



STATE OF CONNECTICUT  
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange  
Board of Directors Special Meeting

Legislative Office Building  
Hartford, CT

Thursday, December 5, 2013

**Meeting Minutes**

**Members Present:**

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

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

**Members Participating by Telephone:** Grant Ritter

**Other Participants:** Health Insurance Exchange (HIX) Staff: Kevin Counihan, Peter Van Loon, James Wadleigh, Julie Lyons, Steve Sigal, Jason Madrak, Tamim Ahmed and Virginia Lamb.

**The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 2:00p.m.**

**A. Call to Order and Introductions**

Lt. Governor Wyman opened the meeting at 2:00 p.m.

**B. Public Comment**

Ravi Gupta from Students for Better Health.

**C. Review and Approval of Minutes**

Lt. Governor Wyman requested a motion to approve the minutes from the October 17, 2013 meeting. Motion made by Robert Tessier and seconded by Vicki Veltri. ***Motion passed unanimously.***

**D. CEO Report**

Kevin Counihan, CEO, reported that since the last board meeting, Access Health CT (AHCT) was ranked number one for customer ease by the consulting firm, Health Pocket. The average time required to complete AHCT's on-line application is between 45 minutes and 50 minutes. AHCT's time compares to a national

average of up to 1 and ½ hours. In addition, HHS ranked Connecticut number one for meeting and exceeding HHS's enrollment targets. The end of the year enrollment surge has started. AHCT enrolled more individuals in the past 3 days than previously over a full week. The call center has had some bumps in handling this surge, but issues are being addressed aggressively to improve responsiveness. AHCT's marketing campaign is now in full swing.

AHCT staff has been working with the Strategy Committee to identify issues, explore trends and set goals for the next three years. The Committee has examined: employer contributions towards health insurance; use of claims data in health reform and the potential for leveraging the skill set being developed at AHCT for franchise services to other states.

#### **E. All Payer Claims Database Policies & Procedures**

Tamim Ahmed, Executive Director of Access Health Analytics, provided an update on the All Payer Claims Database (APCD) stating that approval was being sought from the Board to adopt in accordance with Section 1-121(a) of the Connecticut General Statutes, the "Policies and Procedures: All-Payer Claims Database". These policies and procedures establish how reporting entities are to report information and include a data submission guide which contains the specifications for and definitions of data elements. They also set out a reporting schedule; how data may be used and disclosed in compliance with privacy and confidentiality standards; the assessment for non-compliance; and, the appeal process. AHCT is responsible for the APCD data base pursuant to sections 138(a)(8) and (9) and 144(b)(3)(A) of Public Act 13-247, passed in June 2013.

Mr. Ahmed reported that the proposed Policies and Procedures had been approved by the Board at its July 2013 meeting for 30 days of public comment. Notice was subsequently published in *the Connecticut Law Journal*. The public comment period ended in September. The Exchange received numerous comments, which Exchange staff reviewed and were able to address through clarifications and technical edits. No substantive changes were required. The APDC Advisory Group met on November 14, 2013, reviewed these comments and staff response and after detailed discussion, unanimously approved the proposed Policies and Procedures: All-Payer Claims Database, as proposed by Exchange staff. Mr. Ahmed noted that developing the policies and procedures will continue to be an iterative process. Everything could not be accomplished at this time. There will be a need to modify these policies and procedures to address future potential reporting enhancements.

Mr. Ahmed also reported that two subcommittees were created under the APDC Advisory Group: a Data Privacy, Utilization and Disclosure Subcommittee, and a Policies and Procedures Enhancement Subcommittee. Mr. Ahmed reported that staff had evaluated the feasibility of in house development of the data warehouse. This option is not feasible given current dynamics. Staff is now recommending outsourcing. The RFP process to secure an experienced vendor is under development. An RFP Working Group will be part of this process. In addition, an external consultant will be hired to aid in the search for the best vendor. The target is to have a three to five year contract for data warehousing and management and then reevaluate. A contract strategy would be created for a quick build-up of data center and analytics shop with very low variable costs in the third to fifth years.

Lt. Governor Wyman requested a motion to approve the "Policies and Procedures: All-Payer Claims Database" as recommended by the staff and APDC Advisory Group. Motion was made by Robert Tessier and seconded by Vicki Veltri. ***Motion passed unanimously.***

#### **F. Operations Update**

Peter Van Loon, COO, presented the operations update and emphasized AHCT's three priorities: membership

growth, system stability and operational excellence. Enrollment has steadily increased including enrollment for Medicaid. Call volume increased significantly over the past month. Year to date consumer satisfaction is at 96% but wait times for the Call Center are still too high. Staff has been added and hours of operation expanded to meet current and expected demand. Call center capacity will more than double. Staff have been added in Connecticut and Maximus's Call Centers in Illinois, Georgia and Minnesota are being brought on line to back-up the New York Call Center as the overflow Call Center for Connecticut. In addition, quality assurance staff and supervisors in Connecticut and New York are answering phones and the Center is also authorizing overtime. To the extent possible, the higher level issues such as technical support for IPAs and questions from brokers are being shifted from the Call Center to other Exchange staff, so that the Call Center can focus on the expected enrollment surge. To date, 76% of Exchange applications have been on-line; 22% through the Call Center; and 2% submitted on paper. 834 transactions (enrollment records) are sent to the carriers on Monday and Friday. Carrier bills will start going out in December. Brokers, Assisters, Certified Application Counselors (CACs) continue to need support in the areas of education and system processes. Mr. Van Loon also reviewed QHP enrollment by metal level and cost sharing reduction (CSR). Of the over 13,000 QHP members, 55% selected the silver metal tier with a cost-sharing reduction. Those receiving the 87% or 94% CSR will have a plan with a greater actuarial value than a gold plan (80% actuarial value). Mr. Van Loon also presented QHP enrollment by carrier and reported that the average enrollee's age was 45 to 50 years of age. Mr. Counihan noted that potential adverse selection will be managed through risk adjustment and reinsurance.

Paul Philpott asked whether the first call resolution rate is being measured. Mr. Van Loon responded that it is being looked at, but many of the earlier calls were mostly informational not directly related to enrollment. Dr. Scalettar asked about the financial risk for increased staffing. Mr. Van Loon stated that both the vendor and the Exchange are at financial risk, since the Call Center is a variable pricing contract. Medicaid determinations will be reviewed with the Board in detail in the future. Redeterminations will start the early part of 2014. AHCT has been working with its DSS partners on these issues.

#### **G. IT Update**

James Wadleigh, CIO, provided the IT update. Strategies for the upcoming year include: short term priorities/system stabilization; tactical priorities surrounding the Federal Data Services Hub; and, strategic priorities concerning customer improvement. Testing continues on the Spanish translated site. Connecticut must leverage the Federal Data Services Hub pursuant to law and grant specifications. However, AHCT is currently engaged in contingency planning for remote identity proofing as well as for leveraging AHCT's tax credit calculation. These AHCT capabilities would be used in the event the federal system was down while applicants were attempting to determine their APTCs. AHCT is currently working on a contract with a vendor to assist in identity verification and on an MOU with the Department of Labor (DOL) to share data that could confirm an applicant's income. A new round of focus groups will begin in January or February leading to potential screen improvements. Content management integration for campaign marketing has been deferred on the website and will need to be worked on. Twenty-five percent of website traffic coming from tablets and phones was unexpected. A full mobile strategy will be presented at the next board meeting.

Mary Fox inquired about interest in the Spanish website. Jason Madrak replied that 25% of the uninsured are Hispanic. Whether they would use the translated site is unknown. Mr. Madrak also noted that Certified Application Counselors, assisters, and the call center offer assistance in a variety of other languages.

#### **H. Marketing Update**

Jason Madrak, CMO, reported on media efforts and provided an overview of marketing metrics and next steps. Mr. Madrak also showed the rough cut of AHCT's newest ad. This ad focuses on consumer friendliness in enrollment and on savings. AHCT's heaviest media activity has been scheduled for December. Four new Public Service Announcements (PSAs) are being produced including information on: the navigator and IPA program; new immigrants; clarity between the healthcare.gov site and AHCT; and, a PSA surrounding Medicare. All PSAs are also recorded in Spanish and will also be played on Spanish media.

Exchange statistics show that awareness of the state's health insurance marketplace has nearly doubled since June and support for AHCT remains extremely strong despite negative press surrounding the federal launch. Field activity is producing solid results. Seventeen enrollment fairs to date resulted in 300 individuals being enrolled. Retail stores have seen nearly 1700 visits with more than 500 people enrolling. Broker support has also been strong. Over 250 brokers have been trained and as of December 2, 25% of sales have come through broker assistance. Staff will continue to monitor media performance to optimize efficiency and drive results; support enrollment channels to attain their sales goals; and work existing accounts to drive close activity.

Mr. Philpott asked if local television news was number one in the media efforts and whether there were any plans to adjust the media mix? Mr. Madrak stated that AHCT is leaning heavily on television as it remains the primary source where people secure information. Mr. Philpott noted that the brokers are an economical way to bring in enrollment and requested a way to incentivize the brokers as the current media spend cannot be sustained. Ms. Fox asked that staff track and report to the board how effective each media channel is.

## **I. Plan Management Update**

Julie Lyons, Director, Plan Management reviewed AHCT's goals and standards for network adequacy including: accessibility, continuity of care and marketable plans. Ms. Lyons also reported on carrier compliance and outlined next steps. HHS requires that plans maintain a network that is sufficient in number and types of providers consistent with standards set out in Section 2702 (c) of the PHS Act including the Act's requirements for Essential Community Providers (ECPs). ECPs are health care providers that primarily provide services to individuals at risk for inadequate access to Essential Health Benefit services. HHS also sets certain quality standards requiring all carriers on the Exchange to be accredited by a nationally recognized accrediting agency. Carriers in Connecticut have selected the National Committee for Quality Assurance (NCQA) as their accrediting agency. NCQA's standards are very rigorous. Initial accreditation is a lengthy process taking 18 months or longer for initial accreditation. A summary of the elements for accreditation was provided.

The Exchange's network adequacy standards are more demanding than the federal government's. AHCT requires that the provider network on the Exchange be substantially similar to the provider network available to the carrier's largest plan offered outside of the Exchange. This requirement helps to insure plan marketability. Carriers must also meet the Exchange's additional ECP network adequacy standards. Those standards include contracting with 90% of the Federally Qualified Health Centers (FQHCs) in the state by January 1, 2014. In addition carriers must contract with: 1) 75% of the providers on the corrected CMS non-exhaustive ECP list that was published in March 2013; and 2) 35% of the providers on the Exchange expanded ECP list that was published in May 2013. These contracting standards must be met without duplication. By January 1, 2015, carriers must contract with 75 percent of the ECPs on the Exchange's expanded ECP list. These ECP requirements were designed to not only ensure access but to also ensure continuity of care for enrollees. Since Connecticut did not have an official list of ECPs, plan management developed a list. The Exchange's list followed HHS's requirements that ECPS be either not-for profit organizations or state owned or operated facilities and that they be certain service type providers. Ms. Lyons reviewed overall carrier compliance with the Exchange's FQHC and ECP standards as well as hospital network adequacy by carrier. Commissioner Rehmer requested the Exchange expand the list by provider type. Next steps were reviewed

including the need for further analysis related to the Exchange's "substantially similar" contracting standard; an update on carrier progress with ECP contracting; and, the need for the Exchange to develop an outreach plan to ECPs that have not previously contracted with carriers. Plan management will also be evaluating software to support contracting compliance including the capability to map contracted providers by location and carrier.

**J. Finance Update**

Steven Sigal provided the finance update. Mr. Sigal reported that AHCT had completed: its audit of the 2013 Financial Statements; the 2013 Quasi-Public Annual Report; and the first quarter 2014 Quasi-Public Financial and Personnel Status Report. Detailed information was provided earlier in the Board package. Lt. Governor Wyman requested a motion to approve the 2013 Audited Financial Statements. Motion was made by Mary Fox and seconded by Dr. Scalettar. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to approve the 2013 Quasi-Public Annual Report for filing. Motion was made by Benjamin Barnes and seconded by Vicki Veltri. ***Motion passed unanimously.***

**K. Strategy Committee Update-Deferred to the next meeting.**

**L. Executive Session**

Lt. Governor Wyman requested a motion to go into Executive Session pursuant to Section 1-200(6)(A) of the Connecticut General Statutes. Motion was made by Cee Cee Woods and seconded by Vicki Veltri. ***Motion passed unanimously.***

Executive session began at 4:00 PM and concluded at 4:50 PM.

(Grant Ritter and Ben Barnes left the meeting during the Executive Session.)

**M. Employment Agreement.**

Lt. Governor Wyman requested a motion to extend the employment agreement for the CEO of the Exchange to June 30, 2014 under specific terms and conditions to be negotiated by the Human Resources Committee and the Chair of the Board. Motion was made by Rod Bremby and seconded by Dr. Scalettar. ***Motion passed unanimously.***

Lt. Governor Wyman was joined by the Board members in thanking Mary Fox for her service on the Board, noting her work as Chair of the strategy committee and her work on the Human Resources Committee.

**Adjournment-**

*The next Board Meeting will take place on January 16, 2014 at 9:00a.m.*