



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

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

Connecticut Historical Society
Hartford, CT

Thursday, March 27, 2014

Meeting Minutes

Members Present:

Lieutenant Governor Nancy Wyman (Chair); Robert Tessier; Vicki Veltri, Office of the Healthcare Advocate (Vice Chair); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Deputy Commissioner Anne Melissa Dowling, Connecticut Insurance Department (CID); Commissioner Roderick Bremby, Department of Social Services (DSS); Paul Philpott; Maura Carley; Commissioner Patricia Rehmer, Department of Mental Health and Addiction Services; Grant Ritter

Members Absent: Cecilia Woods; Commissioner Jewel Mullen, Department of Public Health (DPH); Dr. Robert Scalettar

Members Participating by Telephone: N/A

Other Participants:

Health Insurance Exchange (HIX) Staff: Kevin Counihan, Peter Van Loon, Tricia Brunton, Ann Lopes, Kate Gervais, Jason Madrak, Tamim Ahmed (Executive Director, APCD), Virginia Lamb, Jeff DiGirolamo, Matt Salner

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

A. Call to Order and Introductions

Lt. Governor Wyman opened the meeting at 9:00 a.m.

B. Public Comment

John Dolan provided a public comment.
Kevin Galvin provided a public comment.

Secretary Benjamin Barnes arrived at 9:05 a.m.

Theresa Collins provided a public comment.

C. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the minutes from the February 20, 2014 meeting. Motion was made by **Vicki Veltri** and seconded by **Anne Melissa Dowling**. *Motion passed unanimously.*

D. CEO Report

Kevin Counihan, CEO, provided an update on Access Health CT (AHCT) activities. AHCT encouraging Connecticut residents to enroll by Monday, March 31. Enrollment continues to be strong with 3,000 to 4,000 individuals enrolling per day on a net basis. AHCT has made significant improvements to service since December, including more than doubling the size of its call center. A full congressional letter of support is expected in support of AHCT's request for additional funding from CMS. Another state may be requesting AHCT's services, which services would be offered through a separate division, with no impact on AHCT's service, operations or commitment to Connecticut residents and small businesses. One of the architects of the Affordable Care Act, Zeke Emmanuel has drafted an op-ed piece about Connecticut that appears to be favorable and is expected to be published in a major newspaper. Harvard Business School will prepare a case study on AHCT. Mr. Counihan recently participated in a successful Twitter town hall meeting and other such meetings may occur in the future. Results of customer satisfaction surveys have been very positive with 92% of enrollees indicating satisfaction with the enrollment experience and 70% indicating that they were either "extremely likely" or "very likely" to recommend AHCT to a friend or colleague.

E. Operations Update

Peter Van Loon, COO, reported that the last few months have been very busy and that AHCT has taken steps (1) to mitigate customer service challenges (through training, increasing call center capacity, and implementing a tech team and tech support line) and (2) to implement its operation risk management plan.

As of March 26, 2014, Exchange net enrollment was 178,601 (QHP and Medicaid). Of this total, 67,551 had selected a QHP. These numbers include the approximately 5,000 members who were terminated for nonpayment of premium. The silver medal tier continues to be the most popular. The average age continues to trend down. Call center metrics were reviewed. There were over 7,000 calls as of beginning of this week. The abandonment rate was less than 5% and the average answer delay was less than 60 seconds.

Commissioner Bremby asked about the backlog relative to PDFs and worker portal availability. Mr. Van Loon explained that, when it is determined that someone is eligible for Medicaid, a PDF file is generated and sent to EMS (DSS' Eligibility Management Service) for input. There were challenges in February with the worker portal used by DSS and Xerox to implement the verifications, which cause delays at the call center and with Xerox. Those issues have been addressed with system fixes. There have been quality issues with the PDFs and AHCT has been working with Deloitte to fix the problem. Converting to electronic transfer is planned in the future.

Paul Philpott commended AHCT on its successes and inquired about the percentage of consumers terminated for nonpayment of premium. Mr. Van Loon replied approximately 10%. Mr. Philpott asked about Connecticut's trends compared to healthcare.gov regarding the percentages of QHPs and Medicaid. Mr. Counihan replied that it is much higher than healthcare.gov. FFMs are at approximately 80% Medicaid expansion and 20% QHP. Kentucky is at approximately 85% Medicaid and 15% QHP. State of Washington is at approximately 75% Medicaid and 25% QHP.

F. IT Update

Peter Van Loon provided the IT Update. Information Technology issues, including portal issues, technology improvements and the recent IRS security audit, were summarized. The most recent IT issue was a backup with the Federal Data Services Hub. Hardware adjustments were made. Technology improvements include the single sign on with the ConneCT Medicaid portal and 834 transaction modifications. Improvements to data transfer with DSS, shopping screen and worker portal redesign are underway. The IRS security audit is complete with a few minor issues to be addressed. Work is underway with the carriers to improve the system for 2015.

G. Community Outreach and Enrollment

Kate Gervais provided an update on community outreach and enrollment. AHCT provides culturally and linguistically competent enrollment assistance for the state's hardest to reach residents anchored by six navigator organizations. An infrastructure of nearly 160 health, community and faith-based organizations was created with 239 In-Person Assisters and a total of 33 languages spoken. Navigators and In-Person Assisters engaged nearly 300,000 residents directly with information and education and enrolled more than 19,000 residents in Medicaid and QHPs combined. More than 500 neighborhood events were organized, including more than 200 in March.

H. Marketing

Jason Madrak, Chief Marketing Officer, discussed March media activity and deadline-focused messaging. Countdown spots emphasizing the enrollment deadline air daily. A new 30-second spot produced with NBC promotes the final 7-day enrollment effort called "March to Enrollment." Website traffic remains robust.

Retail and fair activity have reached major milestones. Enrollment fairs have had over 4,000 attendees with over 2,200 enrollments processed. Fair activity is complete after 79 events and all outreach staff now are focused on store activity. Retail stores have had more than 12,800 visitors resulting in more than 6,400 enrollments. Mr. Madrak thanked the outreach team for their efforts and added that Jeff Cohen from NPR did a national story on the New Britain and New Haven storefronts.

Following open enrollment, work will begin in five key areas: (1) campaign debrief (including cost per acquisition by channel); (2) member engagement and retention efforts; (3) ongoing enrollment support and lead generation; (4) market research; and, (5) Q4 planning.

I. All Payer Claims Database

Tamim Ahmed, Executive Director, provided an APCD update. The data and analytics vendor procurement timeline was reviewed. Ten proposals were received. Oral presentations by the top three submissions occurred between March 19 and 21. A decision is expected shortly.

Mr. Ahmed continues to engage the APCD Advisory Group in various projects, subcommittees and initiatives. The Data Privacy and Security Subcommittee continues to support Access Health Analytics with data use and governance issues. A meeting of the Policy and Procedure Enhancement Subcommittee occurred on February 21, 2014.

J. Finance Update

Jeffrey DiGirolamo, Associate Director of Expenses, provided a finance update. AHCT is focused on transitioning to a “going concern.” A contract with a new financial management vendor is in place to replace the current general ledger. The Office of the Inspector General audit is nearly complete. The March Finance Dashboard was presented.

Mr. Barnes asked about collection of carrier assessments. Mr. DiGirolamo replied that the anticipated quarterly collection figure is approximately \$6M.

K. Network Adequacy Update

Ann Lopes provided a network adequacy update. The following topics were discussed: (1) numbers with respect to the “substantially similar” requirement for Anthem and provider counts for each of the carriers offering plans through the Exchange; (2) essential community provider and hospital contracting statuses; (3) improvements to the link on AHCT’s website to Anthem’s online provider directory; and (4) next steps with respect to network adequacy.

Mr. Ritter asked if Anthem providers are accepting Exchange clients as new patients. Ms. Lopes replied based on the contract, the expectation is that they will. AHCT is soliciting new patient acceptance data from the carriers. Mr. Ritter also inquired about whether a “mystery shopper” study is planned to verify that Exchange patients are being accepted. Ms. Veltri responded that independent monitoring would be discussed with the Consumer Advisory Committee. Mr. Counihan suggested that AHCT come back to the Board with a plan at the May meeting.

Mr. Philpott asked if ConnectiCare Benefits, Inc. has any non-exchange business. Ms. Lopes replied that CBI has an “off Exchange” product, though they may not be actively marketing it. Mr. Philpott inquired about how the 85% “substantially the same” analysis is performed if CBI is not really doing business off the Exchange. Ms. Lopes replied that technically it is being compared to itself resulting in a 100% match because the networks are exactly the same on and off the Exchange. The same analysis is being completed for HealthyCT and UnitedHealthCare because their networks are also the same on and off the Exchange.

Following a status discussion of essential community providers and hospital contracting, Ms. Veltri inquired about an analysis of provider locations compared with where the consumers are located. Ms. Lopes responded that AHCT is in the process of obtaining software to perform this type of analysis.

Next steps for network adequacy include continuing review of the carriers, researching reasonable access standards, finalizing the contract with the software vendor for geographic analysis, and continuing a dialog with carriers regarding network adequacy.

Mr. Barnes indicated his hope that there will be a review of prior plan design decisions (concerning deductibles, co-pays, etc.) to understand customer experience with existing plan designs. Mr. Counihan agreed that this analysis is necessary, but noted that it is still early in the year so there relatively little utilization information to be measured at this stage. Mr. Counihan suggested that AHCT return to the Board with a plan with respect to this issue. Further discussion ensued regarding plan design issues.

L. Strategy Committee Update

Ms. Veltri provided an update on the Strategy Committee. A three year strategic plan was discussed. Additional discussions include comparison shopping, decision support tools and consumerism through the APCD, and the status of "Exchange in the Box." The Exchange is engaged in Choosing Wisely which collaborates with Consumer Reports to engage consumers in decision making. Discussions included using the NIPA program as a partner in Choosing Wisely. There were discussions about integrating Exchange efforts with the State Innovation Model initiative.

M. Executive Session

Lt. Governor Wyman requested a motion to convene an Executive Session pursuant to Section 1-200(6) of the Connecticut General Statutes to discuss items exempt from disclosure under Section 1-210(b). **Motion was made by Grant Ritter and seconded by Robert Tessier. Motion passed unanimously.**

N. Adjournment

Lt. Governor Wyman requested a motion to adjourn. **Motion was made by Anne Melissa Dowling and seconded by Robert Tessier. Motion passed unanimously.** The meeting adjourned at 11:59.