

Board of Directors Meeting

June 18, 2015

access health CT 

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. Votes
- E. CEO Report
- F. Operations Update
- G. Marketing Update
- H. 2017 Essential Health Benefits (EHB) Presentation
- I. Adjournment

Public Comment

Review and Approval of Minutes (Votes)

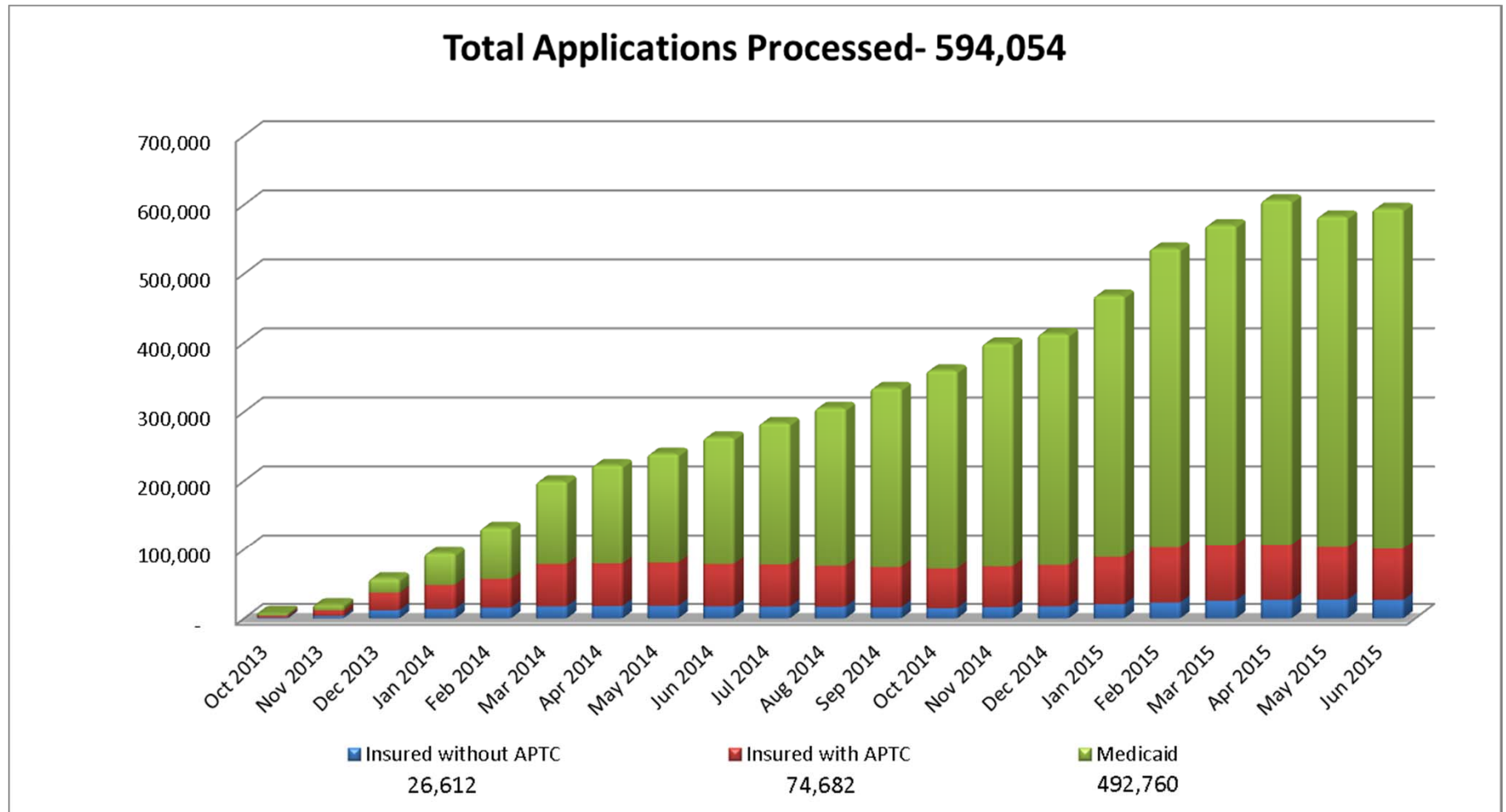
Votes

- Compliance and Disciplinary Policy for Certified Independent Brokers
 - Approve the Policy for notice in the Connecticut Law Journal and 30 days of public comment
- By-law Change
 - New Bylaw regarding Changing or Cancelling Board Meeting

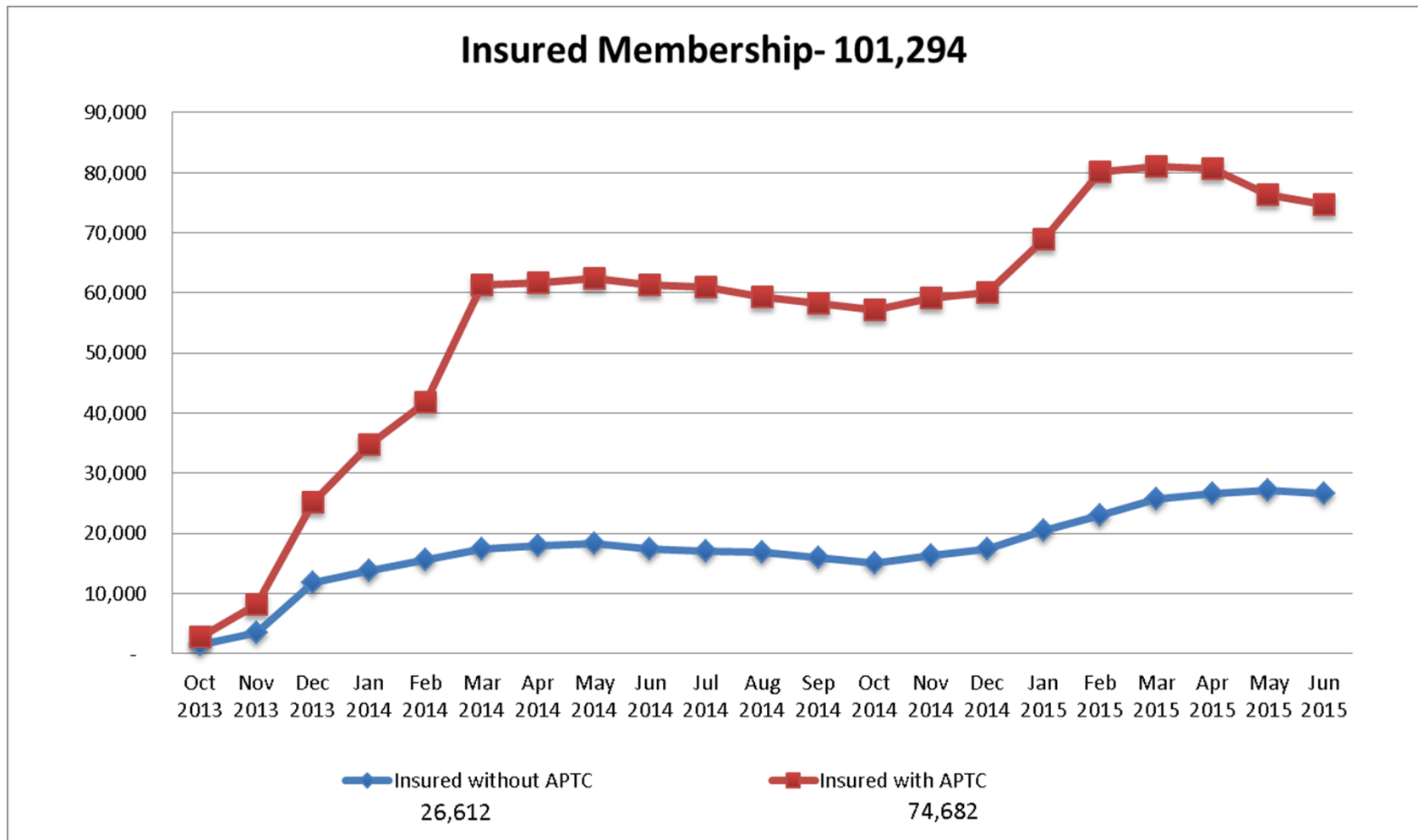
CEO Update

Operations Update

Operating Metrics



Operating Metrics



April Special Enrollment

- AHCT enrolled 1,429 Connecticut residents in private health care plans (QHP) during the Special Open Enrollment Period that ran from April 1, 2015 to April 30, 2015.
- The special enrollment period was opened to individuals who did not have health care coverage in 2014 and were subject to a penalty on their 2014 federal taxes.

April Enrollees Profile - Summary Stats:

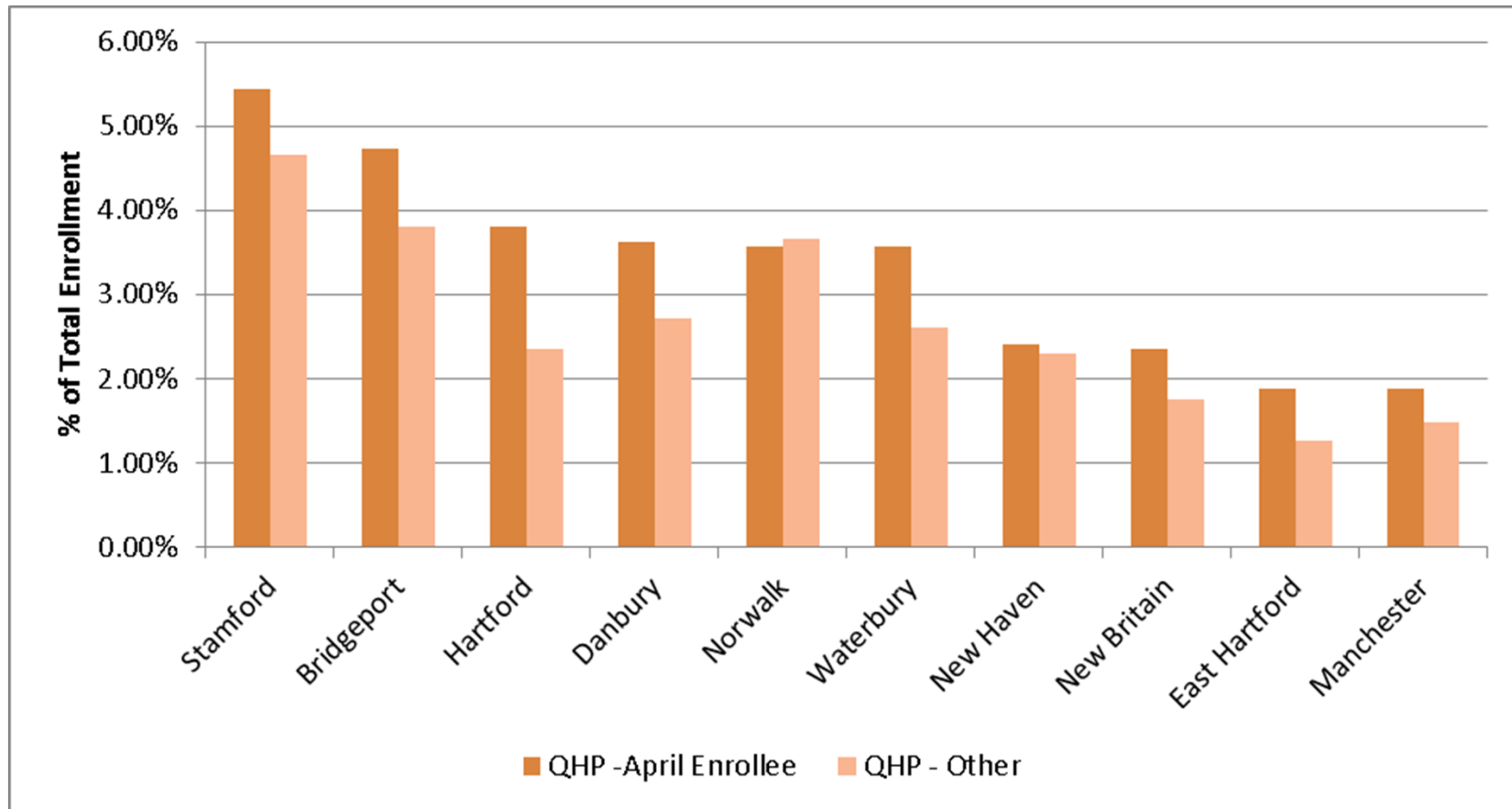
Indicator	QHP -April Enrollee	QHP - Other
Average Age	39	43
Average HH Size	2.2	2.3
Female	49.2%	52.7%
Male	50.8%	47.3%
FPL < 139%	15.5%	12.11%
FPL > 138%	84.5%	87.89%
APTC/CSR	71.5%	73.8%
No Financial Assistance	28.5%	26.2%

HH: Household
FPL: Federal Poverty Level
APTC: Advanced Premium Tax Credit

CSR: Cost Sharing Reduction
QHP: Qualified Health Plan

April Special Enrollment

April Enrollees Profile - Top Ten QHP Enrollment Locations:



* Top ten enrollment cities account for 27% of total enrolled QHP population.

PROPOSED LEGISLATIVE CHANGES IN THE 2015-2017 BIENNIAL STATE OF CONNECTICUT BUDGET IMPACT ON HUSKY A ADULTS

IN ACCORDANCE WITH THE STATE OF CONNECTICUT'S FISCAL YEARS 2016 AND 2017 BIENNIAL BUDGET, A NUMBER OF CURRENT HUSKY A ADULT ENROLLEES, EXCLUDING PREGNANT WOMEN, WILL LOSE THEIR MEDICAID ELIGIBILITY AND WILL HAVE TO BE TRANSITIONED TO PRIVATE HEALTH INSURANCE THROUGH ACCESS HEALTH. WE ANTICIPATE THAT MOST, IF NOT ALL OF THEM, WILL BE ELIGIBLE FOR ADVANCE PREMIUM TAX CREDITS (APTC) AND COST SHARING REDUCTION (CSR)

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
 - Operations
 - Special mailing
 - Identify brokers to support this effort, based on zip code
 - Set up special enrollment events in key locations
 - To avoid any gap in coverage as of September 1, 2015, individuals must be enrolled by August 15, 2015

ANTICIPATED IMPACT

- ACCORDING TO INFORMATION FROM STATES THAT HAVE GONE THROUGH SIMILAR MEDICAID CHANGES, LESS THAN 50% OF THOSE WHO TRANSITIONED TO PRIVATE HEALTH INSURANCE RETAINED HEALTH INSURANCE COVERAGE
- FOR EXAMPLE:
RHODE ISLAND IMPLEMENTED A SIMILAR CHANGE, ONLY 11% OF THOSE WHO TRANSITIONED TO THE PRIVATE HEALTH INSURANCE MARKET RETAINED HEALTH INSURANCE COVERAGE
- ACCESS HEALTH CT WILL BE WORKING WITH THE FOLLOWING ORGANIZATIONS TO MITIGATE THE RISK OF THOSE INDIVIDUALS GOING WITHOUT HEALTH INSURANCE:
 - THE DEPARTMENT OF SOCIAL SERVICES
 - THE OFFICE OF HEALTHCARE ADVOCATE
 - THE CONNECTICUT HEALTH FOUNDATION
 - CARRIERS

2016 Open Enrollment Update

Open Enrollment Planning

Open Enrollment Readiness project management process has begun

- In order to track progress of required elements to successfully conduct open enrollment activities beginning 11/1, the following steps have been taken:
 - Identify required areas needed for performing Open Enrollment functions
 - Identify responsible lead to oversee work in each functional area
 - Assign project management resources to assist in development of detailed work plan
 - Develop integrated project plan and weekly reports to communicate progress
 - Establish weekly team meeting to coordinate efforts across departments and address issues which arise

Open Enrollment Work Stream Status

Weekly status updates with project completion percentage forthcoming

Functional Area	Lead	Current Status	Current track
Plan Management	Julie Lyons	20%	Quality Health Plan certification
Marketing/Communications	Andrea Ravitz	25%	Summer Program / Open Enrollment marketing strategy
Dental	Julie Lyons	10%	Qualified Dental Plan certification
Renewals	Shan Jeffreys	20%	Statistics, Communication plan, Project plan
Small Business Health Options Program (SHOP)	John Carbone	10%	Identifying resources
Technology	Peter VanLoon	25%	Prioritization of requirements in support of Open Enrollment
Call Center	Dave Lynch	10%	Training , IVR elaboration and staffing
Sir Speedy/print notices	Tony Crowe	12%	Volume expectations and forecast
Legal/Compliance	Susan Rich-Bye	18%	Request elaboration
Sales	Jo Sempere	25%	Conferences, training material development
Training	Jo Sempere	25%	Material draft, LMS development
Field Services	Tony Crowe	18%	In progress, employee transition, training and development
Customer Service Organization	Jen June	15%	Training and development

* Connecticut Department of Social Services and Xerox will be included in weekly stakeholder meetings

Marketing Update

Summer Outreach Program / June-October 2015

Main goal

- Education & Branding. Encourage consumers to get healthy by learning more about the benefits of enrolling in quality, affordable healthcare coverage at summer events across the state.

Objectives:

- The outreach program, entitled *“Get Out, Get Active, and Get Healthy,”* will provide opportunities to obtain information about healthcare coverage plans and potential cost savings offered via Access Health CT.
- Keep our brand (through AHCT branded car and promo items) top of mind outside the open enrollment period.
- Grow and engage with the community in our social media platforms.



Summer Outreach Program

- Events: AHCT will have presence at 35 events across the state that include among others:

- Races
- Parades
- Festivals
- Community Fairs
- Concerts
- Farmers Markets
- Wellness Fairs
- Sport Events (UConn)
- Faith based organizations
- Music and Art events
- Etc.

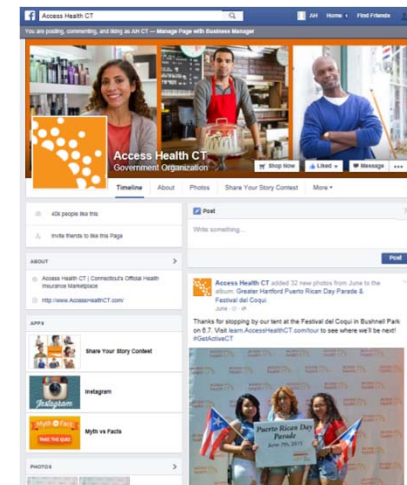


FOOD TRUCK FESTIVAL



Summer Outreach Program

- Tactics:
 - Radio: “On-air tour” consisting of a series of 60” ads promoting family activities around Connecticut and health tips.
 - Landing page: The campaign will drive traffic to the program’s landing page and AHCT social media assets for more information.
 - Onsite presence: Brand ambassadors, branded car, signage, promo items, bi-lingual educational flyer etc.
 - Social Media: Increasing the brand’s visibility on Facebook, Twitter and Instagram. Attendees can take a picture that they can then look for on Facebook.
 - PR Component: A series of bi-lingual media advisories allowing people to know where we’ll be next.
 - 9 PSA’s recorded by 3 UCONN coaches promoting healthy leaving and the essential health benefits
 - UCONN partnership: On-site signage and presence for Basketball, Football & Hockey games. Co-branded promotional items, broker networking opportunities.



Summer Outreach Kickoff



Susan G. Komen Race for the Cure



- Access Health CT's Get Out, Get Active, Get Healthy tour visited the Susan G. Komen Race for the Cure on June 6th
- Runners and walkers had a chance to take a picture with the Access Health CT branded step and repeat
- Estimated attendance of over 30,000; six hundred (600) participated in the AHCT tour booth

Puerto Rican Day Parade



- Access Health CT was onsite at the Puerto Rican Day Festival on Sunday June 7
- Estimated attendance of 30,000 people
- Estimated 1,200 premium items distributed
- Over 300 pictures taken against the AHCT step and repeat
- Bilingual staff member was available to answer questions



Campaign elements



Cleaning cloth



Educational Frisbee



Hot/cold packs



Educational Flyer



Branded bag



Branded back pack

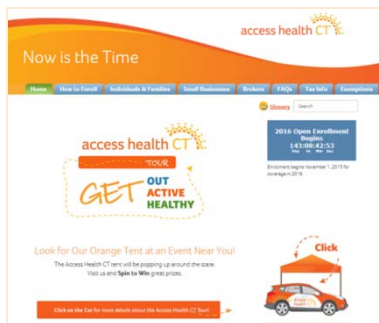
New AHCT Home Page / June 2015

- Gathered feedback from consumers on functionality and look and feel of the website.
- Features:
 - ✓ Standalone Trademarked Logo
 - ✓ Alerts Box: with abbreviated headlines and rollover capability to read full alerts
 - ✓ Links to important resources like: Dental Insurance, Application for Exemptions and Appeals, Comparing Plans, Small Business, HUSKY Health & FAQ's
 - ✓ Use your Plan tab: meant to direct customers to an educational portion of the learn more site
 - ✓ Brand: reflects brand consistency



Next Steps

1. The PERT study (coming July 24th) will be driving the following:
 - Definition of primary and secondary demographic targets (new members) for upcoming OE marketing campaign
 - Outreach strategy: strategic outreach locations and opportunities
 - Setting acquisition goals for the year
 - Value proposition
 - Retention Campaign
2. Data Metrics: share consumer data, stats, demographic profiles etc.
3. Learn More Site: Will be available in Spanish (date: TBD)



2017 Essential Health Benefits (EHB)

Essential Health Benefits (EHBs) Categories

§1302(b)(1) of the ACA provides that the EHB must include coverage in these categories of services:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental Health and Substance Abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative & habilitative services and devices
- Laboratory services
- Preventative and wellness services and chronic disease management
- Pediatric services, including oral and vision care

History: 2014 Plan Year CT EHB-Benchmark Plan Selection



REVIEW INCLUDED THE FOLLOWING QUESTIONS

- 1) Did plans contain CT mandates?
 - This eliminated the Federal options
- 2) Did plans have lifetime limits?
 - This eliminated 2 small group options
- 3) Did plans have unlimited visit limits?
 - This eliminated the State of CT options

Key differences of the 4 remaining plans were identified and evaluation performed, resulting in selection of the largest, non-Medicaid HMO as Connecticut's EHB-Benchmark plan beginning in 2014.

'Supplemental' coverage was added in order to ensure coverage for all 10 EHB's:

- pediatric oral care services from CHIP (HUSKY B), and
- pediatric vision care services from the largest federal vision plan

CT EHB-Benchmark Plan Selection for 2017

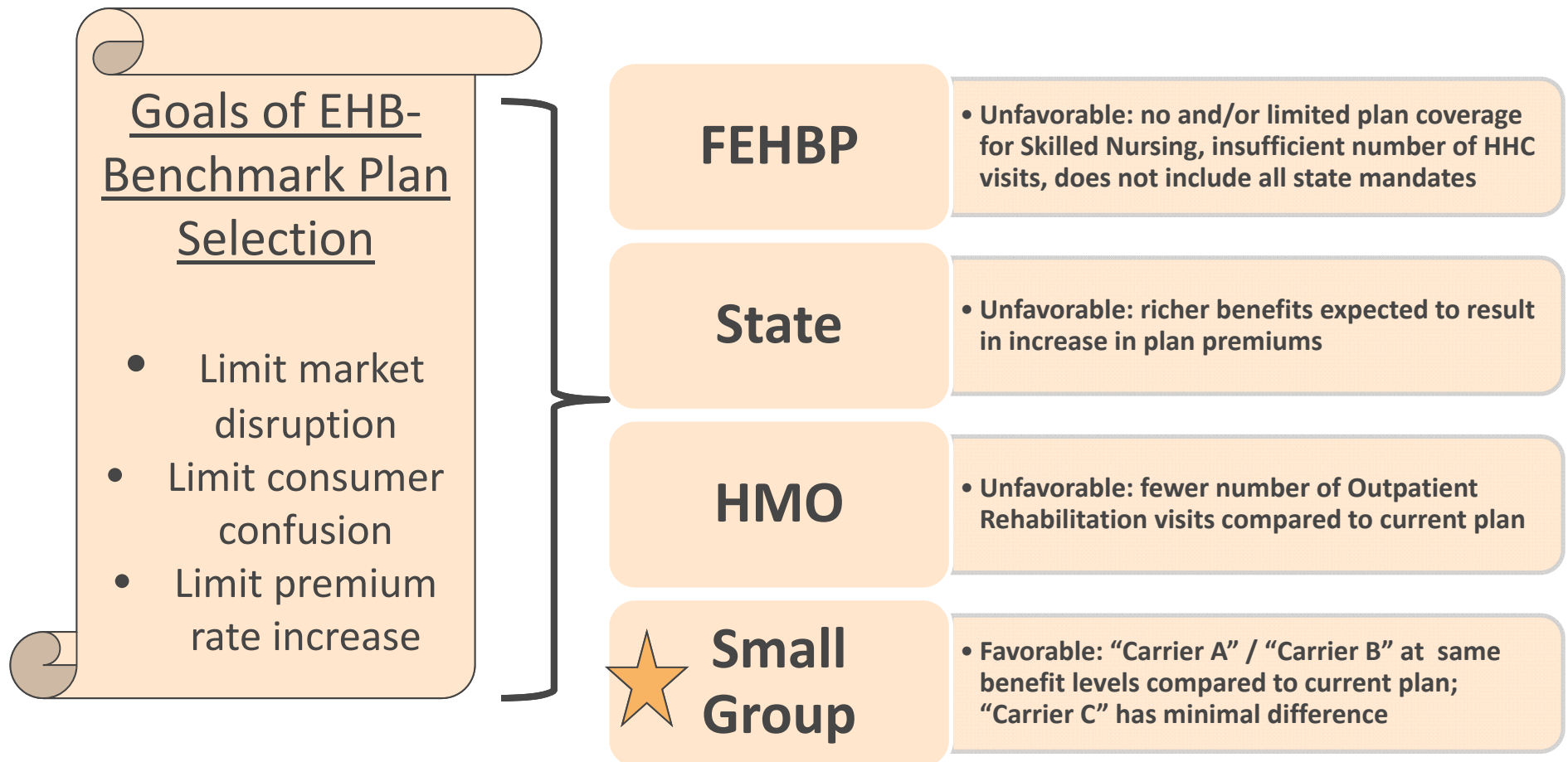
- Benchmark Plan Options: refer to separate handout titled “Summary of Comparative Analysis of EHB Benchmark Plan for 2017”
 - The three largest small group market plans are identified as “Carrier A”, “Carrier B”, and “Carrier C”
 - The largest insured commercial Health Maintenance Organization (HMO) operating in the State is identified as “Carrier D”
 - The largest state employee health benefit plans are identified as “Carrier E” and “Carrier F”
 - The three largest Federal Employee Health Benefit Plan (FEHBP) options are identified as “Carrier G”, “Carrier H”, and “Carrier I”.
- Handout includes a comparison to the current CT EHB-Benchmark plan for specified services

Current CT EHB-Benchmark Plan Coverage vs 2017 Options

Services	Current Benchmark Plan	Small Group Carrier A	Small Group Carrier B	Small Group Carrier C	Largest HMO Carrier D	State Plan Carrier E	State Plan Carrier F	Federal Plan Carrier G	Federal Plan Carrier H	Federal Plan Carrier I
Home Health Care	100 visits	100 visits	100 visits	100 visits	100 visits	200 visits	200 visits	50 visits	50 visits	50 visits
Skilled Nursing Facility	90 days*	90 days*	90 days*	90 days*	90 days	Unlimited	Unlimited	Not covered	Not covered	14 days
Inpatient Rehab	90 days*	90 days*	90 days*	90 days*	60 days	Unlimited	Unlimited	Not Covered	Not Covered	Subj. to Precert ***
Outpatient Rehab (PT/OT/ST)	40 visits**	40 visits**	40 visits**	40 visits**	30 visits	Unlimited	Unlimited	75 visits	50 visits	60 visits**
Chiropractic Visits	20 visits	20 visits	20 visits	30 visits	20 visits	Unlimited	Unlimited	12 visits	20 visits	12 visits
Habilitation Services	40 visits**	40 visits**	40 visits**	40 visits**	Autism only	Not Covered	Not Covered	Not Specified	Not Specified	60 visits**
Pediatric Dental	Covered	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Major & Ortho. Not Covered	Major & Ortho. Not Covered	Major & Ortho. Not Covered
Pediatric Vision	Covered	Covered	Covered	Covered	Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered

*Combined Limit Skilled Nursing & Inpatient Rehabilitation / **Combined Outpatient Rehabilitation & Habilitation/ *** Coverage determined thru Precert. process

CT EHB-Benchmark Plan Selection for 2017



Recommendation for AHCT Board of Directors

OPEN DISCUSSION / VOTE

Strategy Committee Update

Adjournment