



Connecticut's Official Health Insurance Marketplace

Board of Directors Meeting

March 26, 2015

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. Votes
- E. CEO Update
- F. Operations/Open Enrollment Update
- G. APCD Update
- H. Strategy Committee Update
- I. Adjournment

Public Comment

Review and Approval of Minutes (Vote)

Votes

- a. Procedure: Employers Appeal Process
- b. Procedure: Exchange Assessment and Fees and Technical Corrections
- c. CMS Programmatic Audit

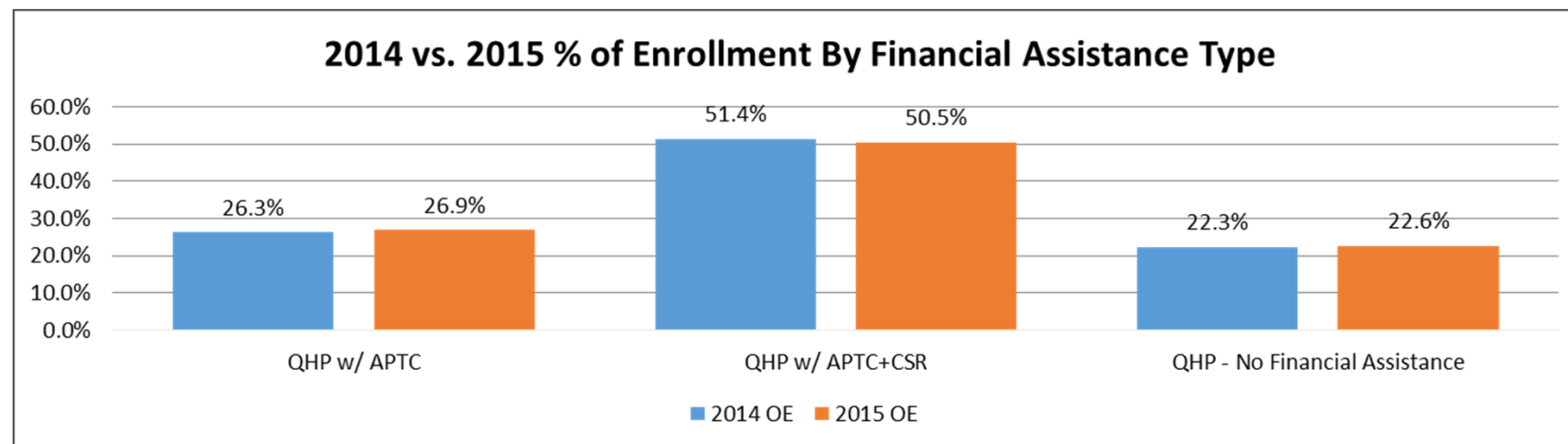
CEO Update

Operations/Open Enrollment Update

Open Enrollment Results: 2014 vs 2015

2014 vs. 2015 QHP Enrollment By Financial Assistance Type

QHP Assistance Type	2014 OE	2015 OE	Enrollee Change	% Change
QHP	78,713	110,095	31,382	39.9%
QHP w/ APTC	20,701	29,593	8,892	43.0%
QHP w/ APTC+CSR	40,486	55,586	15,100	37.3%
QHP - No Financial Assistance	17,526	24,916	7,390	42.2%
Total	78,713	110,095	31,382	39.9%



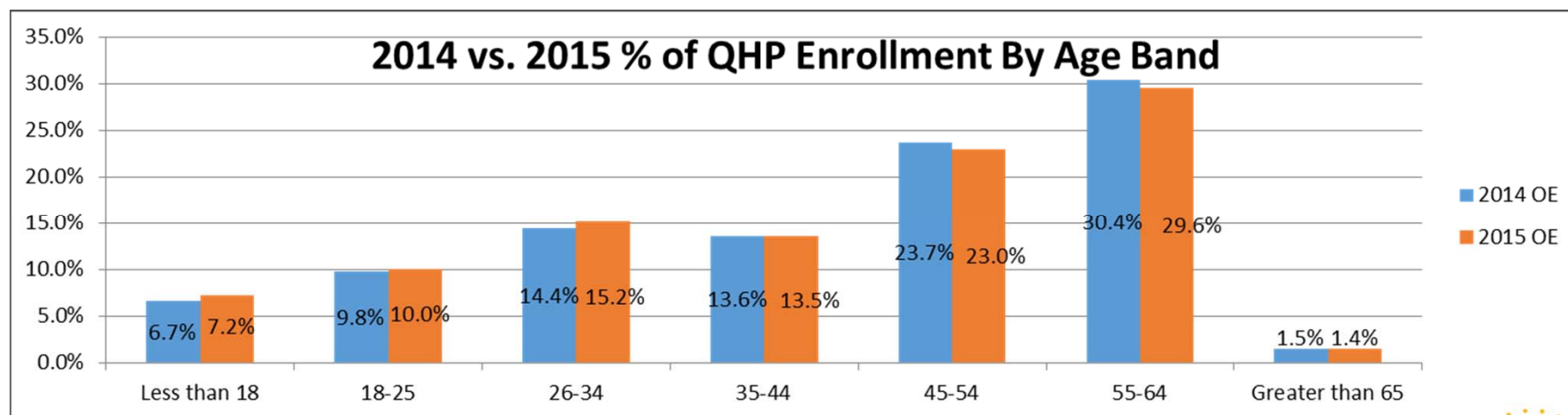
* 2014 OE represents the period: October 1, 2013 – March 31, 2014 (Including Additional Special Enrollment Activity through 4-15-14)

** 2015 OE represents the period: November 15, 2014 – February 15, 2015

Open Enrollment Results: 2014 vs 2015

2014 vs. 2015 QHP Enrollment By Age Band

Age Band	2014 OE	2015 OE	Enrollee Change	% Change
Less than 18	5,240	7,955	2,715	51.8%
18-25	7,718	11,047	3,329	43.1%
26-34	11,374	16,741	5,367	47.2%
35-44	10,698	14,899	4,201	39.3%
45-54	18,621	25,332	6,711	36.0%
55-64	23,906	32,535	8,629	36.1%
Greater than 65	1,156	1,586	430	37.2%
Total	78,713	110,095	31,382	39.9%

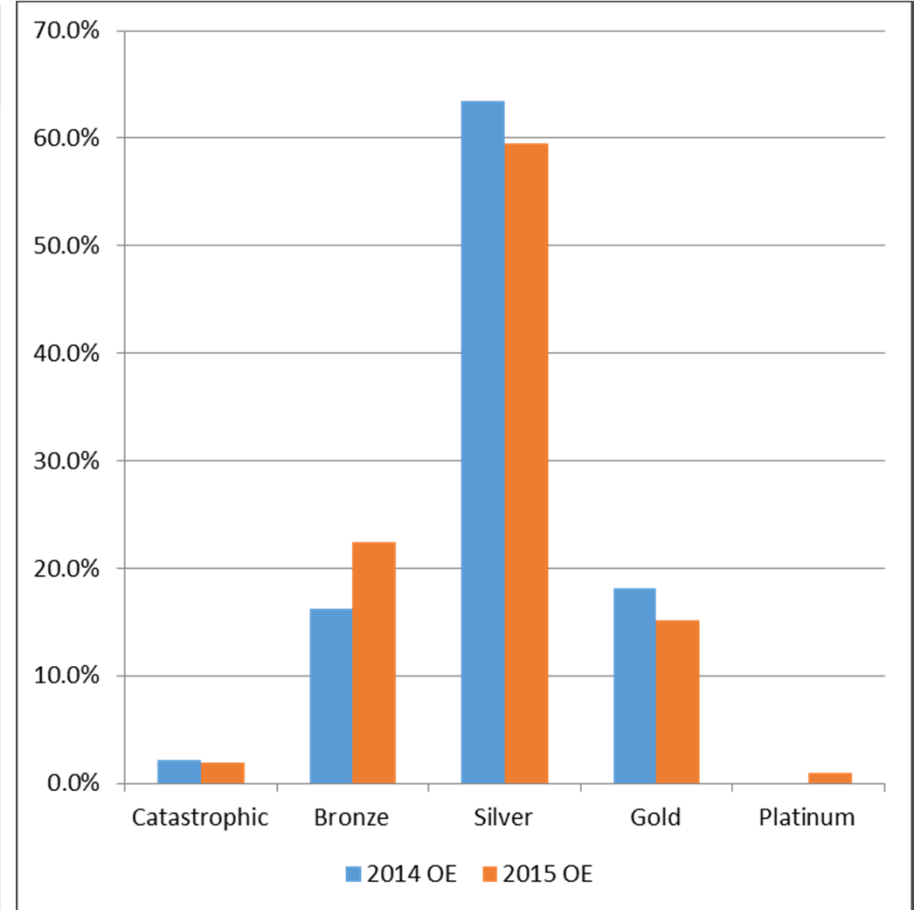


Open Enrollment Results: 2014 vs 2015

2014 vs. 2015 Enrollment By Carrier / Metal Tier

Carrier / Metal Level	2014 OE	2015 OE	Enrollee Change	% Change
Anthem	41,813	43,910	2,097	5%
Catastrophic	627	1,625	998	159%
Bronze	9,247	10,414	1,167	13%
Silver	22,744	23,276	532	2%
Gold	9,195	8,595	-600	-7%
ConnectiCare Benefits	34,308	46,668	12,360	36%
Catastrophic	1,107	517	-590	-53%
Bronze	2,484	10,821	8,337	336%
Silver	26,476	29,436	2,960	11%
Gold	4,241	4,844	603	14%
Platinum		1,050	1,050	
HealthyCT Inc	2,592	17,239	14,647	565%
Catastrophic	14	41	27	193%
Bronze	1,043	3,181	2,138	205%
Silver	715	11,718	11,003	1539%
Gold	820	2,299	1,479	180%
UnitedHealthcare	0	2,278	2,278	
Bronze	0	261	261	
Silver	0	1,087	1,087	
Gold	0	930	930	
Total	78,713	110,095	31,382	39.9%

2014 vs. 2015 QHP Enrollment % By Metal Tier





Connecticut's Official Health Insurance Marketplace

Access Health CT
Customer Service & Operations

April 2015 Special Enrollment Period (April 1-30, 2015)

- Similar to the Federally-facilitated Marketplaces (FFMs), AHCT will be offering a Special Enrollment Period (SEP) from April 1-30, 2015
- Individuals who qualify for SEP:
 - 1) Have been penalized on their 2014 tax return for not having coverage and
 - 2) Have not yet enrolled for 2015
- Operations Preparations:
 - Community of Experts (COE) meeting to inform all outreach and field staff of the special enrollment period
 - Call Center has issued a “Fast Alert” to notify their Call Center Representatives (CCRs) about facilitating these enrollments

1095 Update

- The mailing of 1095-A - Health Insurance Marketplace Statement was completed
 - Total Number of 1095-As sent: 68,000
 - 64,400 forms sent by end of January 2015
 - 3,600 forms suppressed, corrected and sent by end of February 2015
- On-going consumer support for 1095-As
 - 10,000+ general inquiry calls received
 - 9,403 general inquiry calls answered
 - 4,712 escalated calls and e-mails answered
 - 1,038 voice mails received and 1,011 voicemails responded to
 - 816 issues resolved by IRD
- Extended Call Center Hours
 - April 1-15th to accommodate anticipated high call volumes

Call Center

Call Center

Metric	February 19-March 20, 2015
Volume of calls	110,425 calls
Speed to Answer	54 seconds
Abandonment Rate	2.66%
Average Call Length	14 to 15 minutes
Types of Issues	<ul style="list-style-type: none">• Medicaid enrollment /re-enrollment• Verification Documentation• 1095• Eligibility in Husky or QHP

“Tina”

The Access Health CT Virtual Assistant



Tina - Analytics Report

Tina came to life on November 15, 2014, with the objective of providing the following during the 2015 Open Enrollment period:

- ☐ A welcoming experience
- ☐ Education on specific topics
- ☐ Website navigation guidance
- ☐ Enrollment guidance and decision support

The time period for this report is November 15, 2014 to February 28, 2015. The results during this time period were all within expected and normal ranges.

- ☐ _There were 86,230 unique visitors during this time period.
- ☐ 23.4% engagement numbers
- ☐ Average of 3.9 engagements/page
- ☐ Consumers who engaged Tina reached Submission page at a significantly higher level - 9x more likely to enroll than consumers who did not engage with Tina.

Upcoming Events

- *Greater New England Minority Supplier Development Council (GNEMSDC)*
 - GNEMSDC is a trade organization which connects corporate businesses with minority business enterprises (MBEs) and women-owned business enterprises (WBE)
 - In May, AHCT will be leading a discussion with the MBE and WBE membership of the GNEMSDC to present the requirements of the Affordable Care Act (ACA), answer questions and encourage Small Business Health Option Program (SHOP) enrollments
 - The Greater New England Minority Supplier Development Council (GNEMSDC) is a trade organization which connects corporate businesses with minority business enterprises (MBEs). AHCT was nominated by one of its vendors for the GNEMSDC “Corporation of the Year” award for its efforts in contracting with an MBE. Moreover, AHCT has actively participated in MBE events and encouraged MBEs to use our Small Business Health Options (SHOP) exchange thus helping many MBEs access health coverage for their employees.

Broker Update



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Current Broker Sales Force and Production Results

- Individual

- We currently have 613 Certified Brokers
- Brokers accounted for 34,722 of the QHP enrollments or 31.9% of all QHP enrollments
- 85% of Broker enrollments are related to enrollments which require APTC and/or CSR

Broker Initiatives

- Increased Communication
- Dedicated Service
- Marketing Assistance/Materials
- Convenient Training Opportunities
- Referral Opportunities
- Smoother Sales Process

Access Health CT

First Annual Broker Conference

June 16, 2015

The Cromwell Crown Plaza

Agenda

- 8:00 – 8:45 Continental Breakfast – Exhibition – Registration
- 8:45 – 9:00 Welcome! Jim Wadleigh
- 9:00 – 10:00 Key Note Speaker – Topic TBD
(1 Continuing Education Credit)
- 10:00 – 10:15 Break/Exhibition
- 10:15 – 11:15 Second Speaker – Topic TBD
(1 Continuing Education Credit)
- 11:15 – 11:45 Q&A with AHCT Panel
- 11:45 – 12:00 Closing Words
- 12:00 – 1:00 Lunch/Exhibition

All Payer Claims Database Update

Data Collection

Submission Preparation Accomplishments

Communication

- ✓ Conducted Kick-Off Meeting With Each Submitter
- ✓ Created/Delivered Weekly Submitter Specific Status Report
- ✓ Resolved Open Questions
- ✓ Circulated Community Q&A

Administration

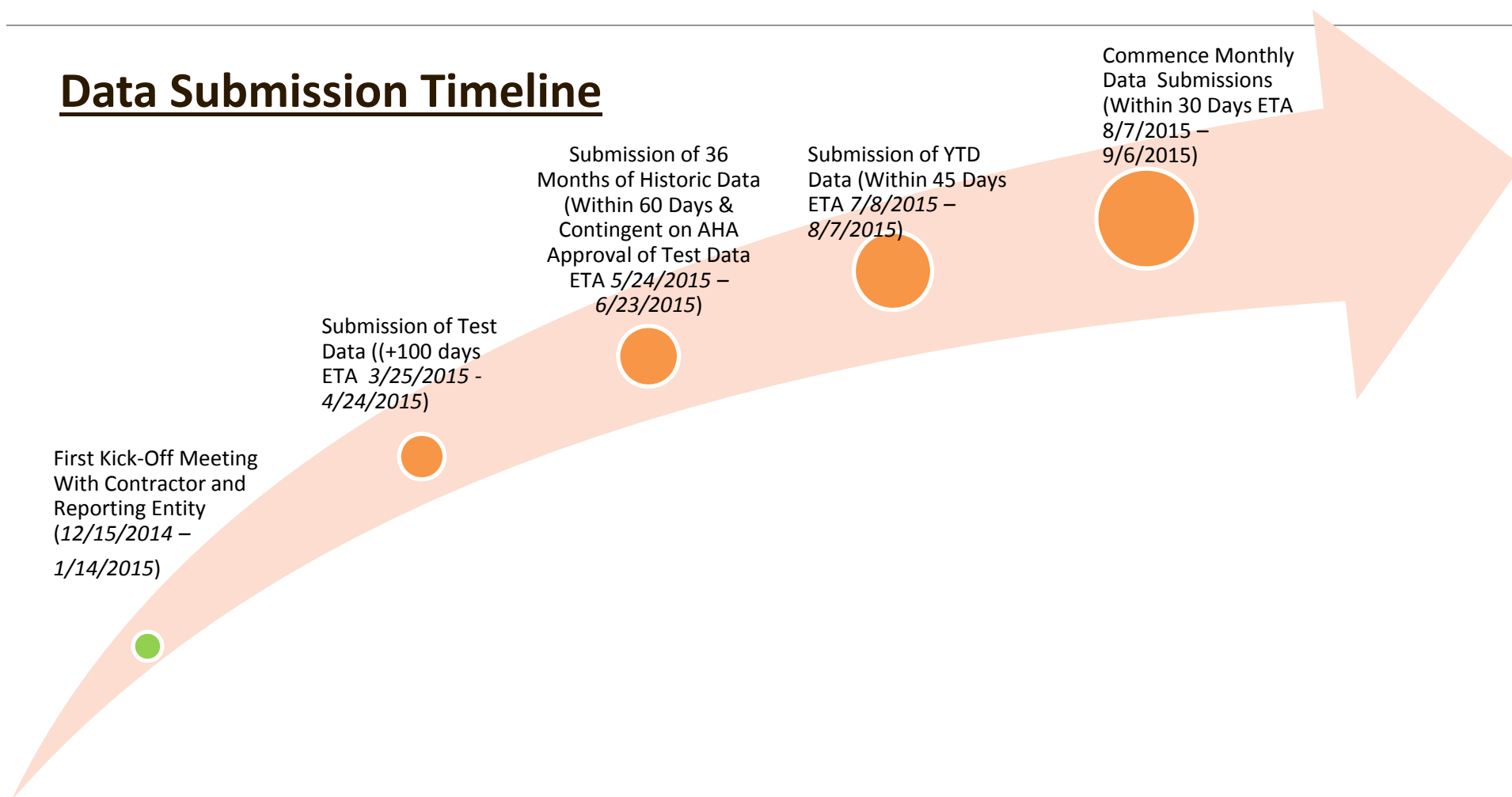
- ✓ Completed Vendor DSG Review and Issued Clarifications
- ✓ Issued DSG Companion Guide
- ✓ Created/Circulated CDM Accounts and Credentials
- ✓ Issued Submitter Codes
- ✓ Shared Data Variance Standards and Waiver Request Process
- ✓ Established Secured Delivery Protocol
- ✓ Prepared CDM to Consume CT Standard Data

Incoming Data Submitters

1.	Aetna
2.	Anthem
3.	Cigna
4.	Connecticare
5.	Harvard Pilgrim
6.	United Health Care
7.	Well Care
8.	CVS Caremark
9.	Express Scripts

Data Collection (cont.)

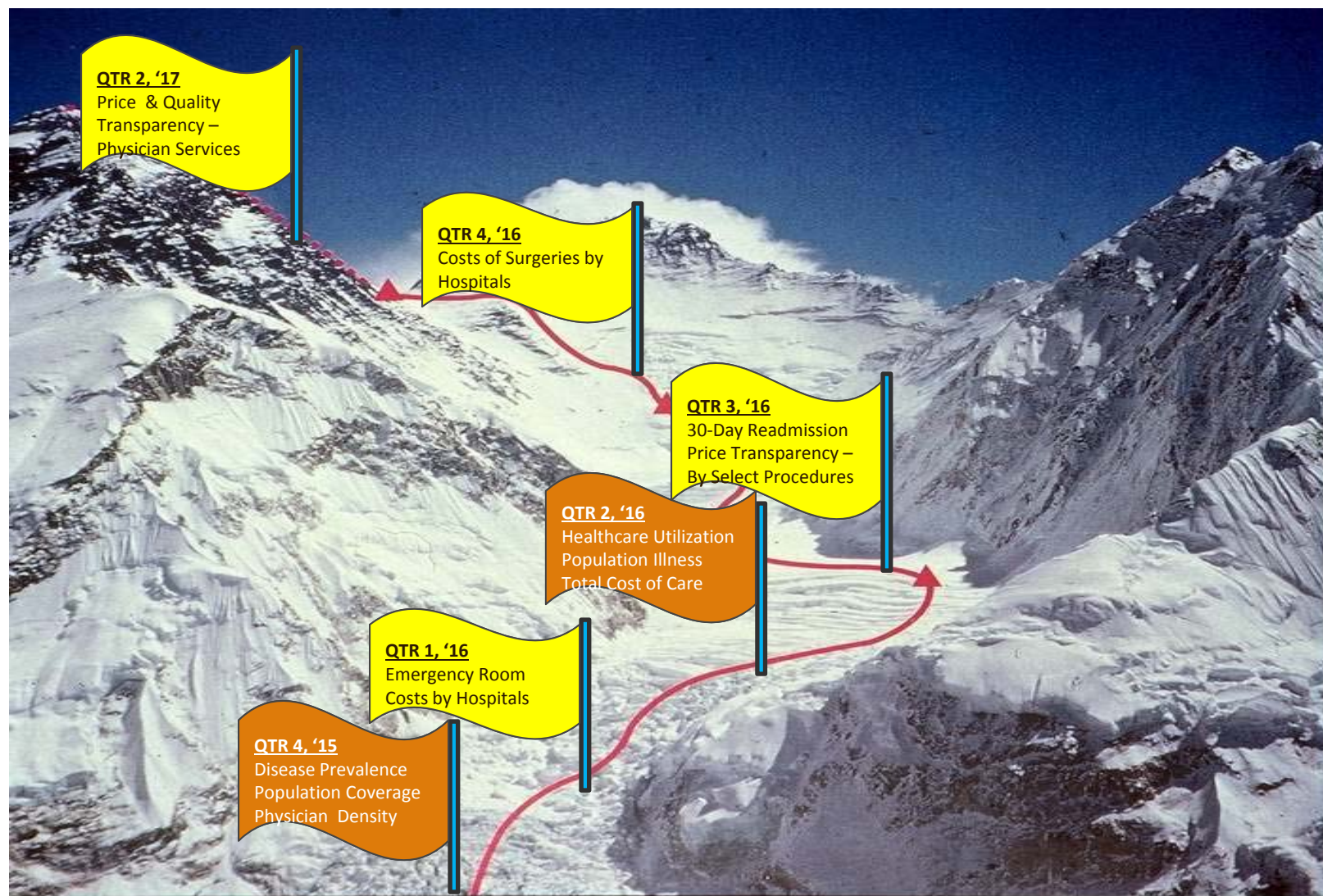
Data Submission Timeline



Data Analytics & Reporting

- AHCT will seek strategic directions and inputs from Advisory Group on the selection process of various web reports
- As part of the contract, we have planned for 20 types of web reports
- We have defined and discussed the first 10 reports at a high level with our Advisory Group; another 10 reports will be defined later
- We are working with Onpoint in defining specifications of the report; specifications include choice of outcomes, identification or selection logic, class variables, population characteristics, choice and attribute of a geographical entity (e.g., county versus city, etc.)
- As we get test data, we'll understand limitations of the data; this will provide additional guidance regarding feasibility of some reports or depth of drill-down
- We are also focusing on commercial population; we therefore want to choose and select attributes in clinical, utilization, demographic and financial realms more consistent with such a payer

Web Reporting Timeline



Data Privacy & Security Subcommittee

- Data Request Process - create a data request application process for making decisions prior to releasing data to academic, private and public (e.g., state agencies) entities
- Data Release Entity - a committee, Data Review & Release Committee (DRRC), will be created which receives, evaluates and approves data requests
- AHA is currently working with its legal consultants in developing data use agreement (DUA) such that it can enter into enforceable DUA with approved data requestors
- AHCT will charge a cost for developing data extracts and/or performing research on requestors behalf; costs are in the process of being developed
- Releasable Data –
 - Only deidentified data, i.e., 18 safe-harbor identifiers suppressed
 - Claims from facilities (inpatient & outpatient), professionals, pharmacy, provider
 - Includes diagnoses, procedures, drug codes, financials, types and places of services

Long-term Roadmap for APCD

2015

APCD Infrastructure built; web environment developed; population analytics and costs transparency reports completed; dental, Medicare & Medicaid integrated; consumer decision Support tool developed.

2016

Data distribution for research and in-house healthcare analytics are fully operational; more advanced reporting on the web developed; develop more sophisticated self-serving reports.

2017

Subscription model for provider and employer analytics developed; data used progressively for patient management.

2018

Long-term business sustainability model fully implemented. Revenue collection is expected to meet 75% of vendor and administrative costs of running APCD.

2019

2020

Adjournment