



Connecticut's Health Insurance Marketplace

Board of Directors Meeting

December 5, 2013

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. CEO Report
- E. All Payer Claims Database Policies & Procedures
- F. Operations Update
- G. IT Update
- H. Marketing Update
- I. Plan Management Update
- J. Finance Update
- K. Strategy Committee Update
- L. Executive Session to discuss a Personnel Matter
- M. Adjournment



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Welcome and Introductions



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Public Comment



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CEO Update



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All Payer Claims Database Policies & Procedures

APCD Policies and Procedures: Process

- APCD Policies and Procedures were approved by Board for public comment during the July meeting
- Posted for public comment in CT Law Journal from August 13th – September 12th
- Technical and policy revisions incorporated following the comment period
- APCD Advisory Group approved
- Seeking adoption of the policies and procedures by Board

APCD Policies and Procedures: Future Enhancements

- Subcommittees Established or in Planning Stage
 - **Data Privacy, Utilization and Disclosure Subcommittee**
 - APCD takes privacy and security very seriously
 - Subcommittee will develop draft Policies and Procedures on data privacy, utilization, and disclosure
 - Draft Policies and Procedures will be recommended by the APCD Advisory Group for Board approval, post for public comment, and final Board adoption
 - **Policies and Procedures Enhancement Subcommittee**
 - Subcommittee will research possible collection of denied claims data and make recommendations to Advisory Group

Next Steps – RFP Process

- RFP Working Group is in the process of being formed with select members from Advisory Group & the Board, and from AHCT staff
- Access Health Analytics will outsource data management & analytics
- Access Health Analytics will hire an external consultant to aid in the search for the best contractor
- Target is to have a 3-5 year contract and then reevaluate this arrangement
- Create a contract strategy for quick build-up of a data center and analytics shop with very low variable costs in the years 3-5



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Vote



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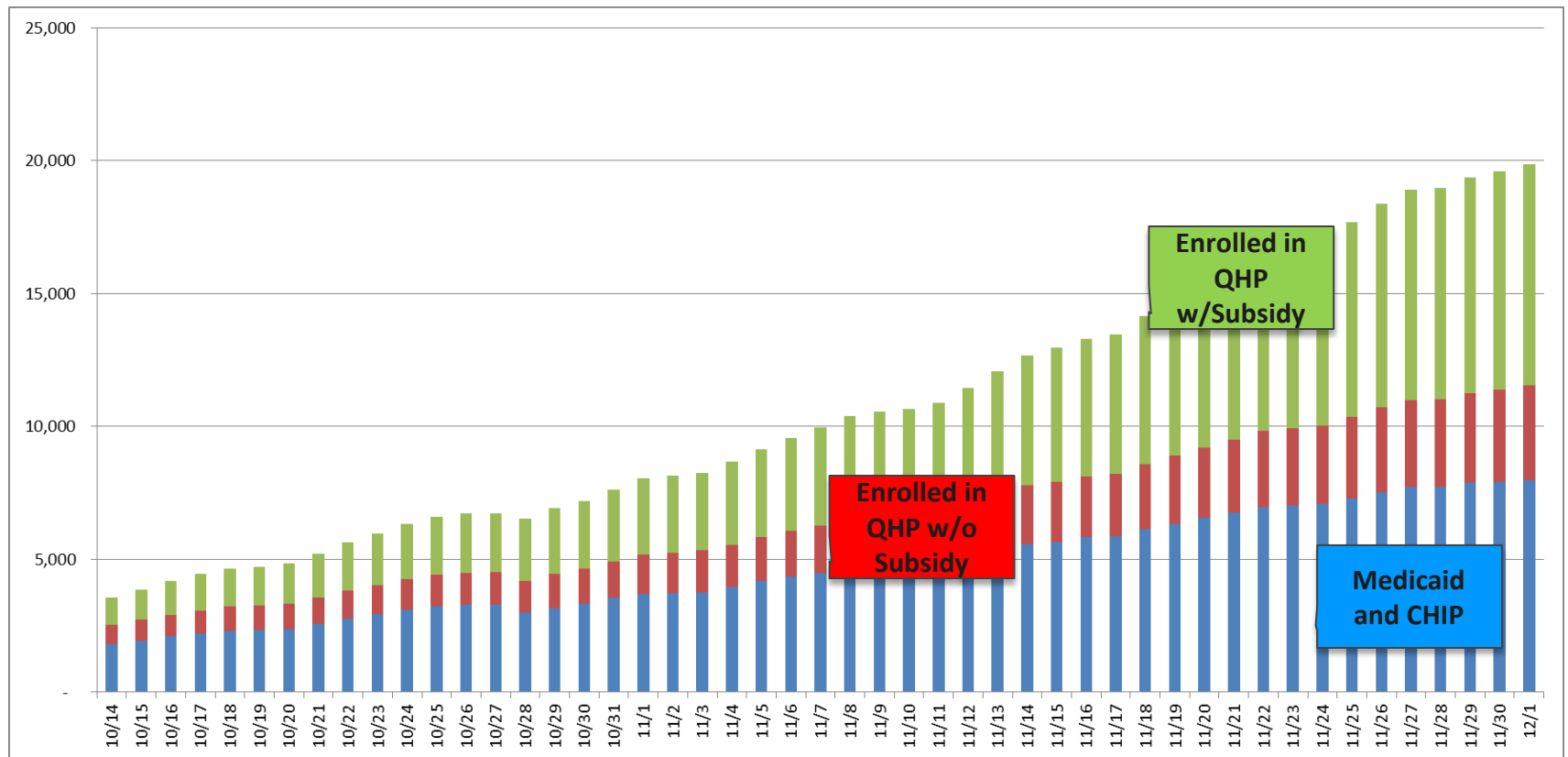
Operations Update



Enrollment Mix

Medicaid and CHIP – 40%

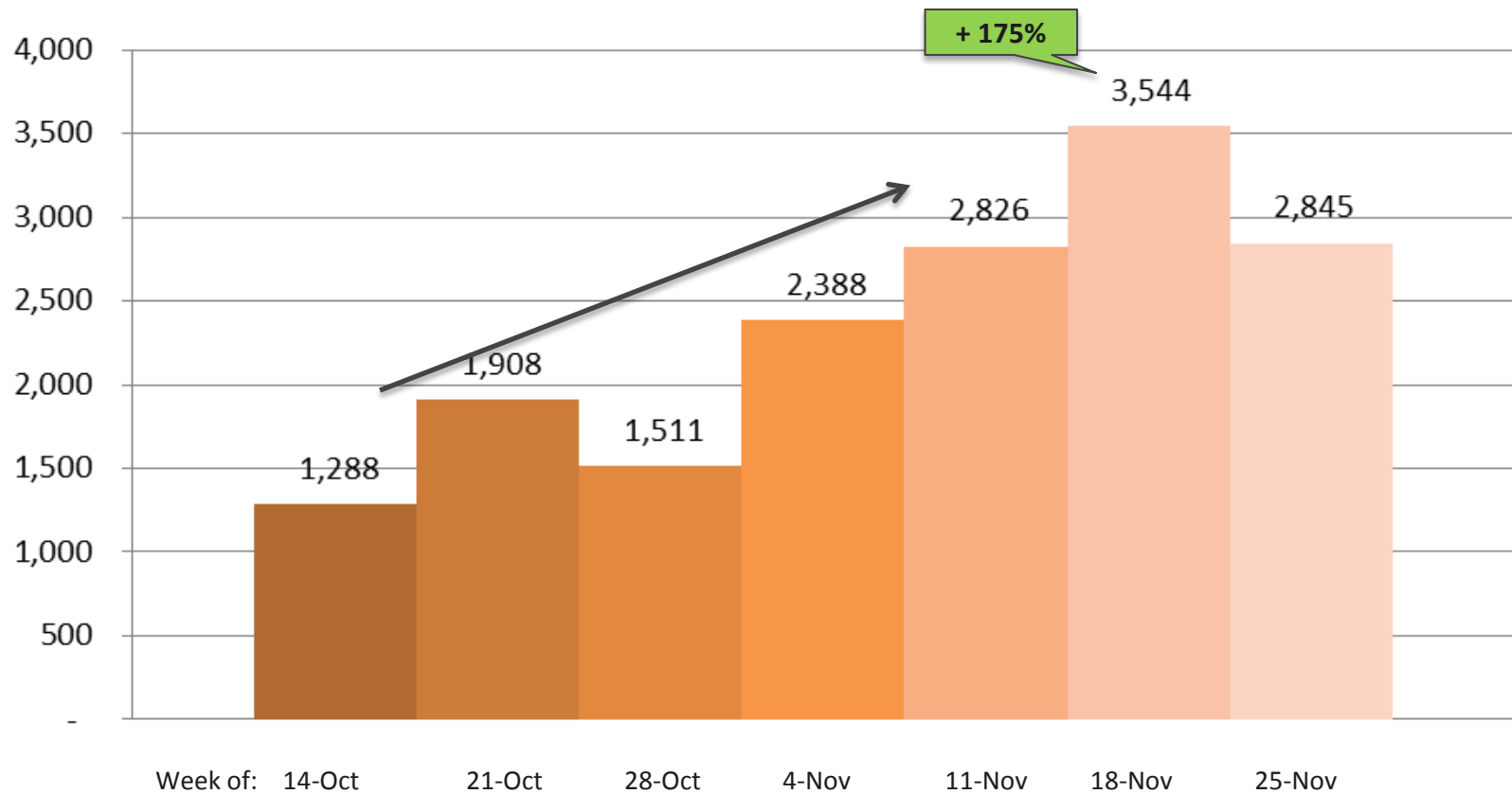
Qualified Health Plan – 60%





Weekly Enrollment Rising

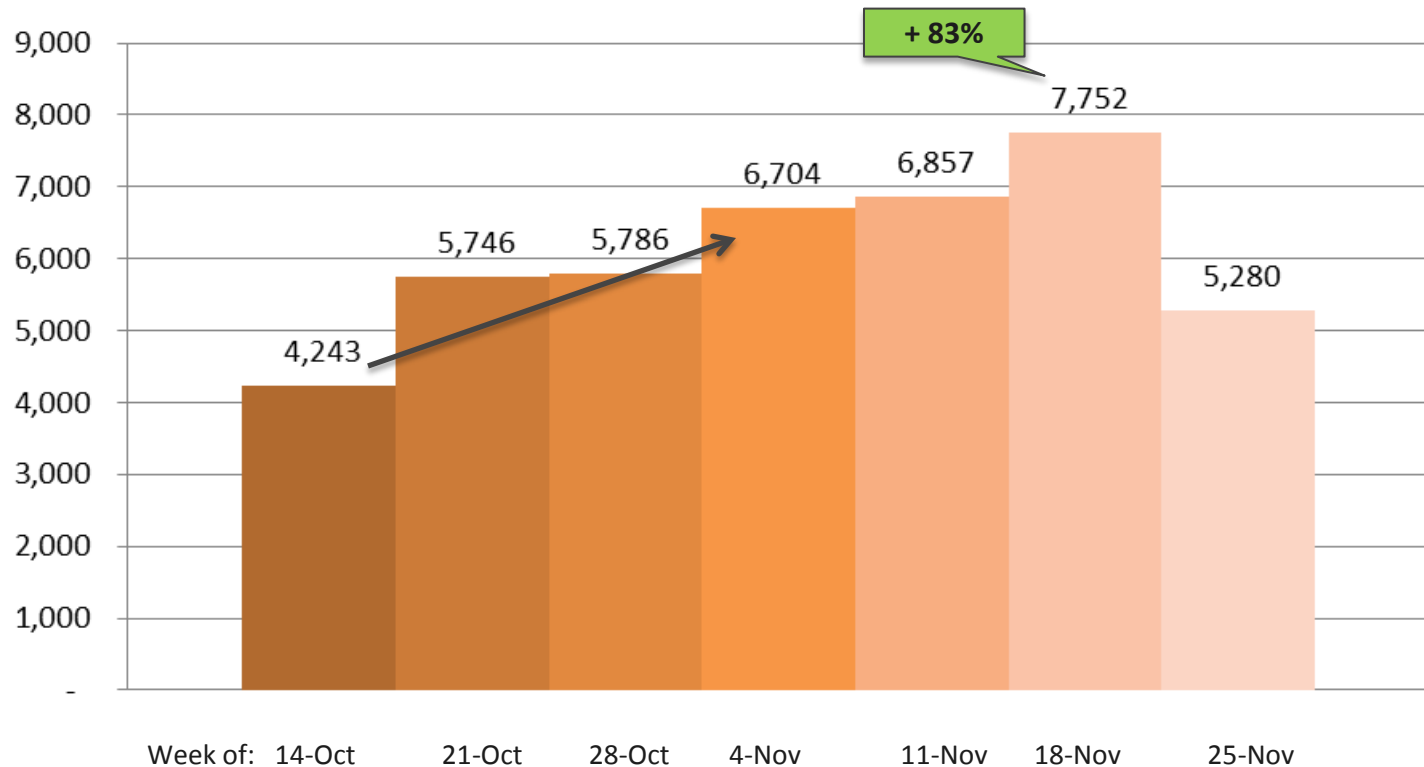
We forecast over 30,000 additional members in December





Call Center Activity

Surge has started in first week of December

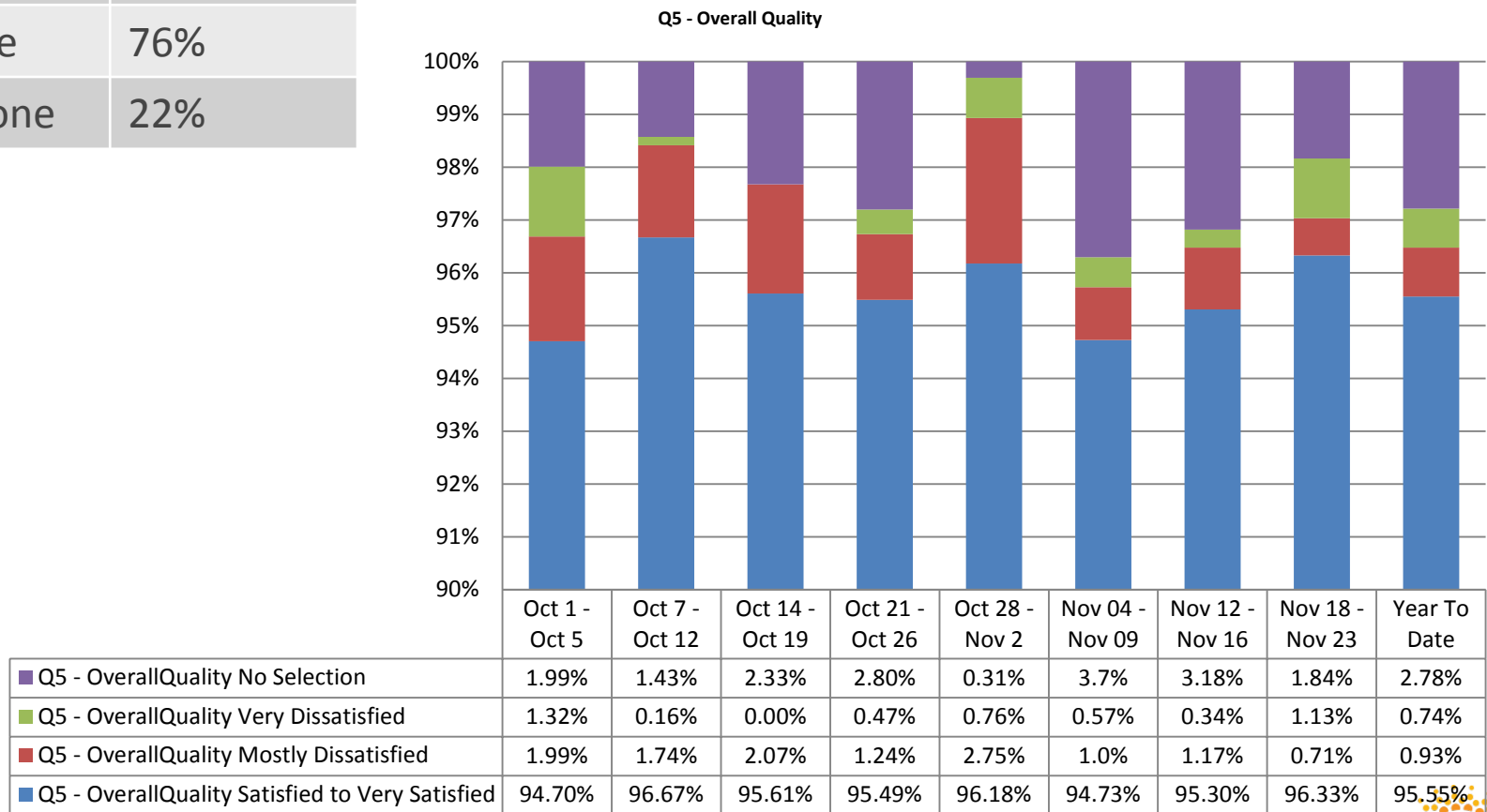




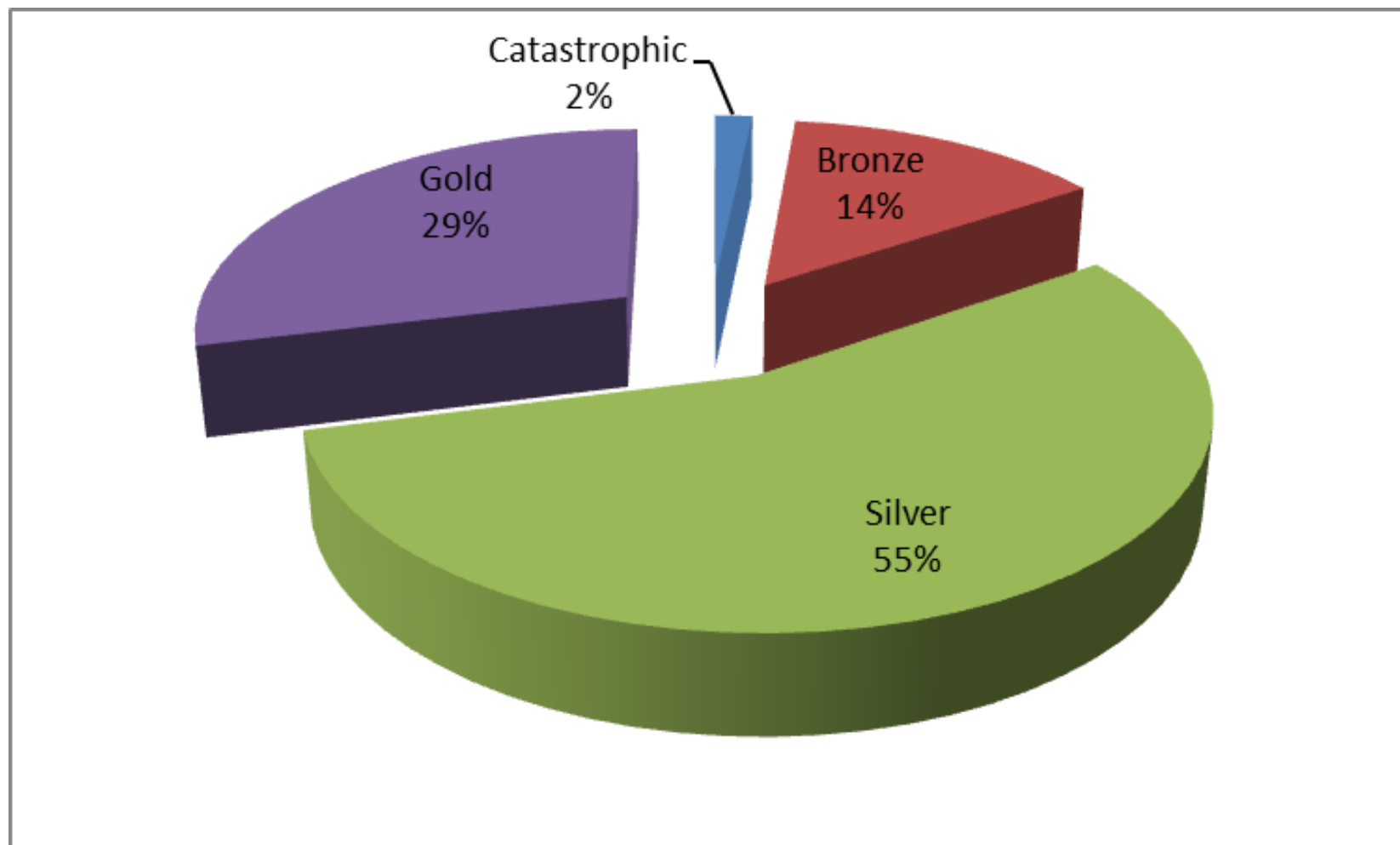
Operating Statistics

Application Source	Percentage
Paper	2%
On -Line	76%
Telephone	22%

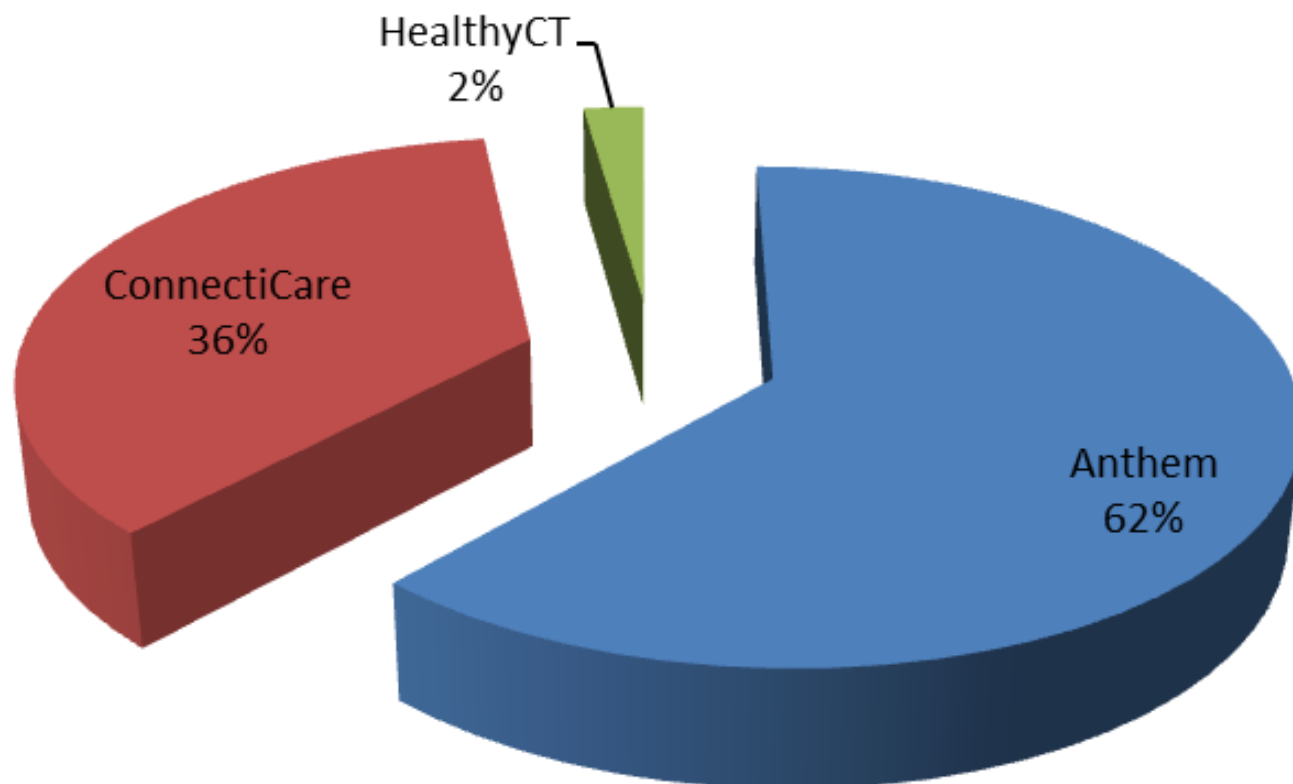
Call Center Satisfaction



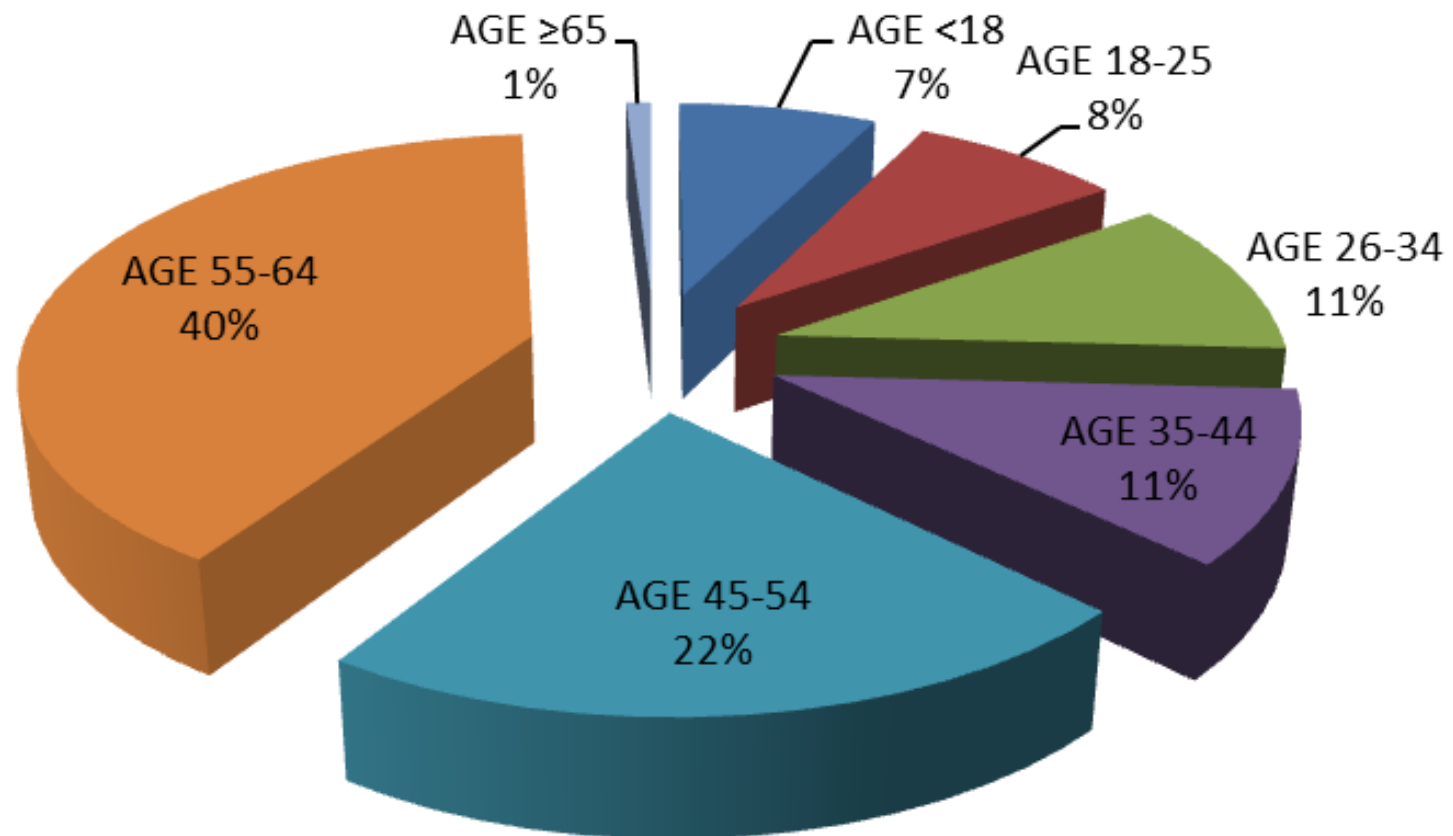
QHP Enrollment by Metal Level



QHP Enrollment by Carrier



QHP Membership by Age Group





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IT Update

- Short Term Priorities – System Stabilization
 - 1/1 Readiness
 - Continued carrier 834 testing
 - CMS 834 Testing post 12/1 – Treasury APTC payments
 - Medicaid Customer Preparation
 - Continued environment stabilization
 - December Release Support
- Tactical Priorities – Federal Data Services Hub Support
 - Secondary Data Source Integration
 - Remote Identity Proofing
 - Department of Labor
 - Advanced Premium Tax Credit Determination
- Strategic Priorities – Customer Improvements
 - New round of Focus Groups
 - Leading to potential screen improvements as necessary
 - Additional Decision Support Tools
 - Content Management Integration for Campaign Marketing
 - Mobile/Tablet Strategy
 - Carrier Opportunities



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Marketing Update

Contents

- Update on Media Efforts
- Overview of Marketing Metrics
- Next Steps

Media Update

December will see heaviest media activity to date

- Approximately \$1.2M will be spent in the month
 - Compares with \$135k in October and \$514k in November
- New testimonial ad with a heavy focus on savings is being introduced, in addition to three new Public Service Announcements



60 sec



Navigator
PSA

Immigration
PSA

State-based
Exchange
PSA



New Media Footage



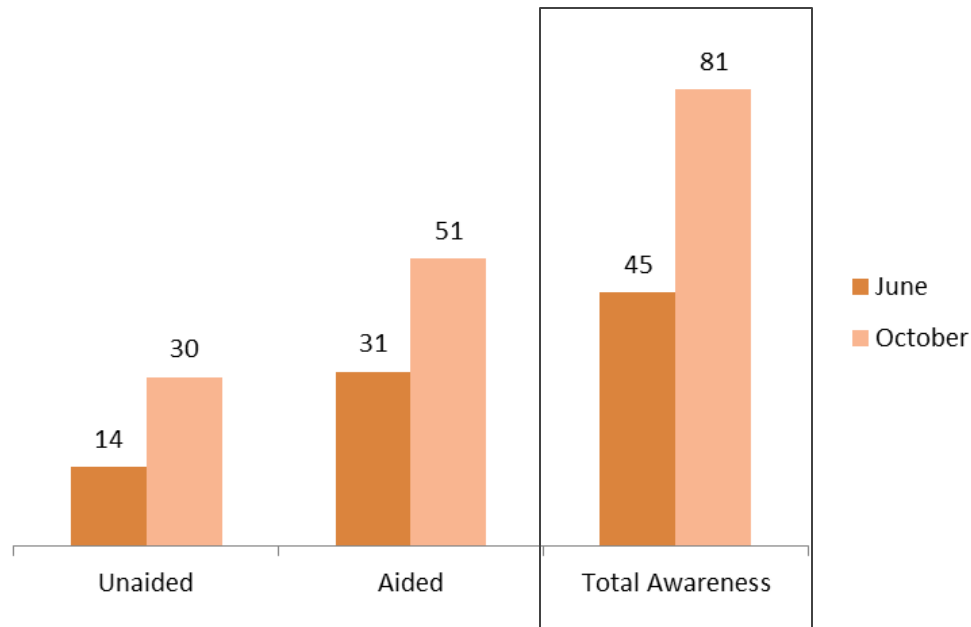
Marketing Efforts Moving Awareness

Access Health CT has conducted a second round of state wide polling to gauge awareness and understanding.

Most recent poll conducted from October 21st – 28th

Compared with pre-media baseline results in June, awareness of the state's health insurance marketplace has nearly doubled.

Have you ever heard of Access Health CT?

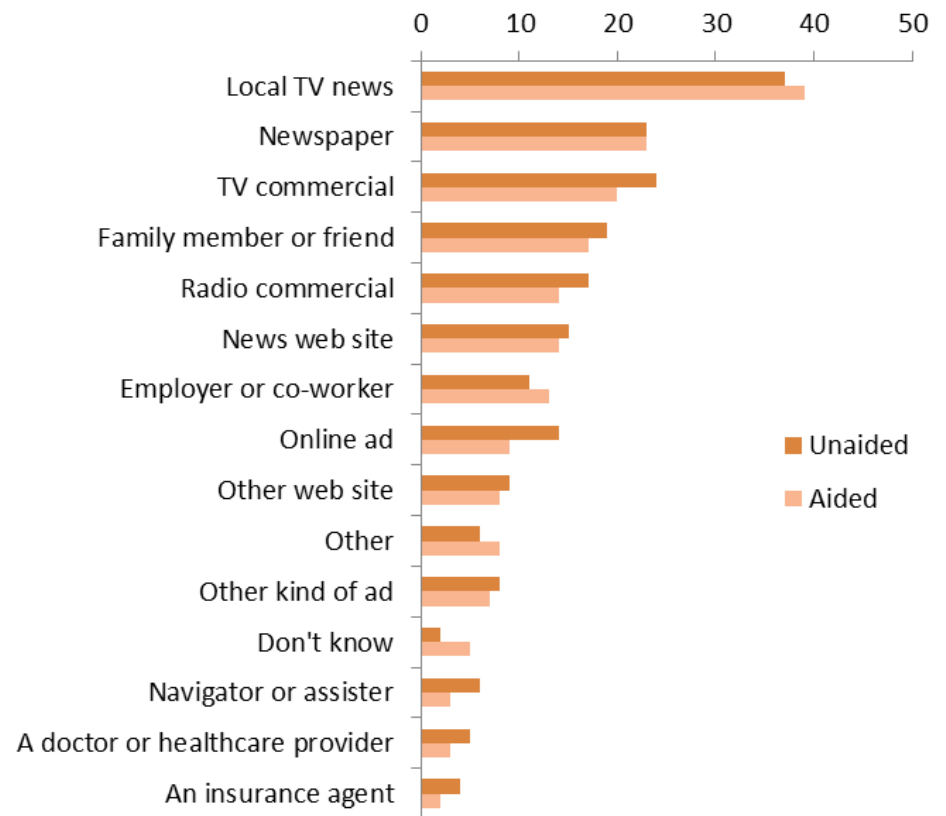


Media Driving Results

Media related awareness continues to dominate the most common sources of awareness:

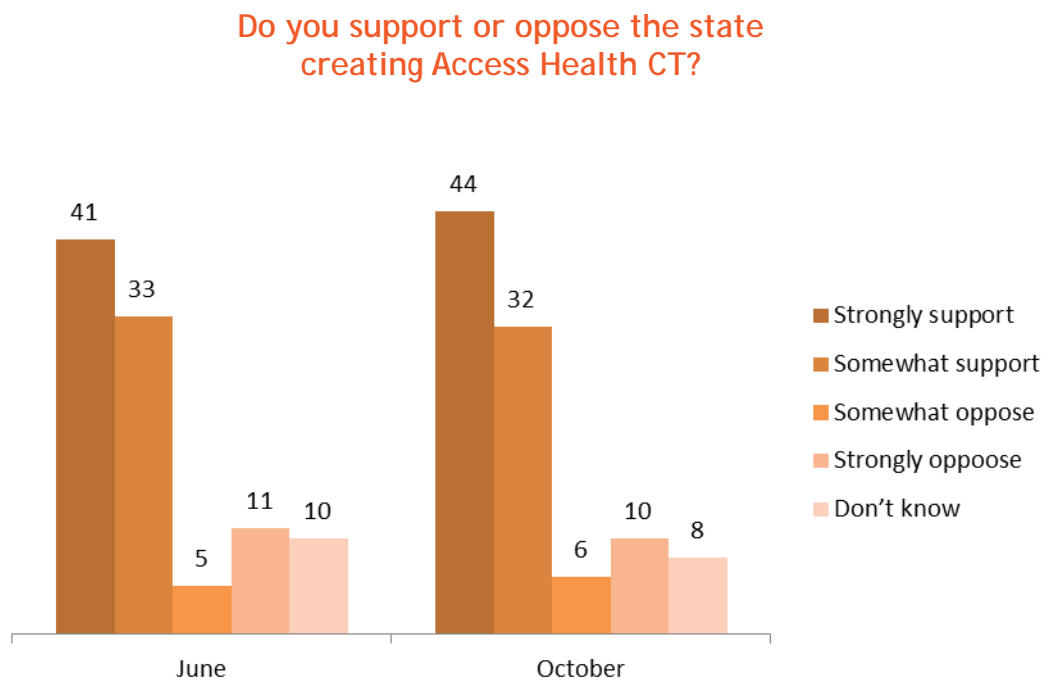
- More than half of respondents collectively cite TV news and TV advertising
- Word of mouth (e.g. friend, family member, co-worker) were cited by more than a third

How did you hear about Access Health CT?



Exchange Support Continues To Be Strong

Despite negative press surrounding the federal launch, state support for AHCT remains extremely strong.



Field Activity Producing Solid Results

After conducting 17 enrollment fairs to date, nearly 300 individuals have been enrolled (a 47% close rate on those who attended)

Location	Date	Visitors	Enrolled	(%)	Partial Complete	(%)
Hartford	5-Nov	27	8	30%	12	44%
Stamford	6-Nov	33	2	6%	20	61%
WestHaven	9-Nov	49	38	78%	5	10%
Hartford	12-Nov	26	16	62%	14	54%
Waterbury	13-Nov	41	21	51%	18	44%
Bridgeport	14-Nov	41	12	29%	8	20%
Norwich	16-Nov	42	20	48%	14	33%
Norwalk	16-Nov	44	20	45%	18	41%
Danbury	18-Nov	37	13	35%	14	38%
Hartford	19-Nov	24	17	71%	5	21%
Stamford	20-Nov	45	19	42%	16	36%
Bridgeport	21-Nov	8	6	75%	2	25%
Torrington	23-Nov	30	12	40%	15	50%
Enfield	23-Nov	40	26	65%	10	25%
Willimantic	2-Dec	50	21	42%	16	32%
Hartford	3-Dec	52	17	33%	10	19%
Meriden	3-Dec	44	28	64%	3	7%
Total		633	296	47%	200	32%

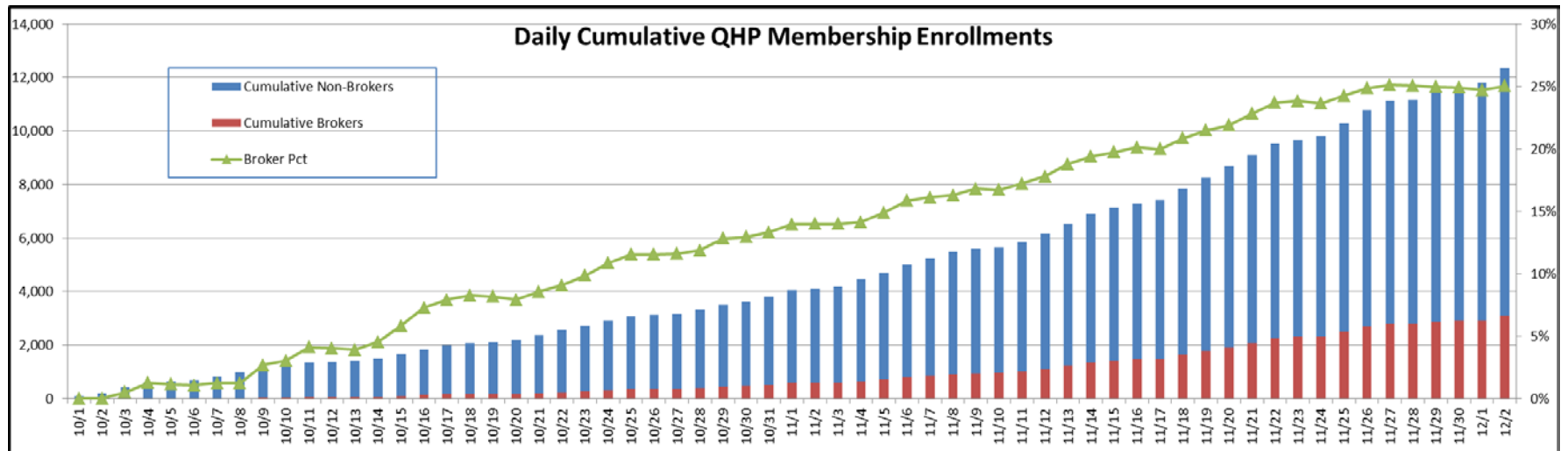
Since opening, our retail store fronts have seen nearly 1,700 visitors, and enrolled more than 500 people (a 30% close ratio)

COMBINED: NEW BRITAIN & NEW HAVEN	OVERALL FROM START 10-28 to 12-1	
Un-scheduled (Walk-ins)	1136	67%
Scheduled (Had Appointments)	551	33%
Total Visitors	1687	100%
Total Enrollments	502	
(% of overall visitors)	30%	
Began Application/Didn't Pick Plan	238	56%
Only Created Accounts	185	44%
Partial completes	423	100%
(% of overall visitors)	25%	

Broker Support Has Been Strong

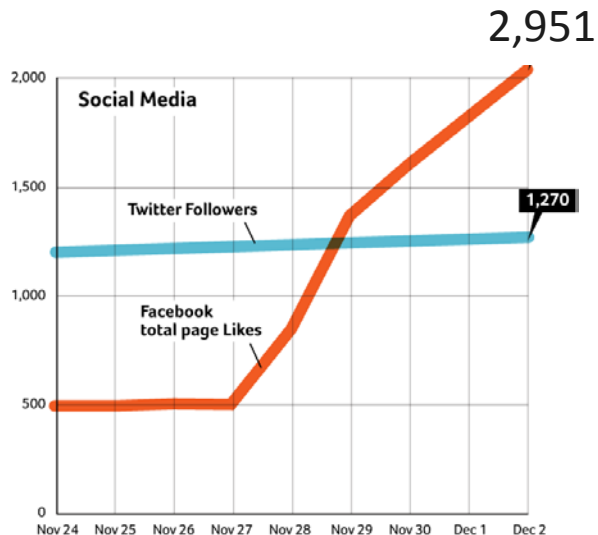
QHP enrollments coming in with a broker touch have increased dramatically since operations began.

As of October 14th, only 5% of sales came in with broker assistance. As of 12/2, that ratio has elevated to 25%



December Surge Activity is Underway

Aggressive Thanksgiving Day buy and social media tie in with NBC generated a sizable post holiday bump online and via social media



- Highest # of web visitors on a Saturday and Sunday since the sites launch (11,481)
- A 35% increase over the prior weekends total of 8,489

December Surge Activity is Underway

Holiday promotions, coupled with the start of December's ad campaign have produced strong results in just the first few days of the month

Time frame	Mon 12/2	Tues 12/3
Number of Web Visitors	13,045	13,602
Accounts Created (daily)	1,184	1,304
Calls answered at call center	2487	2,433
Daily Enrollment	990	1,074

- Highest # in each category since the Exchange's first week of launch
- 2,064 enrollee's in just 2 days

Next Steps

- Monitor media performance to optimize efficiency and drive results
- Continue to support enrollment channels to attain sales goals
- Work existing accounts to drive close activity

Sales Channel	----- Sales by Product -----						Total	(%)
	QHP	(%)	Medicaid	(%)	SHOP	(%)		
Web Site Sales (unassisted)	16,136	27%	3,355	11%	2,307	23%	21,798	22%
Call Center Sales	4,303	7%	-	0%	2,308	23%	6,611	7%
NIPAs	7,530	13%	7,826	26%		0%	15,356	15%
FQHC's	3,586	6%	16,770	56%	-	0%	20,356	20%
Hospitals	1,673	3%	652	2%	-	0%	2,325	2%
Brokers	10,040	17%	-	0%	5,385	54%	15,425	15%
Carrier enrolment (Anthem)	10,159	17%	-	0%	-	0%	10,159	10%
Carrier enrolment (CTCare)	2,988	5%	-	0%	-	0%	2,988	3%
Storefronts	1,912	3%	745	2%	-	0%	2,657	3%
Enrollment fairs	1,673	3%	652	2%	-	0%	2,325	2%
Total	60,000	100%	30,000	100%	10,000		100,000	100%



Connecticut's Health Insurance Marketplace

Plan Management Update – Compliance with Network Requirements

Agenda

- AHCT Network Goals
- Network Adequacy Background
 - CMS Guidance
 - National Committee for Quality Assurance (NCQA)
 - Essential Community Provider (ECP) Defined
- AHCT Standards
- Carrier Compliance / Results
- Next Steps

AHCT Network Adequacy Goals

Accessibility

- Adequate geographic access within a reasonable distance
- Provider availability within a reasonable amount of time

Continuity of Care

- Providers added to traditional health insurance network to support new membership accustomed to utilizing providers not formerly included in the network
 - ECPs

Marketable Plans

- Ensuring that networks for “On Exchange” plans are attractive to consumers
- ‘Substantially similar’ to those “Off Exchange”

Background – CMS Guidance on Network Adequacy

Carriers must ensure that the provider network of each of its QHPs, as available to all enrollees, meets the following standards:

45 CFR §156.230(a)(1)

- Include Essential Community Providers in accordance with §156.235 *[a sufficient number & geographic distribution to ensure reasonable and timely access to a broad range in the service area]*

45 CFR §156.230(a)(2)

- Maintain a network that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that all services will be accessible without unreasonable delay

45 CFR §156.230(a)(3)

- Is consistent with the network adequacy provisions of section 2702(c) of the PHS Act

Background-National Committee for Quality Assurance

Components of NCQA Accreditation Process Required of Carriers

Develop standards for the number and geographic distribution of providers

Set standards on the ability of members to get care

Assess cultural, ethnic, racial and linguistic needs of their members and adjust network if necessary

Via CAHPS® survey, ask enrollees directly if they have adequate access to care

Carriers must ensure that their provider networks are accredited by NCQA

Essential Community Providers (ECPs)

ECP Health Care Provider must be

- 501(c)(3) entity (not for profit)
- OR a state or city owned or operated entity

ECP provides to individuals at risk for inadequate access to Essential Health Benefit services

Examples of Types of ECPs	
Hospitals	Specialized Clinics
Behavioral Health – Substance Abuse providers	HIV/AIDS Programs
FQHCs, CHCs & Tribal providers	Home Health Care Services
Dental Services providers	Limited Primary Care Centers
School Based Health Centers	



AHCT Network Adequacy Standards

- Network requirements:

- Provider network on the Exchange must be substantially similar to the provider network available to the carrier’s largest plan (representing a similar product) offered outside of the Exchange

- “Substantially similar” means:

Hospitals	Unique Facilities	Unique Providers
85% Similarity	Fewer than 750: 85% Similarity	Fewer than 10,000: 85% Similarity
	Greater than 750: 80% Similarity	Greater than 10,000: 80% Similarity

- Include a sufficient number of “Essential Community Providers” (ECPs)
 - AHCT has developed specific standards for inclusion of ECPs within carrier provider networks

AHCT ECP Standards per Board of Directors Vote

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)	CMS NON-EXHAUSTIVE LIST	EXCHANGE EXPANDED LIST
<p>90% network adequacy standard for FQHCs and FQHC “look alike” (November 29, 2012 vote)</p>	<p>75% of the March 2013 CMS non-exhaustive list must be contracted by 1/1/2014 (June 26, 2013 vote)</p>	<p>Full list from May 2013 will be phased in over two years (June 26, 2013 vote)</p> <p>35% of the providers on that list will be contracted by 1/1/2014 and 75% by January 1, 2015*</p> <p>*Percentages to be taken net of the March 2013 CMS non-exhaustive list (no duplication)</p>

Carriers must...

- Show consideration for geography and access to the variety of provider types
- Contract for the full range of services included in the essential health benefits (EHB)

Consideration will be given for demonstration of a good faith effort to accomplish these standards

Carrier Compliance with FQHC Standard

Anthem		
FQHC Compliance	%	#
Compliance %	92.86%	13
Target %	90.00%	14
Connecticare		
FQHC Compliance	%	#
Compliance %	100.00%	14
Target %	90.00%	14
Healthy CT		
FQHC Compliance	%	#
Compliance %	57.14%	8
Target %	90.00%	14
United		
FQHC Compliance	%	#
Compliance %	92.86%	13
Target %	90.00%	14

90% network adequacy standard for FQHCs and FQHC “look alikes”

FQHC Name	Anthem	CBI	HCT	UHC
Charter Oak Health Center, Inc.	✓	✓	✓	✓
Community Health & Wellness Center of Greater Torrington, Inc.	✓	✓		✓
Community Health Center, Inc.	✓	✓	✓	✓
Community Health Services, Inc.	✓	✓	*	✓
Cornell Scott - Hill Health Corporation	✓	✓	*	✓
CT Institute for Communities, Inc.	✓	✓	✓	✓
Fair Haven Community Health Clinic, Inc.	✓	✓		✓
First Choice Health Center, Inc. (formerly E. Hartford HealthCare)		✓	*	
Generations Family Health Center, Inc.	✓	✓	✓	✓
Norwalk Community Health Center, Inc.	✓	✓	*	✓
Optimus Health Care, Inc.	✓	✓	✓	✓
Southwest Community Health Center, Inc.	✓	✓	✓	✓
Staywell Health Care, Inc.	✓	✓	✓	✓
United Community & Family Services, Inc.	✓	✓	✓	✓
*In process of contracting				

Carrier Compliance with CMS Non-Exhaustive List

Anthem		
CMS List Compliance	%	#
Compliance %	60.66%	37
Target %	75.00%	61
Connecticare		
CMS List Compliance	%	#
Compliance %	67.21%	41
Target %	75.00%	61
Healthy CT		
CMS List Compliance	%	#
Compliance %	57.38%	35
Target %	75.00%	61
United		
CMS List Compliance	%	#
Compliance %	59.02%	36
Target %	75.00%	61

75% of the March 2013 CMS non-exhaustive list to be contracted by 1/1/2014

Category	Count	Percent
BH-SA	7	11.48%
BH-SA/HIV-AIDS Programs	3	4.92%
Dental	1	1.64%
Health Center	1	1.64%
HIV-AIDS Programs	14	22.95%
Hospital	5	8.20%
Hospital/BH-SA	1	1.64%
Hospital/BH-SA/Dental/ Spec Clinic /HIV-AIDS Programs	1	1.64%
Programs	2	3.28%
Hospital/HHC	1	1.64%
Hospital/Specialized Clinic	1	1.64%
SBHC	3	4.92%
SBHC/Dental	1	1.64%
Specialized Clinic	19	31.15%
Specialized Clinic/HIV-AIDS Programs	1	1.64%
TOTAL	61	100.00%

Carrier Compliance with Exchange Expanded List

Anthem		
AHCT List Compliance	%	#
Compliance %	62.67%	408
Target %	35.00%	651
Connecticare		
AHCT List Compliance	%	#
Compliance %	62.37%	406
Target %	35.00%	651
Healthy CT		
AHCT List Compliance	%	#
Compliance %	36.56%	238
Target %	35.00%	651
United		
AHCT List Compliance	%	#
Compliance %	22.73%	148
Target %	35.00%	651

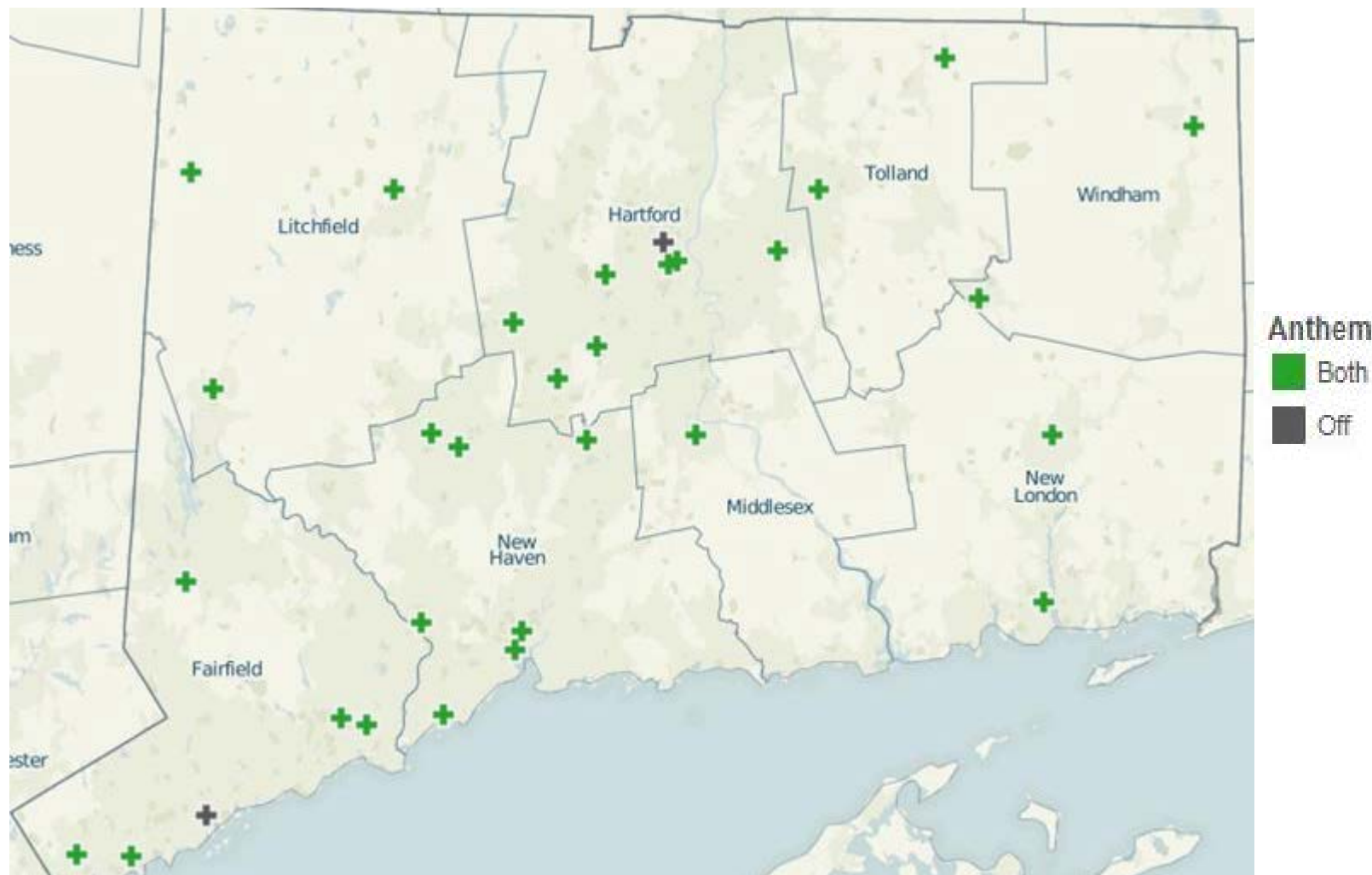
35% of the providers on this list are to be contracted by 1/1/2014 and 75% by January 1, 2015

Percentages to be taken net of the March 2013 CMS non-exhaustive list (no duplication)

Carrier Hospital Contracting

Provider Name	Facility Name	Facility City	Anthem	CBI	HCT	UHC
Bridgeport Hospital	Bridgeport Hospital	Bridgeport	Both	On	Both	Both
Saint Vincent's Medical Center	Saint Vincent's Medical Center	Bridgeport	Both	On	Both	Both
Bristol Hospital, Inc.	Bristol Hospital, Inc.	Bristol	Both	On	Both	Both
Western CT Health Network	Danbury Hospital	Danbury	Both	On	Both	Both
Griffin Hospital	Griffin Hospital	Derby	Both	On	Both	Both
State of CT, University of CT Health	John Dempsey Hospital	Farmington	Both	On	Not Contracted	Both
Greenwich Hospital	Greenwich Hospital	Greenwich	Both	On	Both	Both
CT Children's Medical Center	CT Children's Medical Center	Hartford	Both	Under Negotiation	Both	Both
Hartford HealthCare	Hartford Hospital	Hartford	Both	On	Both	Both
Saint FrancisCare	Saint Francis Hospital and Medical Center	Hartford	Off	On	Not Contracted	Both
Eastern CT Health Network	Manchester Memorial Hospital	Manchester	Both	Under Negotiation	Both	Both
Hartford HealthCare	Mid-State Medical Center	Meriden	Both	On	Both	Both
Middlesex Hospital	Middlesex Hospital	Middletown	Both	On	Not Contracted	Both
Milford Hospital, Inc.	Milford Hospital, Inc.	Milford	Both	On	Not Contracted	Both
Hartford HealthCare	Hospital of Central CT, The	New Britain	Both	On	Both	Both
Yale-New Haven Health System	Hospital of Saint Raphael	New Haven	Both	On	Both	Both
Yale-New Haven Health System	Yale-New Haven Hospital	New Haven	Both	On	Both	Both
Lawrence and Memorial Hospital	Lawrence and Memorial Hospital	New London	Both	On	Not Contracted	Both
Western CT Health Network	New Milford Hospital	New Milford	Both	On	Both	Both
Norwalk Hospital Association	Norwalk Hospital	Norwalk	Off	On	Both	Both
William W. Backus Hospital, The	William W. Backus Hospital, The	Norwich	Both	On	Both	Both
Day Kimball Healthcare, Inc.	Day Kimball Hospital	Putnam	Both	Under Negotiation	Both	Both
Essent Healthcare of CT, Inc.	Sharon Hospital	Sharon	Both	On	Both	Both
Hartford HealthCare	Hospital of Central CT, The	Southington	Both	On	Both	Both
Johnson Memorial Medical Center	Johnson Memorial Medical Center	Stafford Springs	Both	On	Not Contracted	Both
Stamford Hospital, The	Stamford Hospital, The	Stamford	Both	On	Both	Both
Charlotte Hungerford Hospital	Charlotte Hungerford Hospital	Torrington	Both	On	Both	Both
Eastern CT Health Network	Rockville General Hospital	Vernon	Both	Under Negotiation	Both	Both
Saint Mary's Health System	Saint Mary's Hospital, Inc.	Waterbury	Both	On	Both	Both
Waterbury Hospital	Waterbury Hospital	Waterbury	Both	On	Both	Both
Hartford HealthCare	Windham Hospital	Willimantic	Both	On	Both	Both
		Total Hospitals	31	31	31	31
		Not Contracted	0	0	6	0
		Off Exchange Only	2	0	0	0
		Under Negotiation	0	4	0	0
		On Exchange	29	27	25	31

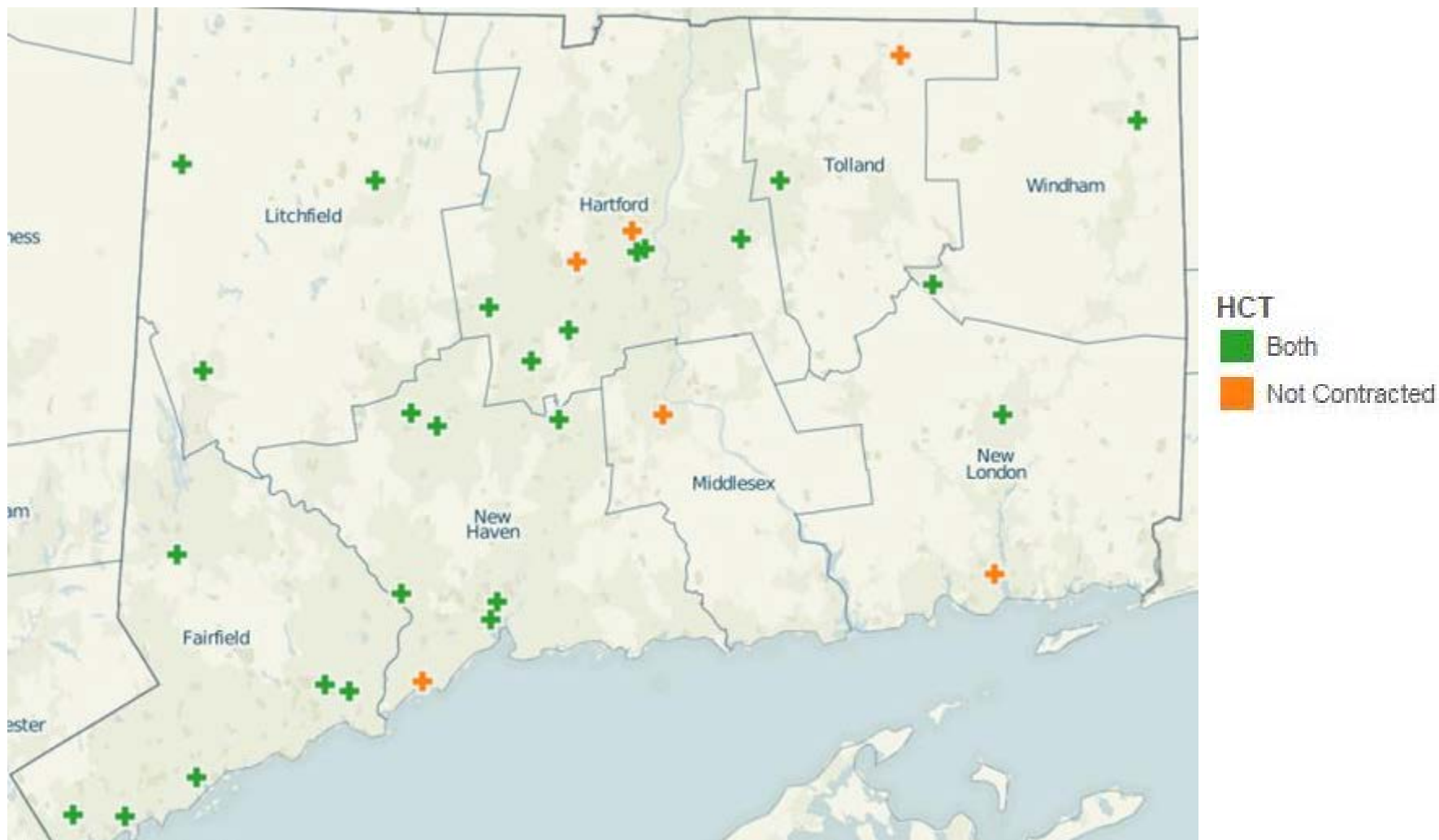
Network Adequacy - Connecticut Hospitals: Anthem



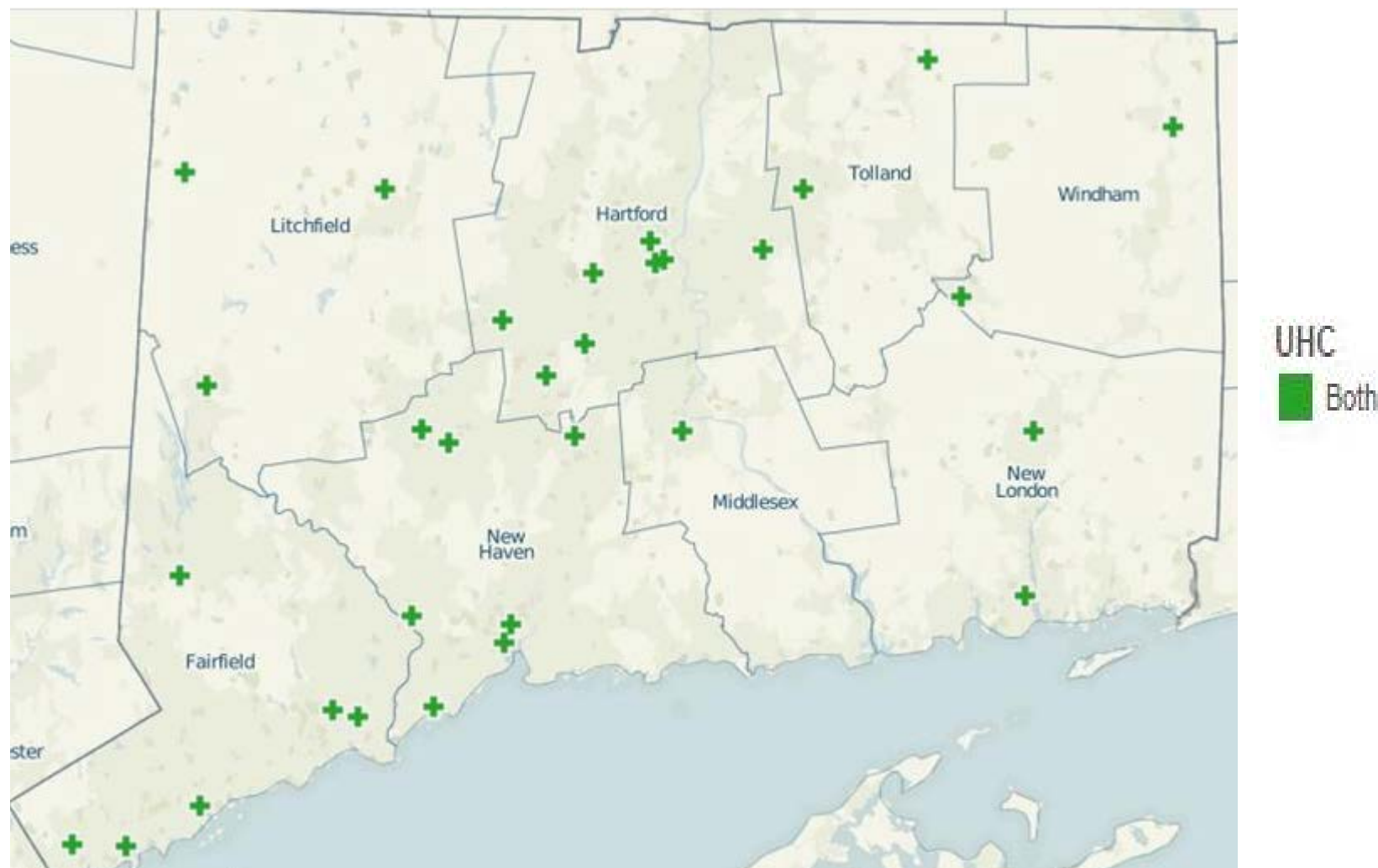
Network Adequacy - Connecticut Hospitals: CBI



Network Adequacy - Connecticut Hospitals: HCT



Network Adequacy - Connecticut Hospitals: UHC





Next Steps

- Perform further analysis related to “substantially similar” contracting of other providers, such as PCP’s and Specialists
 - Monitor hospital and facility contracting
- Continue to review to assure appropriate providers are included in the ECP listing
- In the next quarterly review of ECP data due January 31, 2014, determine the progress made since the previous submission
- Develop communication plan for ECPs that none of the carriers have been successful contracting with to encourage entering into provider agreements
- Evaluate available software for purchase to enhance assessment of network adequacy



Connecticut's Health Insurance Marketplace

December 2013 Finance Update

Finance Update

- Finance is focused on tasks needed to effectively meet the commitments required by the transition of AHCT to a “Going Concern.”
- Financial resources continue to be secured as the new Level 1 grant award of \$20,302,003 was secured in October, as well as approval of lifting of restrictions on existing grant funds in the amount of \$33,303,058.
- Business process enhancements are under way as end user analytical and reporting tools are evaluated, SHOP banking arrangements are finalized, and a Vendor Management Council was created to provide a forum to deal with the many various vendor requirements.
- Recurring regulatory requirements continue to be met:
 - The audit of the 2013 AHCT financial statements was completed and requires approval of the Board.
 - The 2013 Quasi-Public Annual Report was completed and requires approval of the Board.
 - The First Quarter 2014 Quasi-Public Financial and Personnel Status Report was filed.
- The 1st Quarter 2014 expense reforecast was also completed and is presented on the following slides.



Connecticut's Health Insurance Marketplace

Q1 - 2014 Fiscal Year Forecast

Q1 Forecast – Focus



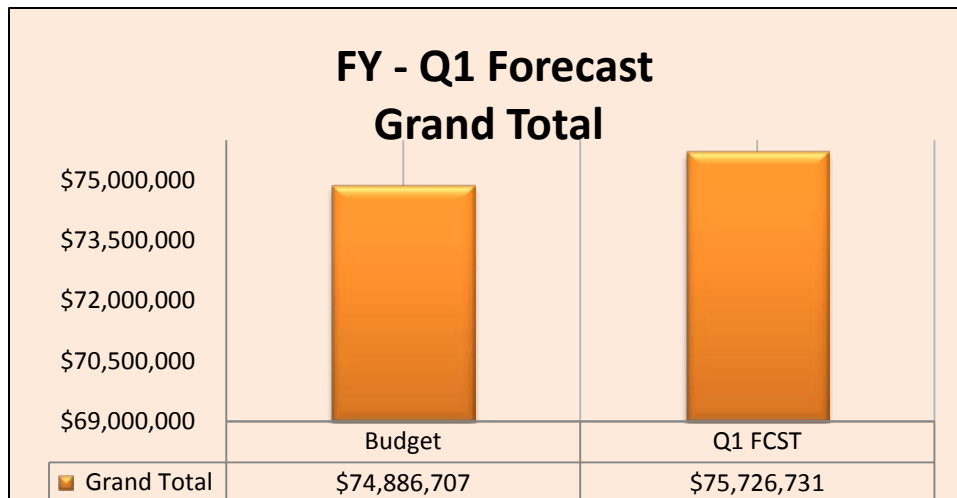
- **Funded** Variance to Budget
 - Anticipated cost to cover the Forecast Variance to Budget was included in the Level 2 Supplement and the new Level 1 grant award
- Directional Impact to 2015
 - Assuming the current run rate, the projected cost for the 1st year of self-sustainability increases slightly
 - Increase in cost during the first year of self-sustainability has negligible impact on the number of months of contingency that is maintained from the Market Assessment: approximately ½ of a month

Q1 2014 Fiscal Year Forecast Overview

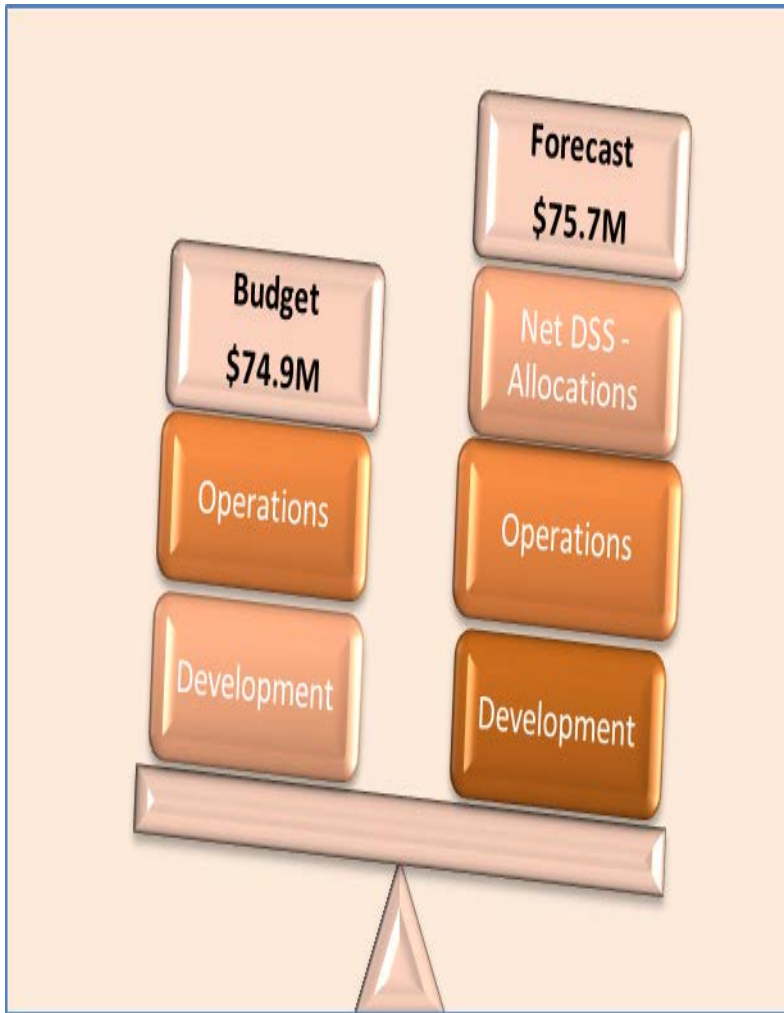
Consolidated- Q1 2014 Full Year Fiscal Forecast		
	Budget	Q1 FCST
Salaries & Fringe	\$ 7,225,337	\$ 8,052,507
Consultants	\$ 73,396,645	\$ 72,146,463
Equipment	\$ 2,424,986	\$ 1,647,835
Supplies	\$ 15,300	\$ 29,351
Travel	\$ 139,300	\$ 176,549
Medicaid Recovery	\$ (10,253,796)	\$ (12,641,546)
Other (Xerox)	\$ 1,938,935	\$ 6,315,571
Grand Total	\$ 74,886,707	\$ 75,726,731

Fiscal Year 2014 Budget to Q1 Forecast Compare

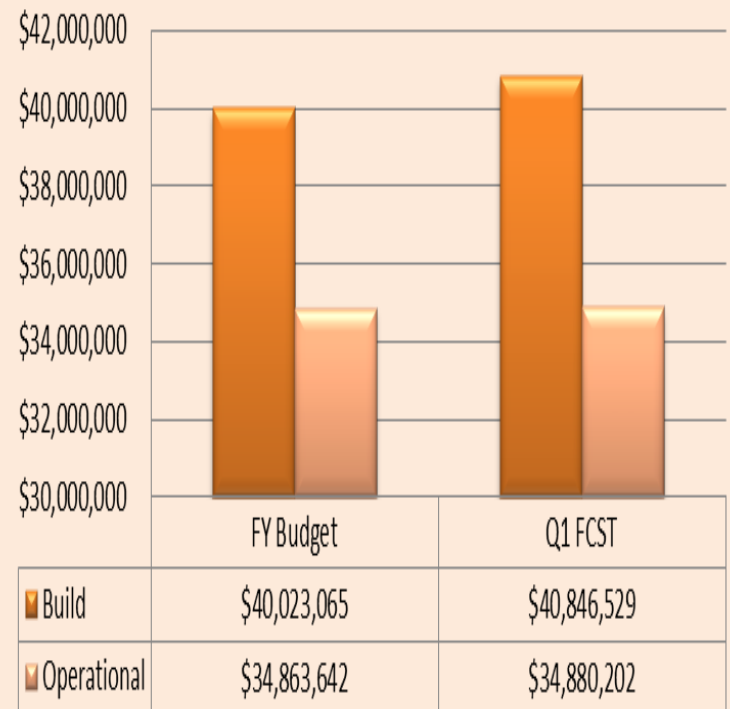
- Forecast is \$0.8M Unfavorable to Budget
 - Higher cost than anticipated from DSS for Xerox services performed for AHCT
 - Offset partially by the final agreed upon Cost Allocation rate to DSS for Operations



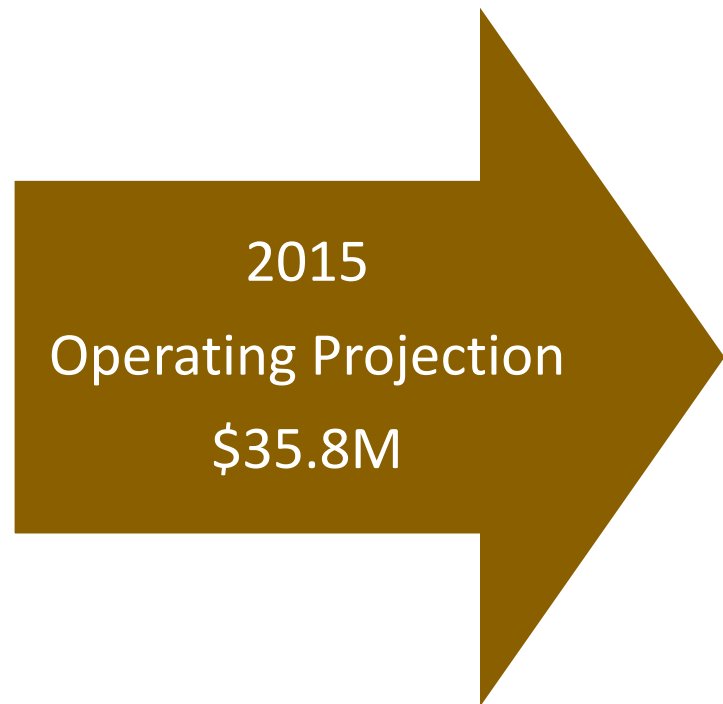
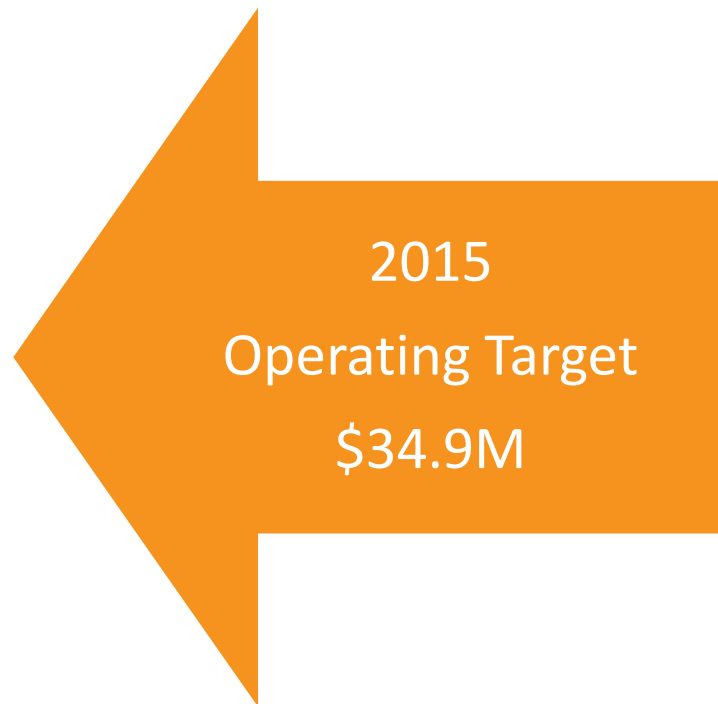
Q1 2014 Fiscal Year Forecast Operational Vs. Build Cost



Distribution Q1 2014 Fiscal Year Forecast



Q1 2014 Fiscal Year Forecast 2015 Lookout





Connecticut's Health Insurance Marketplace

Vote



Connecticut's Health Insurance Marketplace

Strategy Committee Update



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Executive Session



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Adjournment