inquiries on the tax credit and why consumers are receiving Form 1095A. Thomson Reuters, the vendor that is preparing the 1095A forms for AHCT, also will be answering the first tier of 1095A calls. More complicated calls will be routed to AHCT staff for handling. There will also be a video on the AHCT website addressing the 1095A. Ms. Veltri noted that Ms. Lortie and Mr. Michel had worked with the Consumer Advisory Committee to develop the forms and questions. Mr. Wadleigh added that through that collaboration, the Consumer Advisory Committee finalized the postcard which will start going out to consumers in early January and the actual 1095A Form on January 16. Mr. Michel confirmed that every consumer who purchased a QHP through the Exchange will be receiving a 1095A.

## **I. Finance Update**

Steve Sigal, CFO, provided an update of Finance activities. The finance team remains focused on moving AHCT into a “going concern” model and securing financial resources. The 2014 market-based assessment totals \$19.1 million. Yesterday, AHCT received notice of grant awards for the supplemental and Level I grants. The “New Level I” grant award is \$9.25 million (\$13.3 million was requested). The supplemental grant award is \$2.1 million (\$3.3 million was requested). Reductions in award amounts are a result of sequestration and CMS’s view of costs. The Fourth Quarter 2014 and First Quarter 2015 Quasi-Public Financial and Personnel Status Reports were submitted to the Office of Fiscal Analysis. The Quarterly Report to the Connecticut Joint Standing Committees of the General Assembly, the 2014 Quasi-Public Annual Report and audited financial reports have been completed. Lt. Governor Wyman asked whether there is an appeal process relative to the grant awards. Mr. Sigal replied that there is not. Mr. Sigal stated that the New Level 1 grant is a new award and, if in next year there are insufficient funds, a supplement of up to 25% more may be requested.

Lt. Governor Wyman requested a motion to accept the Fiscal Year 2014 Audited Financial Statements. Motion was made by Grant Ritter and seconded by Vicki Veltri. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to accept the Fiscal Year 2014 Annual Report and file the report as required by Section 1-123 of the General Statutes. Motion was made by Vicki Veltri and seconded by Grant Ritter. ***Motion passed unanimously.***

The overview of the 2014 First Quarter Full Year Reforecast discussed at the Finance Committee meeting was presented. The forecast includes risk mitigation activities, grant awards, and enrollment staff assistance. The risk to the forecast is the reduction of the grant awards. A prospective maintenance and operations (M&O) cost allocation change is being discussed with DSS. Commissioner Bremby commented that conversations are

occurring between DSS, AHCT and OPM regarding cost allocation. Paul Philpott asked what the full year market assessment will be. Mr. Sigal replied that a full year will be \$25 million and it is received on a calendar quarterly as opposed to the fiscal quarterly basis.

**J. All Payer Claims Database (APCD) Update**

Tamim Ahmed, Executive Director of Access Health Analytics, summarized APCD implementation. Over the previous 30 days, AHCT entered into a contract with the vendor that will be assisting with APCD implementation. Meetings have been scheduled for carrier on-boarding and to clarify the Data Submission Guide and other technical requirements pertinent to date transmission. Necessary hardware and software are being procured. In the near term, meetings with carriers will take place, requirements will be communicated to carriers and infrastructure design will be completed.

**K. Strategy Committee Update**

Dr. Scalettar, Chair of the Strategy Committee provided an update on the committee's activities, noting that while the vast majority of resources are dedicated to supporting current activities, the Committee is charged with keeping an eye on the horizon. APCD, educational strategies, including Choosing Wisely, and Exchange Solutions were discussed. A set of metrics to track the progress of these three initiatives is being drafted.

**L. Adjournment**

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Vicki Veltri. ***Motion passed unanimously.*** Meeting adjourned at 11:06 a.m.

*The next meeting will be held on January 15, 2015 at the  
Legislative Office Building, Room 1D, Hartford, CT.*