Board of Directors Meeting

July 22, 2015



Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. CEO Report
- E. Operations Update
- F. Marketing Update
- G. 2016 Open Enrollment Update
- H. Finance Update
- I. Strategy Committee Update
- J. Adjournment



Public Comment



Review and Approval of Minutes (Votes)



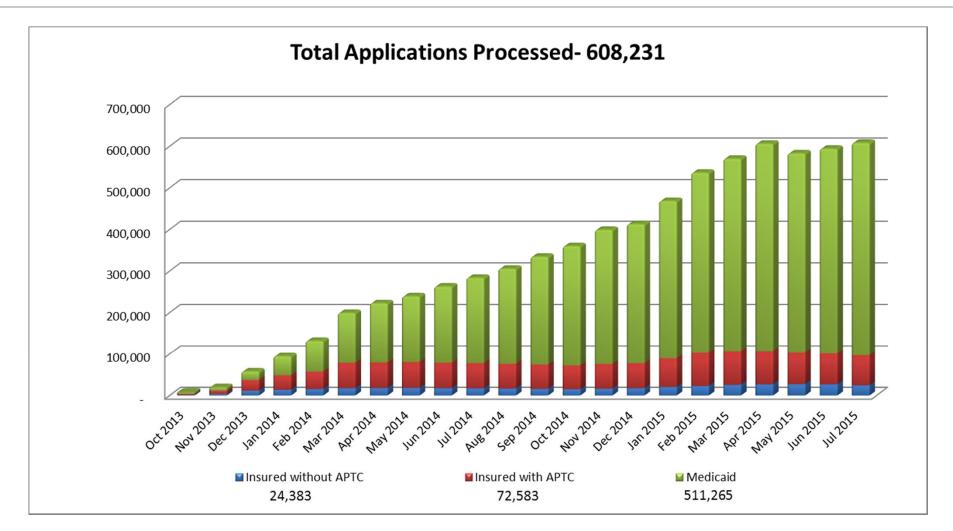
CEO Update



Operations Update

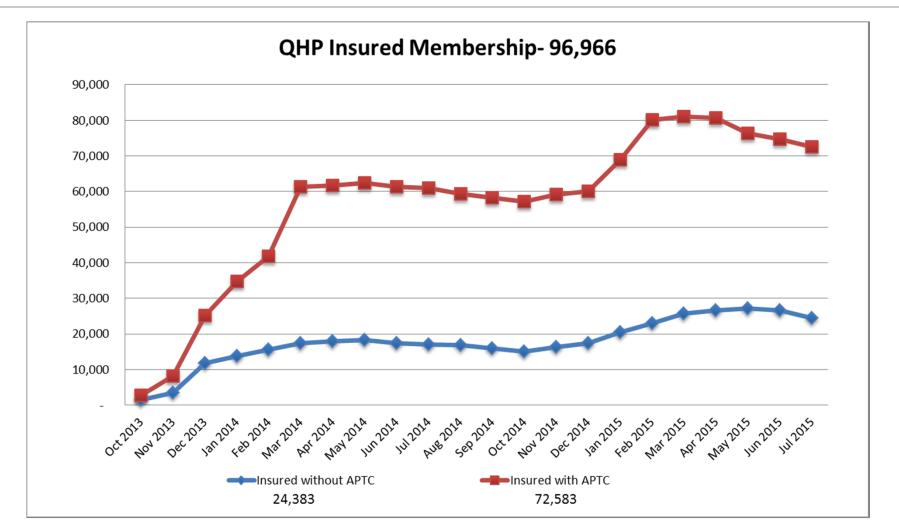


Operating Metrics





Operating Metrics



Husky A Transition to Qualified Health Plans/APTC

- Access Health and the Department of Social Services are developing a marketing and enrollment plan to minimize the risk of a gap in coverage for those who are losing Husky A coverage.
- Identified an estimated 1,350 enrollees who need to be transitioned immediately to avoid a gap in coverage starting September 1, 2015
 - Marketing and Outreach
 - Letter to be mailed
 - Robo call
 - Post card
 - Landing page
 - Operations
 - Special mailing
 - Identify brokers to support this effort, based on zip code
 - To avoid any gap in coverage as of September 1, 2015, individuals must be enrolled by August 15, 2015



Husky A Transition to Qualified Health Plans/APTC, Cont..

- Carriers
 - Met with all carriers to discuss and collaborate to ensure no gap in coverage for this population
- Met with the Office of Healthcare Advocate for their input on communication and outreach
- Will be meeting with the Connecticut Health Foundation for their input on communication and outreach
- Make changes and special training for the Call Center in support of this transition.



Critical Path to Minimize Gap in Coverage

- Enrollment through Access Health CT must be completed no later than August 15, 2015 for a coverage start date of 9/1/2015
- Healthcare coverage will not start until initial premium is received by Carrier (check, credit card, on line or direct deposit)
- ID cards are mailed out within 5 days of receipt of initial premium payment for new enrollments



Marketing Update



Summer Outreach Program

- Events so far: 9 (26 more to go)
- Leads: Emails:673, Photos:557, Promo items:3,341
- Questions: Spin wheel/ Issue Resolution Team
- Media Interviews: Radio & TV
- On site activation: Education
- Social media engagement: i.e.

26.2

Maryanne Barra My husband and I stopped by right before the 5K race ~ great booth! Our pics were taken too! Can you tell me where I can find the pics?

Kevin Saunders I stopped by your booth at the Puerto Rican fest, thanks for the nice bag!! I was wondering if you were still going to post the pics you took ?

Past stats: Lead Generation

- 60.8% of healthy chat leads enrolled
- 26.9% of fairs and festivals leads enrolled
- 26.1% of retail intercept leads enrolled





Summer Outreach Program: Radio campaign

2015 Summer Campaign Network of Stations

On-Air: June-September 2015

Market	Station	Format					
Bridgeport GA	WEZN-FM	Adult Contemporary					
Bridgeport Hisp	WMRQ-F2	Hispanic					
Stamford GA	WFOX-FM	Classic Rock					
	WTIC-FM	Hot AC					
	WRCH-FM	Adult Contemporary					
Hartford GA	WKSS-FM	Тор 40					
	WZMX-FM	Urban Contemporary					
	WTIC-AM	News					
	WMRQ-FM	Alternative Rock					
Hartford Hisp	WMRQ-F2	Hispanic					
Now Haven CA	WPLR-FM	Rock					
	WYBC-FM	Urban Adult Contemporary					
	WBMW-FM	Adult Contemporary					
lew Haven GA	WWRX-FM	Rhythmic Contemporary					
New London GA	WBMW-F2	Country					
	WJJF-FM	News					



Example

GA = General Audience



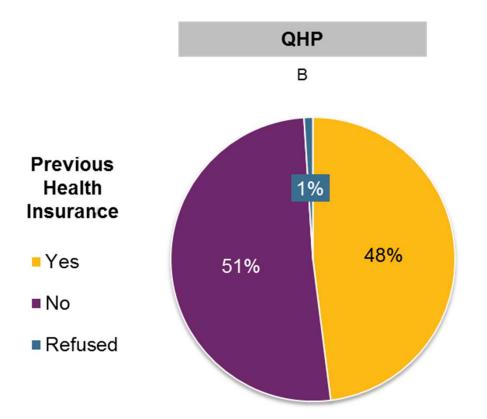
Member Census: Enrollee/Leaver Satisfaction and Understanding Study Topline Report Highlights

Telephone survey among: new, renewal and Leavers June 4th, 2015 - 24th, 2015 Conducted in English & Spanish



Prior Health Insurance Status - "Year Two" (2015) New Enrollees

 Looking at "year two" new enrollees, 5 in 10 among QHP did not have health insurance prior to enrolling for coverage via Access Health CT.





Reasons for Terminating Coverage & Likelihood to Repurchase

- Expense, personal situations, job attainment and Medicaid qualification are the most often cited reasons for terminating coverage.
- Of those who terminated, 64% would consider obtaining future coverage through AHCT.

Reason for Terminati	Reason for Terminating Coverage						
Too expensive/can't afford it - general	14%	Access Health CT for Future Coverage					
Other personal situations (marriage, divorce, death in family, etc.)	13%	.					
I/my spouse got a job with health insurance	12%	7%					
I qualified for Medicare	12%						
Didn't use it	7%	19%					
l moved	6%						
Poor customer service/Poor experience dealing with Access Health Connecticut	6%	7%					
Not worth it/Not valuable/Poor coverage	3%	4% 18%					
l qualified for Medicaid	3%						
Too expensive/can't afford it - copays and deductibles	2%	64%					
Too expensive/can't afford it - premiums specifically	2%	■ Very likely Top 2					
Poor choice in doctors/hospitals/my doctor wasn't covered	2%	Somewhat likely Box					
Poor customer service/Poor experience dealing with the insurance carrier	2%	Neither likely nor unlikely					
Too expensive/can't afford it - prescriptions	1%	Somewhat unlikely					
Other	15%	Very unlikely					
Don't know/Refused	3%	Don't know/refused					

access health CT

Reasons for Terminating Coverage

Peason for Terminating Coverage

	Reason for	Terminati	ng Co	verage
	Too expensive/can't affor	rd it - general		14%
Other personal situati	ions (marriage, divorce, death in	family, etc.)	1	3% 🗲
	I/my spouse got a job with hea	Ith insurance	1	2% ←
	l qualified	for Medicare	1	2% 🔶
		Didn't use it	7%	->
		l moved	6%	←
Poor customer service	/Poor experience dealing with A	ccess Health Connecticut	6%	
	Not worth it/Not valuable/Po	oor coverage	3%	->
	l qualified	for Medicaid	3%	
Too expe	nsive/can't afford it - copays and	d deductibles	2%	-
Too exp	oensive/can't afford it - premiums	s specifically	2%	-
Poor choice in	n doctors/hospitals/my doctor wa	asn't covered	2%	←
Poor customer service	e/Poor experience dealing with t	he insurance carrier	2%	~
	Too expensive/can't afford it -	prescriptions	1%	~
		Other		15%
	Don't kr	now/Refused	3%	

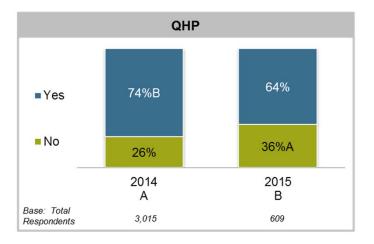
33% termed for reasons we can't control

- 19% termed for reasons related to cost Opportunity: Value proposition, financial help, shop for plans and use Decision Support tool
 13% termed for life changing reasons. Opportunity: Explain special enrollment + potential financial help
 - 12% termed because lack of usage, value or choosing the wrong plan **Opportunity**: Value proposition, promote shopping
- 8% termed because of poor customer service with our call center or the carriers. **Opportunity**: training, share stats with Carriers, improve customer surveys -phone & online.

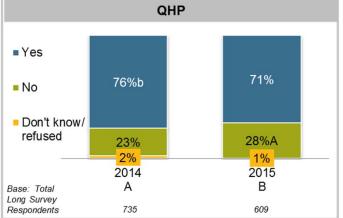


Health Insurance Usage & Primary Care Physician - 2014 vs. 2015

• Fewer Quality Health Plan enrollees had used their insurance coverage in 2015 vs. 2014



 Fewer Quality Health Plan enrollees report having a primary care physician in 2015 compared to 2014





Using the data...





In-Person Assistance Overview

- Access Health CT is in the process of planning a state wide outreach campaign in support of open enrollment efforts seeking to accomplish the following objectives:
 - ✓ Raise brand awareness
 - Reinforce the benefits and opportunities (may see better value with AHCT)
 - Communicate the value of AHCT
 - Promote shopping for plans
 - Elevate consumer health insurance literacy, education and plan utilization
 - Leverage success stories to recruit new membership
 - Continue to develop a strong broker network
 - Engage Community Enrollment Partners (complete plan will be shared in September board meeting)



Communications Strategy & Media Overview

Main Target Audiences

- 1. Current Members
- 2. New Members
- 3. Brokers
- 4. Small Businesses

Paid Media

- Evaluating all paid media tactics utilized during the past two enrollment periods for: Broadcast & Cable, Radio, Digital, Print, Out of Home, transit, billboards, Mobil, Sponsorships, Social media etc.
- As the marketplace continues to evolve, so will the media plan.
- **A detailed media plan will be presented in the month of September

Unpaid Media

- Maintain and enhance Access Health CT brand
- Enhance retention
- Communicate regularly and with purpose
- Publicize customer experience
- Reach out to the diverse communities in the state



Unpaid Media Recap for 2014/2015 Open Enrollments

2014 Pre-Open Enrollment

- Media advisories promoting healthy chats in CT communities
- Coordinated key media interviews and Editorial Board meetings for Jim

2014/2015 Launching Open Enrollment

• Kick off press event and press release with Lt. Governor

2014/2015 Open Enrollment Key TV Interviews

Dec 23 & Jan 29 - tape Face the State. Feb 1 - tape Real Story

2014/2015 Open Enrollment Press Releases

- 11/17 avatar, 11/21 enrollment update , 11/25 mobile app
- 12/2 free in-person enrollment assistance, 12/15 -deadline, 12/17 enrollment update
- 1/15 statement with enrollment update, 1/26 Exchange solutions
- 2/9 Lt. Governor deadline reminder, 2/15 last day release

2015 Pushing the Deadline

- Week of Feb 9 NBC interview, AP interview, CT Post interview, Univision, Telemundo interview
- Feb 9 press event with Lt. Governor and deadline reminder press release
- Feb 15 final day of enrollment statement

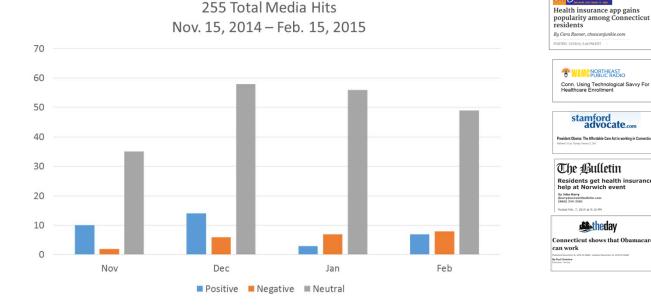


Unpaid Media Recap - 2015 Open Enrollment

2015 Wrap-Up and Special Enrollment

- Feb 23 goals announcement
- March 3 special enrollment press release
- March 31 special enrollment press briefing call

Open enrollment media hits



2015 Examples of coverage

The Dau The Bulletin mirror

Hartford 🐲 Courant

Junkie

STED: 12/18/14, 5:44 PM EST

THE WANG NORTHEAST

Conn. Using Technological Savvy For Healthcare Enrollment

stamford advocate.com

resident Obama: The Affordable Care Act is working in Cor

Residents get health insurance help at Norwich event

A theday

The Bulletin

By John Barry jbarry@norwichl (860) 334-2501 losted Feb. 7, 2015 at 9:16 PM



Access Health CT registró cerca de 200 mil residentes para cobertura de salud asequible



Seguro de Salud: Access Health CT recuerda inscribirse hasta el 15 de Febrero

Escrito el 12 feb 2015 Por : 0 Comments

WRYM 840 AM - La Gigante, 30 minute WCUM 1450 AM - Radio Cumbre, 30 minute WLAT 910 AM - La Mega, 30 minute WPRX 1120 AM - La Puertorrigueñisima, 1 hr BOMBA FM - La Bomba 30 minute interview



Next Steps

PERT/Acturus member census study:

- July 24: Data
- Deep dive on Data and Marketing Plan: September board meeting

Meeting with Carriers:

• Co-brand, outreach, education, carrier fairs etc.



2016 Open Enrollment Update



2016 Open Enrollment Update



Open Enrollment Readiness project management process has begun

- Open Enrollment
 - We continue to meet weekly with functional areas around milestones and gates that will lead to another successful Open Enrollment. All stakeholders have been engaged and are in the process of sharing information to the Open Enrollment project coordinator.
- Integrated project plan
 - All functional areas continue to update project plans with status and percent complete. All dependencies are being evaluated and mitigation planning has started where needed.
- Communication plan
 - Began meeting with Carriers on the process of renewals. This time with the carriers is used for any questions the carriers may have or changes in the current Access Health CT project plan. The Open Enrollment Project team is currently modifying the Open Enrollment and Renewals Process Book for distribution to all stakeholders. This Process Book includes notice examples, system trigger dates and use cases. Ultimately a condensed version of this Process Book will be shared to all carriers that are on the exchange.



Open Enrollment Dashboard – On Track

		2016 Open Enrollment Release Timeline											
		June	Ju	ıly	A	ugust	September	October	October December				
PM					\diamond	$\diamond \diamond$		\diamond					
Marketing				\diamond		>	\						
PM IT					\diamond	$\diamond \diamond$	\diamond						
Renewal							\blacklozenge	\blacklozenge	♦				
Tech				\diamond				\diamond					
сс			$\diamond \diamond$				♦ ♦	♦					
Sales	\diamond	\diamond	\diamond	\diamond		\diamond							
Training						\diamond	♦	♦					
Field Service								♦ ♦	> 				
CSO / IRD			\diamond	\diamond			Ó	•					

Open Enrollment Functional Area Status									
Component	Status	Functional Lead	Upcoming Priorities Next Week						
Plan Management	20%	Ellen Kelleher / Ann Lopes	Certification: Complete remaining Initial reviews						
Marketing / Communication	25%	Andrea Ravitz	 Complete final draft of the HUSKY transition mailer with Operations / Policy / Spitfire Establish consistent branding across AHCT subs, including APCD and SHOP 						
Renewals	20%	Shan Jeffreys	 Carrier Meetings have began to discuss notice changes and coordination, renewal process & EDI Forecasting auto-renewal population 						
Technology	25%	Philip Varghese	 Design and Development for August and October releases underway Main functions are open enrollment readiness and disallowing multiple applications. 						
Call Center	28%	David Lynch	 Continue to review scripts, update new hire training, review IVR for changes and summer school training Submit documents (WI, Forms) to AHCT for review and sign off 						
Sales	25%	Josephine Sempere / Ron Choquette	 Send both acceptance and rejection letters for the 6 finalists of the RFP for Lead Broker program Work with Legal to have the carriers take AOR issues directly from the brokers 						
Training	25%	Josephine Sempere / Ron Choquette	 Finalize curriculum module development schedule and assign resources Structure user architecture for CSOD database 						
Field Services	32%	Tony Crowe	 Sign lease extensions for New Britain and New Haven 						
Customer Services Organization	22%	Jennifer June	 Have the IRD Database up and running and functional for the entire team Current 1095 team in the WP job shadowing 						

Finance Update



Overview July 2015

- The Finance Team continues fulfilling its commitment to support the organization through its transition to a "going concern."
- Continue securing financial resources:
 - > 2015 market based assessments received to date total \$13.2M.
 - Received the notice of grant award for the lifting of restrictions on the 2014 & 2013 Level One grants on July 9, 2015 and July 16, 2015, respectively.
- Regulatory requirements continue to be met:
 - Coordinated and completed the Quarterly Report to the Connecticut Joint Standing Committees of the General Assembly under Sec.38a-1092(a) for the second calendar quarter.
 - Wakely Consulting has been contracted to perform the first annual Adverse Selection Study required by Connecticut Public Act No. 11-53 section 25.
 - Completed the request for proposal process for Financial and Programmatic Audit services begun in May 2015. Whittlesey & Hadley, PC was chosen unanimously as the successful respondent.
- Improving business processes by using NetSuite, the Enterprise Resource Planning (ERP) system to "close the books" as June 30th for fiscal year 2015. Also continuing to learn and leverage the robust functionality of the software.
- Closing out FY 2015 which ended June 30, 2015. Total expenses amounted to \$34.8M vs. the forecast of \$35.0M, a favorable variance of \$0.2M. Details of FY 2015 results follow.



FY 2015 Expense Results

FISCAL YEAR 2015 FORECAST

Access Health CT	FY15	Grants	D	SS Allocable		АНСТ	
Salaries	\$ 7,602,141	\$ 1,070,679	\$	-	\$	6,531,462	
Fringe Benefits	\$ 2,112,874	\$ 185,772	\$	-	\$	1,927,101	
Temporary Staffing	\$ 2,447,632	\$ 1,497,281	\$	571,731	\$	378,621	
Contractual	\$ 93,835,368	\$ 13,717,098	\$	55,051,116	\$2	\$25,067,154	
Equipment	\$ 606,436	\$ 316,056	\$	208,727	\$	81,652	
Supplies	\$ 31,782	\$ 3,209	\$	-	\$	28,572	
Travel	\$ 317,508	\$ 50,612	\$	2,624	\$	264,272	
Other Administrative	\$ 1,695,042	\$ 337,632	\$	611,413	\$	745,997	
Total Expense	\$ 108,648,782	\$ 17,178,339	\$	56,445,610	\$	35,024,832	

FISCAL YEAR 2015 ACTUALS

Access Health CT	FY15	Grants	D	DSS Allocable		АНСТ
Salaries	\$ 7,391,299	\$ 1,099,642	\$	-	\$	6,291,657
Fringe Benefits	\$ 1,984,357	\$ 189,572	\$	-	\$	1,794,784
Temporary Staffing	\$ 2,180,838	\$ 1,224,481	\$	578,967	\$	377,390
Contractual	\$ 91,085,274	\$ 17,870,021	\$	48,371,308	\$2	24,843,945
Equipment	\$ 367,850	\$ 204,387	\$	-	\$	163,463
Supplies	\$ 36,784	\$ 2,765	\$	-	\$	34,019
Travel	\$ 274,157	\$ 37,112	\$	2,624	\$	234,422
Other Administrative	\$ 1,350,407	\$ 238,415	\$	-	\$	1,111,992
Total Expense	\$ 104,670,965	\$ 20,866,395	\$	48,952,899	\$	34,851,671

FISCAL YEAR 2015 FORECAST VS ACTUALS

Access Health CT	FY15	FY15 Gran		D	SS Allocable	АНСТ
Salaries	\$ 210,842	\$	(28,964)	\$	-	\$ 239,806
Fringe Benefits	\$ 128,517	\$	(3,800)	\$	-	\$ 132,317
Temporary Staffing	\$ 266,795	\$	272,800	\$	(7,237)	\$ 1,231
Contractual	\$ 2,750,094	\$	(4,152,923)	\$	6,679,808	\$ 223,209
Equipment	\$ 238,585	\$	111,669	\$	208,727	\$ (81,811)
Supplies	\$ (5,002)	\$	444	\$	-	\$ (5,446)
Travel	\$ 43,351	\$	13,501	\$	-	\$ 29,850
Other Administrative	\$ 344,635	\$	99,217	\$	611,413	\$ (365,995)
Total Expense	\$ 3,977,817	\$	(3,688,055)	\$	7,492,711	\$ 173,161

Variance Explanations

- Salary and fringe favorability results from timing in hiring and attrition
- Other administrative un-favorability is due to higher general insurance costs
- Contractual See page 4 for detail





FY 2015 Contractual Breakout

Contractual		Forecast	Actuals	Allocation %	D	SS Forecast	D	SS Actuals
IT Allocable	\$	54,392,868	\$ 42,303,121		\$	38,357,611	\$	30,697,628
Consumer/Worker Portal (Old)	\$	26,394,441	\$ 19,113,185	28.53%	\$	7,530,334	\$	5,452,992
Consumer/Worker Portal (New)	\$	5,730,361	\$ 5,426,567	84.00%	\$	4,813,503	\$	4,558,316
Regulatory Compliance	\$	5,515,708	\$ 874,206	84.00%	\$	4,633,194	\$	734,333
System Integration with DSS	\$	1,134,810	\$ 2,391,209	84.00%	\$	953,240	\$	2,008,615
Technology Infrastructure	\$	2,974,869	\$ 2,131,372	84.00%	\$	2,498,890	\$	1,790,352
M&O (Old)	\$	-	\$ 3,491,355	56.00%	\$	-	\$	1,955,159
M&O (New)	\$	6,137,083	\$ 4,275,225	80.00%	\$	4,909,667	\$	3,420,180
Security (Old)	\$	437,379	\$ 249,311	28.53%	\$	124,784	\$	71,128
Testing (New)	\$	1,233,600	\$ 668,800	84.00%	\$	1,036,224	\$	561,792
Testing (Old)	\$	1,423,637	\$ 1,114,324	28.53%	\$	406,164	\$	317,917
Learning Mgt System	\$	-	\$ 191,117	84.00%	\$	-	\$	160,538
Deloitte Holdback Warranty /Accrual	\$	-	\$ -	28.53%	\$	8,040,630	\$	7,289,855
DSS Only Projects	\$	3,410,980	\$ 2,376,450	100.00%	\$	3,410,980	\$	2,376,450
Non-Allocable	\$	18,124,822	\$ 24,699,793		\$	-	\$	-
Accounting	\$	80,310	\$ 67,401	0.00%	\$	-	\$	-
APCD	\$	1,505,814	\$ 1,064,938	0.00%	\$	-	\$	-
Legal	\$	891,128	\$ 918,865	0.00%	\$	-	\$	-
Marketing	\$	7,199,337	\$ 6,749,393	0.00%	\$	-	\$	-
SHOP	\$	856,404	\$ 854,453	0.00%	\$	-	\$	-
Plan Management	\$	848,141	\$ 1,747,214	0.00%	\$	-	\$	-
Verifications (Xerox)	\$	4,289,883	\$ 4,187,776	0.00%	\$	-	\$	-
1095 Projects	\$	2,013,731	\$ 6,829,334	0.00%	\$	-	\$	-
Other	\$	440,074	\$ 2,280,417	0.00%	\$	-	\$	_
Non-IT Allocable	\$	21,317,678	\$ 24,082,361		\$	16,693,504	\$	17,673,680
Call Center (Old)	\$	1,188,506	\$ 5,931,253	56.00%	\$	665,563	\$	3,321,502
Operations (Old)	\$	314,152	\$ 702,950	56.00%	\$	175,925	\$	393,652
Call Center (New)	\$	17,751,512	\$ 15,499,731	80.00%	\$	14,201,210	\$	12,399,785
Operations (New)	\$	2,063,508	\$ 1,948,426	80.00%	\$	1,650,806	\$	1,558,741
Grand Total	\$	93,835,368	\$ 91,085,275		\$	55,051,116	\$	48,371,308

access health CT

Strategy Committee



Adjournment

