



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Special Meeting

Legislative Office Building, Room 1D

Wednesday, July 22, 2015

Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman; Victoria Veltri, Vice-Chair, Office of Healthcare Advocate; David Guttcheon, Designee for Secretary Benjamin Barnes, Office of Policy and Management (OPM); Commissioner Roderick Bremby, Department of Social Services (DSS); Robert Tessier; Paul Philpott; Michael Michaud, Chief of Staff, Designee for Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Robert Scalettar, MD; Commissioner Katharine Wade, Connecticut Insurance Department (CID); Commissioner Jewel Mullen, Department of Public Health (DPH); Maura Carley

Members Participating by Telephone: Cecelia Woods

Members Absent: Grant Ritter

Other Participants:

Access Health CT (AHCT) Staff: James Wadleigh, James Michel, Steven Sigal; Susan Rich-Bye; Andrea Ravitz; Shan Jeffreys

The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:00 a.m.

A. Call to Order

Lt. Governor Wyman called the meeting to order at 9:00 a.m.

B. Public Comment

Maryellen Santiago provided a public comment on behalf of Angela Lewis Shakes, Caring Families Coalition.

C. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the June 18, 2015 Regular meeting minutes. Motion was made by Vicki Veltri and seconded by Robert Scalettar, MD. ***Motion passed unanimously.***

D. CEO Report

James Wadleigh, CEO, provided an update on AHCT activities. Mr. Wadleigh indicated that the requested data will be collected in response to the letter read during the public comment. This year's Open Enrollment process will include a consumer decision support tool through the AHCT website. AHCT staff is making progress on bringing affordable health care coverage to Connecticut residents. Mr. Wadleigh introduced Ron Choquette, the new Director of SHOP Sales and Operations. AHCT and DSS are working on updating an outreach program for the Husky A transition. The federal government is currently receiving annual customer survey results from enrollees. Senior Leadership Team members attended two conferences recently. Marketing and outreach staff participated in a Robert Wood Johnson Foundation conference in Chicago where they were asked to discuss outreach efforts. Most of the country is looking at Connecticut as a leader in this regard. An executive summary of the conference will be prepared for the Board. Mr. Wadleigh participated in a Healthcare Value Summit in Utah hosted by Leavitt Partners. A key outcome was building alliances between state agencies, brokers, carriers and providers. The AHCT leadership team will be participating in CCIIO/CMS's annual State Based Marketplace and partnership exchanges conference on shared services and exchange sustainability in McLean, Virginia at the end of this month. AHCT will be receiving a CIO100 award for its mobile app. In September, the CID team will provide an overview of the rate filing process. AHCT continues to improve its enrollment process for the 2016 Open Enrollment.

E. Operations Update

James Michel provided an operations and enrollment update. Qualified Health Plan (QHP) membership is currently at 96,966, a decrease from earlier in the year. Mr. Michel noted that there was a similar decline last year. The decrease was attributed to lack of verification documents; non-payment of premium to carriers; and transitions to other forms of coverage, including Medicare, Medicaid, and employer-sponsored insurance.

Preparation has begun for the transition of 1,200 to 1,350 Husky A enrollees to QHP coverage, which would start September 1, 2015. AHCT will be conducting outreach to this population through several means, including letters, robo-calls, post cards, a message on the website landing page, and contact from brokers. There have been meetings with carriers, the Office of the Healthcare Advocate, the Department of Social Services and the Connecticut Health Foundation. Special training will be developed for the call center to work with these consumers.

Commissioner Mullen arrived at 9:18 a.m.

In order to have coverage available on September 1, 2015, and avoid a gap in coverage, these consumers should complete the enrollment process by August 15 and pay the initial premium to the carrier. Identification cards will be mailed out within five days of the receipt of initial premium payments.

Ms. Veltri added that additional Husky A enrollees will transition to Temporary Medical Assistance (TMA), and will be eligible for QHP coverage in the summer of 2016. She said that the Federally Qualified Health Centers are also assisting with this transition process. Mr. Michel stated that there is ongoing communication with community partners.

F. Marketing Update

Andrea Ravitz, Director of Marketing stated that AHCT has prioritized education and communication regarding the transition of enrollees from Husky A to QHPs, emphasizing the potential gap in coverage. The website landing page will provide more in-depth information on the next steps in the enrollment process. Brokers will assist consumers in choosing the appropriate plan.

The AHCT summer outreach program continues, and has been successful thus far. There have been changes in outreach tactics, based on feedback and new opportunities. Staff members are collecting names and contact information for potential consumers. Education is the number one goal. Ms. Ravitz provided examples of AHCT's current radio advertisements.

Ms. Ravitz provided a summary of the consumer survey, which included respondents who enrolled for the first time in 2015, renewed coverage in 2015, and terminated coverage at the end of 2014. The survey was conducted by telephone between June 4 and June 24, in both English and Spanish. Approximately fifty percent of the members surveyed did not have health insurance prior to enrolling in AHCT, which has contributed to the decrease in Connecticut's uninsured rate.

Ms. Ravitz summarized the reasons that survey respondents gave for termination of their coverage. These included the cost of coverage, changes in personal situations, job attainment, and Medicaid eligibility. Sixty-four percent of those who terminated their coverage said that they would consider enrolling again. The survey results provided a breakdown of reasons for terminating coverage, which were presented with corresponding opportunities to address these issues. Paul Philpott inquired about the percentage of enrollees receiving subsidies who terminated coverage, as opposed to those who were not receiving subsidies. He suggested that this level of detail could illuminate differences between these populations.

Ms. Ravitz provided a summary of health insurance utilization, comparing plan years 2014 and 2015. There was a decrease in the number of consumers who said that they had a primary care physician. Mr. Wadleigh added that the survey data will be further analyzed in order to allow AHCT to react to the results in a more timely manner.

Mr. Philpott asked if the survey question about physician visits distinguished between preventative visits and those for treatment of illnesses. Ms. Ravitz replied that the question did not make this distinction. Mr. Philpott added that there may be a big difference between these two purposes, and asked for future surveys to differentiate these results.

Dr. Scalettar asked if the survey methodology could be further explained at the September Board Meeting. Ms. Ravitz replied that this presentation was just a summary, and that more details, including the methodology, will be presented in September.

Ms. Veltri added that numerous consumers, especially those who were newly insured, did not understand the concept of a deductible, and that it did not apply to every service. She suggested that AHCT provide more education on how a deductible works, because there is an assumption that it applies across the board. Further, Ms. Veltri was interested to know how many consumers cited the high deductible as a reason for termination, and how many consumers cited any other hardship.

Ms. Ravitz summarized AHCT's statewide outreach campaign in support of open enrollment. She reviewed the communications strategy, and provided an overview of paid media. A summary of unpaid media for 2014 and 2015 was provided. Next steps include a presentation of the PERT survey results at the September Board meeting. There will be meetings with carriers to discuss co-branding, outreach, education, and carrier fairs.

Maura Carley asked about opportunities to educate consumers, especially those not receiving subsidies, about the prospect of the penalty if they terminate their coverage. Ms. Ravitz replied that there would

be further discussion on education about the penalty, and that the membership retention campaign will be more proactive in the future.

Dr. Scalettar asked whether any other state-based exchanges went through a similar Medicaid eligibility change, and if there were any lessons learned from that experience. Mr. Michel responded that a similar change occurred recently Rhode Island, whose exchange staff emphasized the importance of education.

Ms. Veltri asked for a clarification on the deadline for the Husky A transition population to enroll in QHPs and avoid a gap in coverage. She had understood that the deadline was August 31, 2015 for a September 1, 2015 effective date. Mr. Michel stated that carriers would need at least two weeks to process an invoice and provide ID cards to a new enrollee, so AHCT will be encouraging consumers to enroll by August 15 to have the ability to use their new coverage with providers on September 1, 2015. Mr. Wadleigh added that the dates will be part of the outreach efforts. Susan Rich-Bye, Director of Legal Affairs and Policy, clarified that the special enrollment period is 60 days from the date that coverage is lost, but that there could be a gap in coverage if an enrollment is not completed by the deadline.

G. 2016 Open Enrollment Update

Shan Jeffreys provided an update on the Open Enrollment for 2016, reviewing the integrated project plan and communication plan. Meetings are taking place with the carriers prior to Open Enrollment. There are milestones to be accomplished, but they are on track. Any potential issues and risks will be presented at the September Board meeting.

In response to a question from Mr. Philpott, Mr. Wadleigh explained the plan certification process, which includes a review of compliance with federal and state laws, as well as validation of plan filings in coordination with the Connecticut Insurance Department (CID). Analysis of the plans' network adequacy is a separate process which determines whether the carriers are meeting the Board's standards. Mr. Philpott asked if the Board will be considering any changes to the network adequacy standards. Mr. Wadleigh replied that AHCT staff members are working with CID to compare network adequacy and premiums for plans on and off the exchange. He added that key findings from this analysis will be shared during the September Board meeting.

H. Finance Update

Steve Sigal, Chief Financial Officer, provided a finance update. Market assessment payments have been received on an ongoing basis. CMS has lifted the restrictions on the Level I and Level II grant awards. The finance team has continued to prepare and file regulatory reports as required by statute. Wakely Consulting Group has been contracted to perform the first annual adverse selection study, which is required by the Exchange's enabling legislation. A Request for Proposal for financial programmatic audit services was issued, and Whittlesey & Hadley was selected as the vendor to provide these services. Business processes have continued to improve, with the implementation of the Enterprise Resource Planning system.

Mr. Sigal reviewed revenues and expenses for fiscal year 2015, and there is currently a \$200,000 favorable variance. It is anticipated that the year will end as forecasted. A summary of the fiscal year 2015 contractual breakout was provided.

Robert Tessier asked whether DSS will pay the difference between its allocable budget amount and that which was actually paid. Mr. Sigal responded that the budgeted amounts did not necessarily represent

the amount that was spent, or whether other revenues were received. He has met with DSS finance staff, and they have sorted out any confusion as to cost sharing. The amounts are determined on an accrual basis.

I. Strategy Committee Update

Robert Scalettar, MD, Chair of the Strategy Committee provided a Strategy Committee update. The Strategy Committee met earlier in July and discussed ways to become more effective. In terms of structure and process, the Committee agreed on the implementation of tools such as a calendar of Board decisions, reviews, and project lists. These will allow improved input into the strategic direction of AHCT. A total dashboard of metrics for AHCT will be created for the Board to review. Finally, there was a larger conversation on whether strategy should be a Board responsibility, and how to create a closer connection between the Board and Committee. Work products will be brought to the full Board for conversations regarding more active involvement in the strategic direction of AHCT.

J. Adjournment

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Robert Scalettar, MD and seconded by Robert Tessier. ***Motion passed unanimously.*** Meeting adjourned at 10:26 a.m.

*Next meeting will be on September 17, 2015 at the Legislative Office Building, Room 1D
From 9:00 a.m. to 12:00 p.m.*