



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Connecticut Historical Society

Thursday, March 26, 2015

Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman; Victoria Veltri, Vice-Chair (Office of Healthcare Advocate); Maura Carley; Secretary Benjamin Barnes, Office of Policy and Management (OPM); Commissioner Roderick Bremby, Department of Social Services (DSS); Grant Ritter, Robert Tessier; Paul Philpott; Commissioner Miriam Delphin-Rittmon

Members Absent: Commissioner Jewel Mullen, Department of Public Health (DPH);

Members Participating by Telephone: Cecelia Woods; Robert Scalettar, MD

Other Participants:

Access Health CT (AHCT) Staff: James Wadleigh, James Michel, Julie Lyons, Susan Rich-Bye; Tricia Brunton; Josephine Sempere; Peter Nichol; Kathleen Tallarita, Robert Blundo, Tamim Ahmed

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

I. Call to Order and Introductions

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

II. Public Comment

There was no public comment.

III. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the minutes from the February 19, 2015 Regular Meeting. Motion was made by Vicki Veltri and seconded by Grant Ritter. ***Motion passed unanimously.***

IV. Votes

Susan Rich-Bye, Associate General Counsel, provided a summary of the Employer Appeals Process Procedure. The Board had previously approved the Procedure as presented by Exchange staff for publication in the *Connecticut Law Journal* and 30 days of public comment. The public comment period closed on March 5, 2015, and two public comments were received. No changes were necessary as a result of the comments received. AHCT made minor technical revisions to provide clarification and include the complete citation to federal law and regulation.

Lt. Governor Wyman requested a motion to adopt the Revised Procedure: Employer Appeals Procedure as presented by Exchange staff. Motion was made by Vicki Veltri and seconded by Grant Ritter. ***Motion passed unanimously.***

Tricia Brunton, Comptroller, provided an explanation of the technical corrections in the Revised Procedure: Exchange Assessments and Fees. This revised procedure, previously presented at the February Board meeting, clarifies AHCT's process for calculating the assessment for carriers that are in both the health and dental market.

Lt. Governor Wyman requested a motion to approve the Revised Procedure: Exchange Assessments and Fees for publication in the *Connecticut Law Journal* and 30 days of public comment. Motion was made by Vicki Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

Secretary Barnes arrived at 9:09 a.m.

Ms. Brunton also briefly described the CMS Programmatic Audit, which was conducted by the independent auditing firm Whittlesey & Hadley.

Lt. Governor Wyman requested a motion to approve the CMS Programmatic Audit. Motion was made by Vicki Veltri and seconded by Maura Carley. ***Motion passed unanimously.***

V. CEO Update

James Wadleigh, Chief Executive Officer, reviewed current Access Health CT (AHCT) activities. Currently, AHCT is transitioning from open enrollment, during which over 110,000 Connecticut residents were enrolled, to responding to many consumer questions. There will be a special enrollment period from April 1 until April 30 for individuals who are required to pay a tax penalty as a result of being uninsured in 2014, and who are still uninsured this year. Qualifying consumers can enroll both online and through the call center during this period. IRS 1095-A forms have been mailed to all consumers who were enrolled during 2014. AHCT staff members are working through the many phone calls received from consumers regarding these forms. The PERT Group is beginning to conduct an annual member census survey of AHCT enrollees, and results will be shared in the coming months. AHCT is already preparing for open enrollment for the 2016 plan year, which will begin on November 1, 2015 and end on January 31, 2016. There are new initiatives to engage brokers in advance of open enrollment.

All of the state-based exchanges are currently discussing the sustainability of their operations, and representatives of these exchanges, including AHCT, will gather at a conference on this topic in Denver in early April. Many exchanges are interested in collaboration and sharing services with other states. Additionally, the Governor of Utah has invited Mr. Wadleigh and other exchange CEOs to a meeting on these issues in late April. Peter Van Loon has become the national expert on exchange sustainability and collaboration.

Mr. Wadleigh thanked Anne Melissa Dowling, who has left her position as Deputy Insurance Commissioner, for her service and assistance as part of the AHCT Board.

The Lt. Governor asked about the status of AHCT's work with the Maryland exchange. Mr. Wadleigh replied that AHCT continues to work with Maryland on technological matters and training for staff members. Paul Philpott asked if there are any private companies that are selling similar services to other state-based exchanges. Mr. Wadleigh replied that there are several companies offering complete technological exchange services to states whose systems encountered problems.

Lt. Governor Wyman introduced Miriam Delphin-Rittmon, the newly appointed Commissioner of the Department of Mental Health and Addiction Services, and welcomed her to the AHCT Board.

VI. Operations/Open Enrollment Update

Robert Blundo, Manager of Analytics, provided a comparison of results of the 2014 and 2015 Open Enrollment periods. He reviewed the number and percentage of enrollees during both periods, compared by type of financial assistance, age band, carrier and plan metal tier. While the number of enrollees increased from 2014 to 2015, the percentages in each category remained largely consistent across the two years.

Secretary Barnes asked about the extent to which premium levels were directing consumers to the more successful plans and metal tiers. Secretary Barnes also asked about the amount of the churn between Medicaid and QHP enrollment, and any related impacts. Mr. Wadleigh stated that a report on the churn rate has been shared. Approximately 6,000 customers have gone from Medicaid to private health insurance plans and vice versa. Mr. Blundo added that the churn rate is approximately five percent of enrollees. Mr. Wadleigh stated that further information on the churn rate will be shared, and that Kathleen Tallarita will provide results from the survey regarding consumer response on premium levels.

Mr. Tessier asked about consumer decision-making regarding the increase in enrollment in bronze plans between 2014 and 2015. Mr. Blundo replied that there may be differences between new enrollees and those renewing coverage. The 2015 new enrollee population is slightly younger, on average, than those enrolled in 2014, and may be more likely to choose lower-cost health plans. Mr. Ritter asked for a breakdown of the number of bronze plans which are HSA-compatible. Mr. Philpott asked for the number of those enrolled in bronze plans who are not receiving APTCs. Ms. Veltri asked if any consumers who are eligible for Cost Sharing Reductions (CSRs) enrolled in bronze plans. Lt. Governor Wyman asked for the age breakdown of enrollees who chose platinum plans. Mr. Blundo will stratify the results by the QHP assistance type as well as by age bands.

Dr. Delphin-Rittmon requested overall enrollment broken down by race and ethnicity by plan metal tier. Mr. Blundo replied that the race and ethnicity field on the application is not required for enrollees, and the response rate is low. Last year, there was a 20% to 30% response rate, and this issue can be revisited. Mr. Tessier commented that in the first year of open enrollment, there was low enrollment from the Latino community, and inquired if there could be an assessment for 2015. Mr. Blundo replied that this analysis can also be done geographically. Mr. Tessier added that previous data on the uninsured population was broken down by zip codes.

James Michel, Director of Operations, provided an update on operations. There will be a Special Enrollment period from April 1 to April 30. Consumers must meet two criteria to enroll during this period: they were penalized on their 2014 tax return for not having coverage, and they are not yet enrolled for 2015. The system is ready to handle this enrollment period, and call center staff members have been trained to enroll this population. There has also been additional community outreach to raise awareness of special enrollment. Mr. Michel said that AHCT is still handling issues related to IRS 1095-A forms. Most consumers who call are requesting reprinted forms, and some forms are being returned as undeliverable. There will be extended call center hours from April 1 through April 15 to support 1095-A issues. Approximately 15 AHCT staff members are dedicated to exclusively support 1095-A matters.

Mr. Michel provided metrics for the call center and for "Tina", the enrollment website virtual assistant. Most calls to the call center were regarding Medicaid enrollment and re-enrollment, verification documentation, 1095-A forms, and eligibility for Husky or QHP coverage. Those who used Tina were nine times more likely to complete an application by themselves. Details of events with the Greater New England Minority Supplier Development Council (GNEMSDC) were provided.

Ms. Veltri asked how many 1095-A issues are pending. Mr. Michel replied that there were 1,500 pending issues as of March 15. Many have been resolved by AHCT, but often require carriers to provide more information in order to close out specific issues. Ms. Veltri asked for the percentages of the types of calls coming in to the call center. Mr. Michel replied that the majority of calls are related to Medicaid enrollment. The second largest category of calls relate to verification or identification documents. This is tracked and information will be provided. Mr. Wadleigh added that there is a separate initiative with the DSS and AHCT legal teams to review all of the notices to determine how to improve them, as well as when they are required to be sent. Ms. Rich-Bye added that AHCT and DSS are working to make the notices more readable using marketing techniques as well as DSS readability rules. Ms. Veltri added that she hoped the group would include consumer participation in the revision of notices.

Josephine Sempere, Training Manager, provided an update on broker activities as well as broker enrollment statistics. There will be increased communication with brokers, including collaboration with the Broker Advisory Committee. Ms. Sempere provided a brief summary of broker training and the upcoming first annual broker conference.

Tamim Ahmed, Executive Director of the APCD, provided a status of APCD activities. The APCD team has been working with the data management vendor, Onpoint Health Data, to communicate data submission requirements to carriers. Dr. Ahmed reviewed the projected timelines for data submission and web reporting. Ms. Veltri asked about the availability of price transparency reports for the 2016 open enrollment period. Dr. Ahmed responded that these reports are very complex, and emphasized the importance of ensuring the accuracy of

the data before the reports are published. Commissioner Bremby stated that DSS is still working to determine how Medicaid claims data could be submitted to the APCD, but that aggregated Medicaid price data is public information, and can be provided by DSS. Dr. Ahmed explained that AHCT is working with the Data Privacy and Security Subcommittee of the APCD Advisory Group to develop policies and procedures regarding data privacy and security.

VII. Adjournment

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Vicki Veltri. ***Motion passed unanimously.*** Meeting adjourned at 10:30 a.m.