



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

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

Legislative Office Building, Room 1D

Thursday, June 18, 2015

**Meeting Minutes**

**Members Present:**

Secretary Benjamin Barnes, Office of Policy and Management (OPM); Commissioner Roderick Bremby, Department of Social Services (DSS); Grant Ritter; Paul Philpott; Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Cecelia Woods; Robert Scalettar, MD; Deputy Commissioner John Thomson, Connecticut Insurance Department (CID); Maura Carley

**Members Present by Telephone:** Victoria Veltri, Vice-Chair, Office of Healthcare Advocate

**Members Absent:** Lt. Governor Nancy Wyman (Chair); Robert Tessier; Commissioner Jewel Mullen, Department of Public Health (DPH)

**Other Participants:**

Access Health CT (AHCT) Staff: James Wadleigh, Julie Lyons, James Michel, Susan Rich-Bye, Shan Jeffreys, Andrea Ravitz; Josephine Sempere

**The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:11 a.m.**

**I. Call to Order**

The meeting was called to order.

A motion was requested to choose Robert Scalettar to act as presiding officer at today's meeting in the absence of the Chair and Vice-Chair. Motion was made by Vicki Veltri and seconded by Grant Ritter. ***Motion passed unanimously.***

**II. Public Comment**

There was no public comment.

**III. Review and Approval of Minutes**

Dr. Scalettar requested a motion to approve the May 28, 2015 Special Meeting minutes. Motion was made by Grant Ritter and seconded by Paul Philpott. ***Motion passed unanimously.***

Dr. Scalettar requested a motion to approve the June 12, 2015 Special Meeting minutes. Motion was made by Paul Philpott and seconded by Benjamin Barnes. ***Motion passed unanimously.***

**IV. Votes**

Josephine Sempere, Training and Sales Manager, introduced the proposed Compliance and Disciplinary Policy for Certified Independent Brokers. This policy was developed to establish standards of appropriate conduct for brokers who are certified to sell plans through Access Health CT. Susan Rich-Bye, Director of Legal Affairs and Policy, stated that the policy describes unacceptable broker behavior, and includes a range of disciplinary actions, ranging from written warnings to permanent decertification. Further, the proposed policy establishes a disciplinary action procedure, which includes communication with brokers, and a process for reconsideration of a suspension or decertification. The policy would allow AHCT to notify the Connecticut Insurance Department and any other regulatory agency of disciplinary actions. AHCT staff asked the Board to approve the proposed policy for publication in the *Connecticut Law Journal* for a 30 day public comment period. Following the public comment period, and consideration of any public comments, the Board will be asked to adopt the policy.

Paul Philpott asked whether the ACA or state law required the establishment of a broker compliance and disciplinary policy. Mr. Wadleigh replied that this policy is not a legal or regulatory requirement, but AHCT has determined that its adoption is necessary, and that the process would be fair and transparent. Mr. Philpott asked how the policy will be adjudicated, and who will be involved. Ms. Sempere replied that this will be connected to the new Learning Management System, which will require the brokers to sign the policy electronically, and will provide an opportunity to ask questions about the policy.

Dr. Scalettar asked for a motion to approve the Compliance and Disciplinary Policy for Certified Independent Brokers as presented by AHCT staff for publication in the *Connecticut Law Journal* and 30 days of public comment. Motion was made by Grant Ritter and seconded by Cecelia Woods. ***Motion passed unanimously.***

Susan Rich-Bye provided an explanation of the proposed amendment to the bylaws, which would create a new process for cancellation and rescheduling of meetings of the Board. Currently, a meeting can only be cancelled at a prior meeting or by calling a special meeting. This amendment will allow cancellation of a meeting by written consent from at least six Board members. Cecelia Woods asked if this can be done electronically. Ms. Rich-Bye confirmed that consent could be provided by e-mail. Dr. Scalettar asked for a motion to adopt the amendment to the bylaws as recommended by AHCT staff to create a new process for the cancellation and rescheduling of meetings of the Board. Motion was made by Grant Ritter and seconded by Benjamin Barnes. ***Motion passed unanimously.***

**V. CEO Report**

James Wadleigh, CEO, provided an update on AHCT activities. Currently, AHCT is focusing on open enrollment readiness. Mr. Wadleigh has held meetings and discussions with AHCT staff and the carriers regarding improvement of processes, and he thanked the carriers for their collaborative efforts. AHCT has just completed its first annual broker conference, which was very successful. AHCT will help facilitate the State-Based Marketplace Sustainability Conference in Washington, DC. Three senior AHCT managers have been invited by the Robert Wood Johnson Foundation to participate in a conference which will recognize AHCT's outreach efforts.

The Supreme Court Decision in *King v. Burwell* is due any day. AHCT does not expect any immediate impact to Connecticut residents, but the case is being watched closely to determine whether there will be any potential future effects. AHCT continues to meet with a number of states to discuss contingency plans, and AHCT is eager to help those states develop processes. The Connecticut General Assembly has passed a budget which changes the income levels for MAGI Medicaid eligibility, and AHCT is working with DSS to implement those changes.

Commissioner Roderick Bremby thanked Mr. Wadleigh and the AHCT team for the development of IT prioritization schedule. The AHCT and DSS teams are working together well on the prioritized list, which will result in a better system for all Connecticut residents.

**VI. Operations Update**

James Michel provided an operations and enrollment update. Qualified Health Plan (QHP) enrollment stands at 101,294. The percentage of QHP enrollees not receiving APTCs remains steady.

Andrea Ravitz provided a summary of the demographics of the consumers who enrolled during the April Special Enrollment Period. During this period, the average enrollee was 39 years old, and had a smaller household and higher income level than those who enrolled during open enrollment. This is a difficult population to reach, and these enrollments are likely a result of the tax penalty for being uninsured. Ms. Ravitz provided statistics for the 10 cities with the highest QHP enrollment. These are important insights which will inform future outreach strategies.

Dr. Scalettar asked if the federal government intends to hold similar special enrollment periods in future years, or if this would only occur in 2015. Mr. Wadleigh replied that he had a recent conversation with the federal team, who indicated that they did not expect to hold a similar special enrollment period in the future.

Mr. Michel continued with a summary of the Husky A eligibility changes in the state budget for fiscal years 2016 and 2017, which was recently passed by the General Assembly. The budget reduces the eligibility income level for adults enrolled in Husky A, but does not impact eligibility for pregnant women. Most of those who lose Husky A coverage will be eligible to enroll in QHPs with Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR). AHCT is working with a number of partners to minimize the risk of those individuals losing coverage. There will be a strategic plan to reach this population, which will include working with brokers

to support this effort. Mr. Michel also provided a summary of coverage and enrollment statistics from other states which have implemented similar changes to Medicaid eligibility. Secretary Barnes asked for data on the retention of consumers in these income categories, and Mr. Wadleigh replied that this information would be provided to the Board.

**VII. 2016 Open Enrollment Update**

Shan Jeffreys, Open Enrollment Lead, provided an update on 2016 Open Enrollment activities, including a high level work stream. A more detailed work stream in the functional areas of Open Enrollment will be presented at the next Board meeting.

**VIII. Marketing Update**

Andrea Ravitz, Director of Marketing, provided a brief overview of the summer outreach program. The main goals of the marketing effort are engaging with diverse communities, educating the public on the plans offered through AHCT, and encouraging people to stay healthy. The slogan of the summer campaign is “Get Out, Get Active, Get Healthy”. The open enrollment campaign slogan will be “Get Out, Get Active, Get Covered”. In addition to traditional media, AHCT will engage communities through social media platforms. The target audience this year includes current enrollees, potential new applicants, and brokers. The marketing campaign is intended to engage a diverse population. AHCT’s marketing partners this year include the University of Connecticut, CRN Radio, and Live Nation. Ms. Ravitz described mass media tactics which will be different from previous years. These include radio advertisements and announcements, printed materials, and online media with information on AHCT plan benefits.

AHCT will have a presence at 35 events across the state this summer. Thus far, AHCT has participated in the Susan G. Komen Race for the Cure and the Puerto Rican Day Parade. Experiences at these events will inform outreach efforts in future engagements.

Ms. Ravitz provided a summary of the new AHCT website home page. Feedback was gathered from consumers on functionality and the look and feel of the website. The AHCT slogan, “Connecticut’s Health Insurance Marketplace”, has been eliminated from the website, and AHCT’s mission will be communicated through more understandable methods. A major next step is enhancement and simplification of the plan selection process. Mr. Wadleigh added that the carriers have invested a lot in consumer education, and have shared valuable results with AHCT, which will inform further website development and outreach.

Ms. Ravitz continued with a summary of next steps, which include receiving and analyzing the results of the PERT study in July. This study will provide AHCT with a significant amount of information on membership, and will help to inform decisions on marketing and enrollment. More detailed metrics and data on consumers will be shared at future Board meetings. The “Learn More” section of the AHCT website will now be available in Spanish. AHCT has engaged the broker community in discussions regarding the website and enrollment processes, and will take their feedback into account when making future enhancements.

Mr. Philpott inquired about the total broadcast media budget for this year, as compared with the previous year. Ms. Ravitz replied that the broadcast media budget for the previous year

was approximately \$3 million, and that the budget allocation for this year will be decided once strategic decisions are made. The PERT study results will help to guide these decisions. Mr. Philpott advised, and Ms. Ravitz agreed, that the broadcast budget should be substantially decreased, using sharper segmentation of the marketplace and better targeting of consumers. Mr. Philpott asked for more information about plans for public relations and non-paid media in the future.

**IX. 2017 Essential Health Benefits (EHB) Presentation**

Julie Lyons, Director of Plan Management, provided an overview of the recommendations to the Board for the 2017 Essential Health Benefit (EHB) Benchmark Plan for the State of Connecticut. In a recent joint meeting, the Health Plan Benefits and Qualifications and Consumer Experience and Outreach Advisory Committees voted to recommend this plan to the Board.

The federal Centers for Medicare and Medicaid Services (CMS) released specific guidance for states in April to select a benchmark plan, or default to a federal plan. Connecticut needs to notify CMS by July 1 of its decision. AHCT staff conducted research and analysis of plan options, and presented them to the Advisory Committees at their meeting. The Board was asked to vote on the Committees' recommendation.

Ms. Lyons summarized the ten categories of EHBs, which have not changed since 2014. EHBs do not include cost sharing, deductibles, exclusions, or utilization reviews. A history of the 2014 EHB Benchmark Plan was provided.

Ms. Lyons listed the plans which were considered for this recommendation, and the distinguishing features of each plan. She described the process and reasoning by which some plans were eliminated from consideration. Some plans did not include all of the state mandated benefits, and others were projected to potentially cause substantial increases in premiums. The goals of this process were to limit market disruption, limit consumer confusion, and limit premium rate increases. The most favorable options were the "Carrier A" and "Carrier B" plans, which offer the same benefit levels as the current EHB plan.

Grant Ritter asked about the possibility of altering plan designs by changing benefit levels, and expressed concern about potential premium increases. Ms. Lyons replied that the Advisory Committees felt that AHCT should maintain consistency with the current EHB plan, and that it would be difficult to predict premium increases for 2017 at this time.

Dr. Scalettar inquired as to the status of EHB plans in other state-based exchanges. Ms. Lyons replied that she will provide that information.

Dr. Scalettar asked for a motion to adopt the 2017 EHB Benchmark Plan, as recommended by the Advisory Committees. The motion was made by Paul Philpott and seconded by Maura Carley. ***The motion passed unanimously.***

**X. Strategy Committee Update**

Dr. Scalettar provided a Strategy Committee update. The Committee last met on June 11, with Mr. Philpott and Commissioner Katharine Wade joining as new members. The meeting focused on reviewing the roles and responsibilities of the Committee, with a lively discussion of AHCT's transition to an operating company. The Committee is in the midst of finalizing performance metrics, which will be brought to the full Board for approval. Enrollment, marketing issues, and SHOP strategy were also discussed. The Committee will partner with stakeholders, including brokers and carriers, on the development of innovative products.

**XI. Adjournment**

Dr. Scalettar requested a motion to adjourn the meeting. Motion was made by Grant Ritter and seconded by Maura Carley. ***Motion passed unanimously.*** Meeting adjourned at 10:31 a.m.