



Connecticut's Health Insurance Marketplace

Board of Directors Meeting

March 27, 2014

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. CEO Report
- E. Operations Update
- F. Information Technology Update
- G. Community Outreach and Enrollment
- H. Marketing & Sales Update
- I. All Payer Claims Database Update
- J. Finance Update
- K. Network Adequacy
- L. Strategy Committee Update
- M. Executive Session
- N. Adjournment



Connecticut's Health Insurance Marketplace

Welcome and Introductions



Connecticut's Health Insurance Marketplace

Public Comment



Connecticut's Health Insurance Marketplace

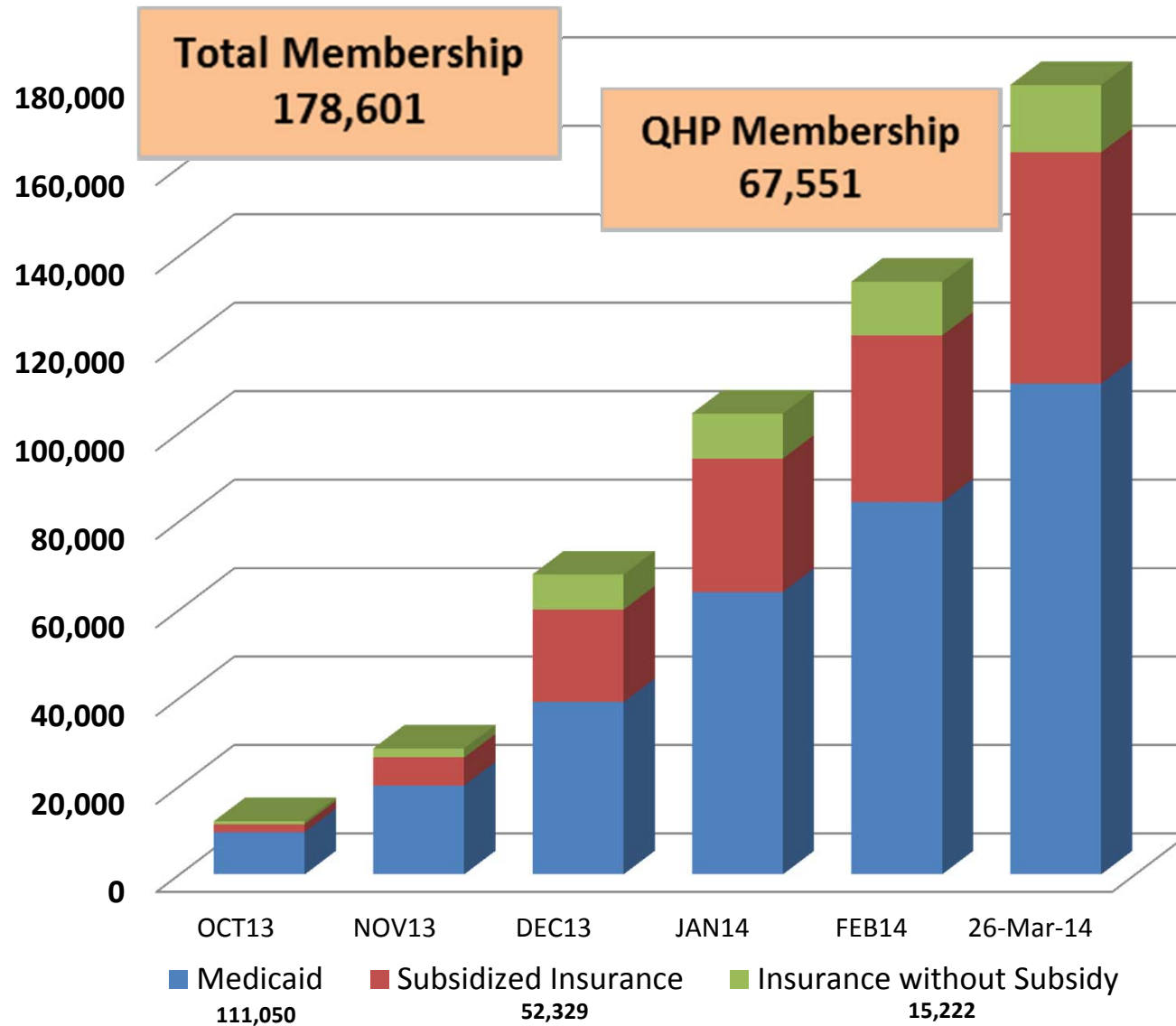
CEO Update



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Operations Update

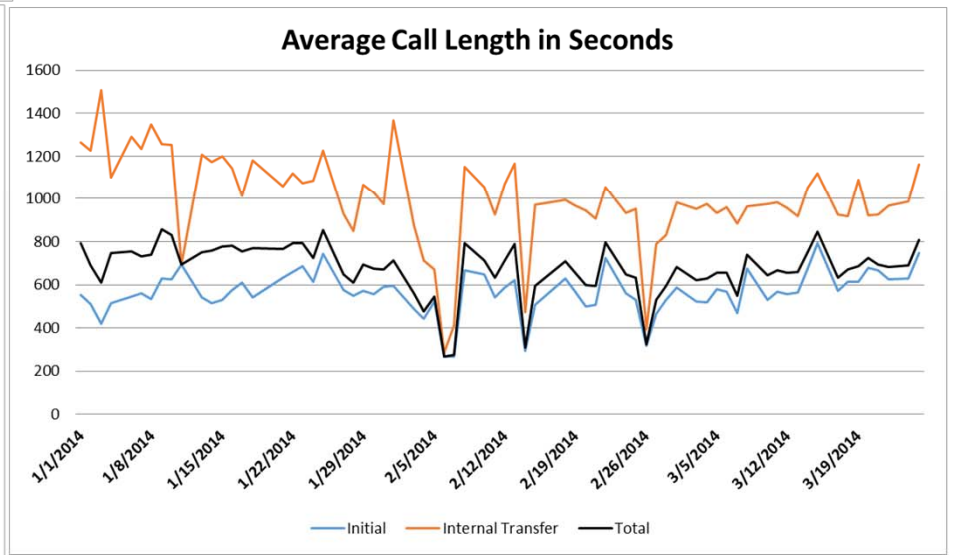
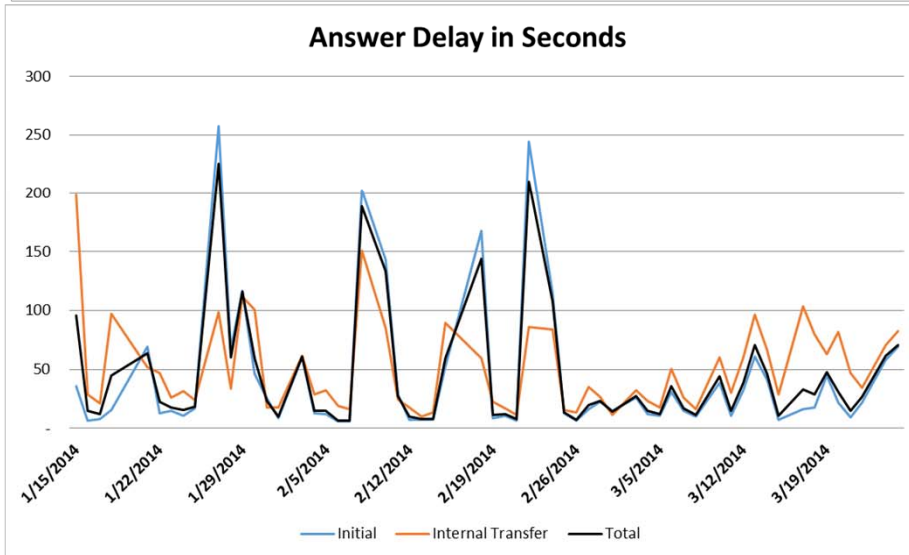
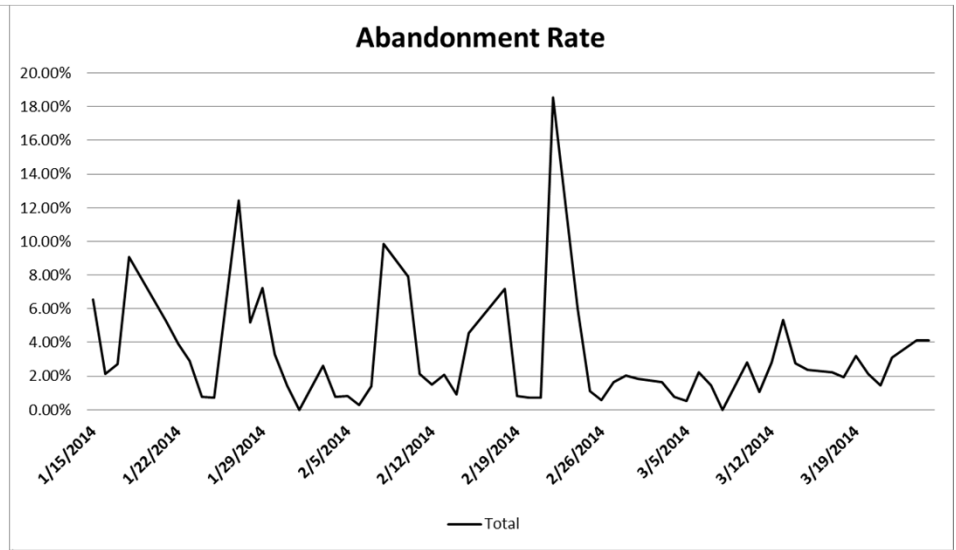
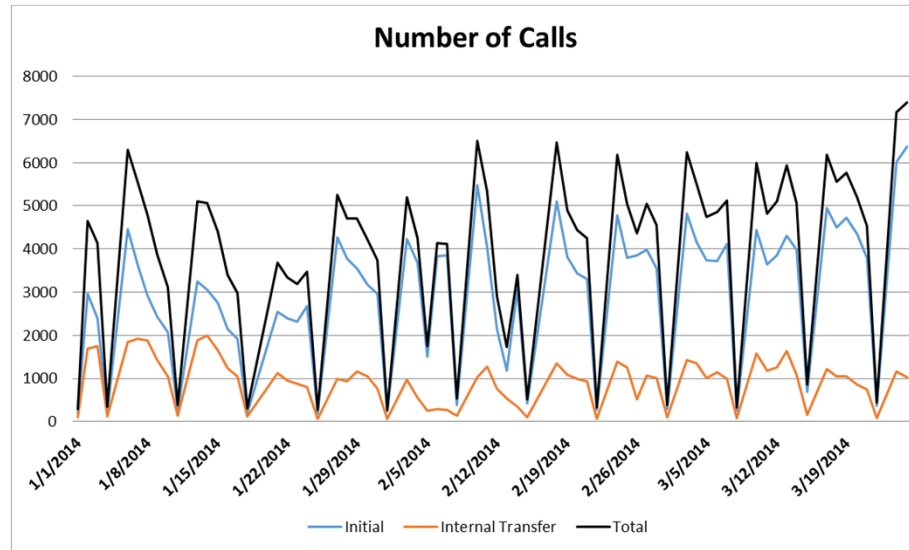
Operations Update – Membership: QHP Insurance and Medicaid



Operations Update - Demographics

	DEC 2013	JAN 2014	FEB 2014	MAR 2014
<u>Market Share</u>				
Anthem	62%	61%	60%	54%
ConnectiCare	36%	36%	37%	43%
HealthyCT	2%	3%	3%	3%
<u>Age Band</u>				
AGE <18	7%	8%	8%	7%
AGE 18-25	8%	9%	9%	10%
AGE 26-34	11%	12%	13%	13%
AGE 35-44	11%	12%	12%	13%
AGE 45-54	22%	23%	24%	24%
AGE 55-64	40%	35%	33%	32%
AGE ≥65	1%	1%	1%	1%
<u>Metal Tier</u>				
Catastrophic	2%	2%	2%	2%
Bronze	14%	17%	16%	15%
Silver	55%	55%	59%	63%
Gold	29%	26%	23%	20%
<u>Average Age</u>				
Anthem		43.3		42.8
ConnectiCare		44.9		44.2
HealthyCT		43.8		42.2
Aggregate		43.8		43.4

Operations Update





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Information Technology Update

Information Technology Issues

- Portal Issues
 - Worker Portal slowness in February
 - Convened Tiger Team: IBM, BEST, Deloitte and AHCT
 - Tiger Team still working
- Technology Improvements
 - Single Sign on with ConneCT
 - Carrier 834 transaction modifications
 - Improvements to data transfer to DSS underway
 - Shopping screen redesign underway
 - Worker Portal redesign underway
- Security
 - IRS Audit



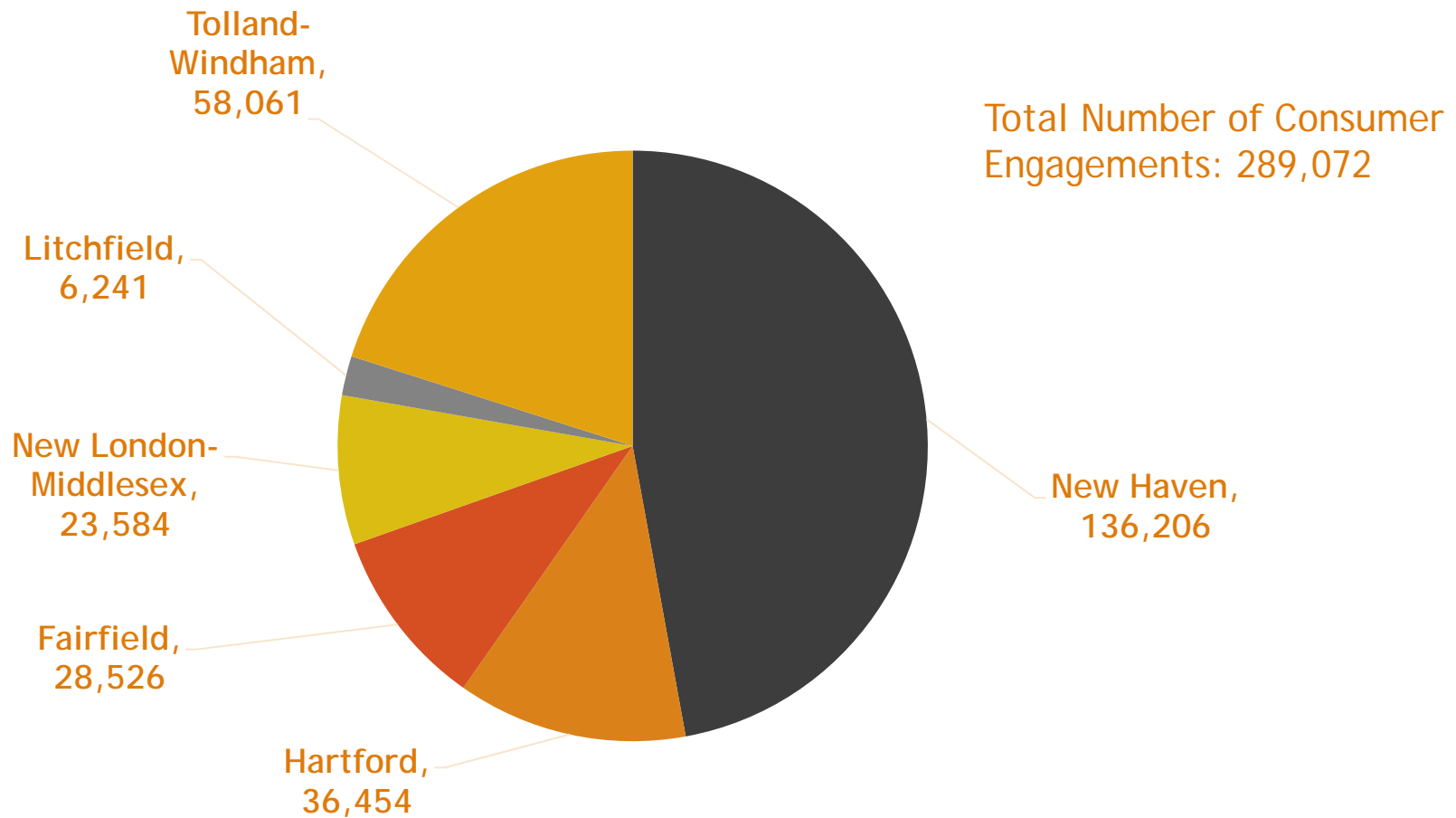
Connecticut's Health Insurance Marketplace

Community Outreach and Enrollment

The Navigator and Assister Outreach Program

- Provides culturally and linguistically competent enrollment assistance for the state's hardest-to-reach residents anchored by six Navigator Organizations
- Created an infrastructure of nearly 160 health, community and faith-based Assister organizations. There are 239 Assisters.
- One-third of Assisters speak Spanish and Assisters speak a total of 33 languages.
- Created community partnerships with municipalities, health departments, hospitals, providers, physicians, community health centers, small businesses, libraries, faith-based institutions and other organizations throughout the state.
- Engaged nearly 300,000 Connecticut residents directly with information and education, and enrolled more than 19,000 residents in Medicaid and QHPs combined. Have produced more than 500 events in neighborhoods around the state including more than 200 in March alone!
- Developed a website, **ahctcommunity.org** for materials and events for NIPAs
- Invited by Texas Health Institute and Enroll America next month at national conferences on exemplary Navigator outreach programs
- More than enrolling in health coverage – renewing coverage and learning how to use health insurance and how to achieve healthy communities. Will connect to the State Innovation Model (SIM), the Community Health Worker movement (CHW) and further work with health insurance brokers for individuals and small businesses in communities of color.

Self-Reported Assister Engagement Data by Navigator Region



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Marketing Update

Contents

- Update on final enrollment efforts
- Upcoming activity in April

Media Update

March media activity ends with deadline focused messaging

- Overall paid media stands at approximately \$500k
 - Substantially less than the \$1.2M spent in December
 - Given substantial momentum and awareness heading into the month, targeted spend is generating robust activity
- Several new creative elements have been produced to support the final week enrollment activity
 - New PSA's (public service announcements) highlighting both the deadline and the potential for a tax penalty (in English and Spanish)
 - 10 second "countdown" spot airing each day, calling attention to the enrollment deadline
 - A new 30-second spot produced with NBC promoting our final 7-day enrollment effort called "March to Enrollment"



March to Enrollment

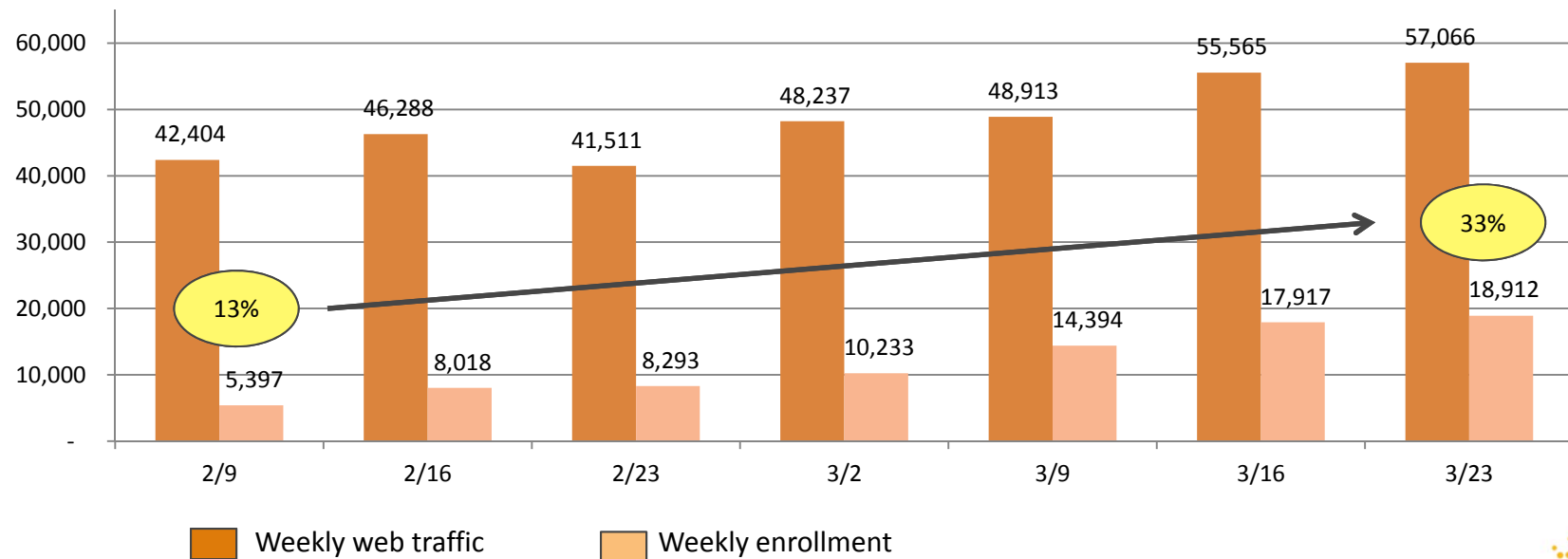
Focused marketing campaign for final week of enrollment

- Partnered with Federal Qualified Health Centers in 7 cities to serve as additional enrollment centers
- Centers will be supplied with additional laptop and WIFI resources, AHCT staff and trainer support, and facilitated broker presence at each location.
- All locations will be identified and promoted as additional enrollment support channels (online, call center, retail stores, brokers, navigators and assistors, CAC's, and these new enrollment outposts)



Web Site Traffic and Enrollment Trends

- Activity remains robust coming out of strong volume and enrollment during the Olympics
- Overall web traffic is 35% higher than it was in the second week of February
- Weekly enrollment is 250% higher.
 - Currently, a third of overall web traffic is converting to enrollment
 - Last week witnessed nearly 19,000 people enroll in just 7 days.
 - Account creation also remains strong in the final days (16% of total traffic creates a new account vs. 11% the week of 2/9)



Retail/Fair Activity Hitting Major Milestones

- Retail stores have now had more than 12,800 visitors
 - Almost 300 visitors per day... trending toward 15,000
 - Enrollments have exceeded 6,400 with substantial numbers expected over the next week
- Enrollment fair activity has seen more than 4,000 attendee's
 - Over 2,200 enrollments have been processed
 - Final two fairs saw 236 attendees and 152 enrollments
 - A 64% conversion rate
- Fair activity is now closed after 79 events
 - All outreach staff is focused on store activity



“DeLisa Tolson signed up for health insurance at a retail store set up by Connecticut's exchange. She says she was so happy with the experience, she told all her friends”

<http://www.npr.org/blogs/health/2014/03/24/292315954/connecticut-customers-rush-to-retail-store-to-buy-obamacare>

Post March Activity

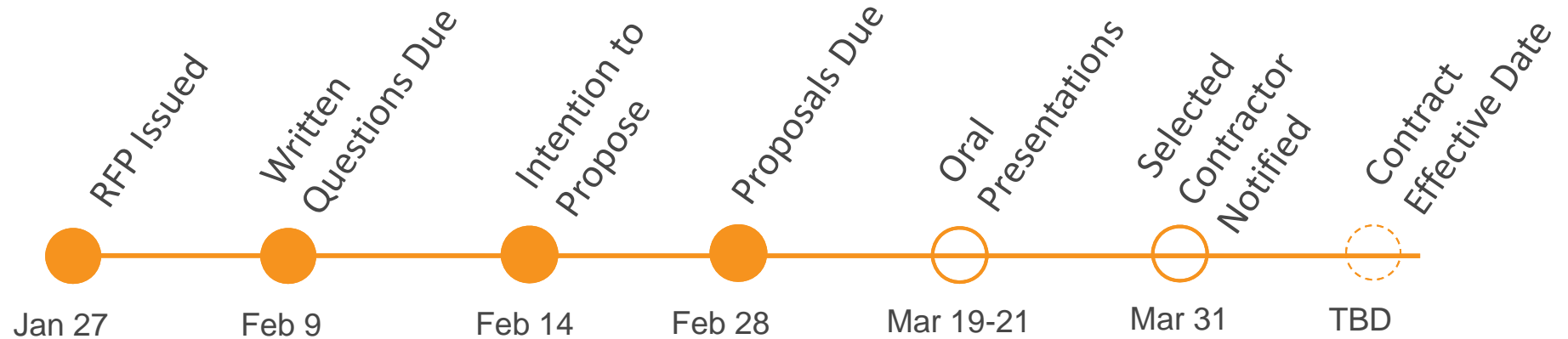
- While core open enrollment activity will be complete, much work remains.
- Immediate work will begin in 5 key areas.
 1. Campaign debrief (e.g. cost per acquisition by channel)
 - Includes store fronts, NIPAs, self directed, etc.)
 2. Member engagement and retention efforts
 3. Ongoing enrollment support and lead generation
 4. Market research efforts
 - Member census
 - Focus on profiling race/ethnicity, prior insurance status, channel use, etc
 - Uninsured market assessment and segmentation
 5. Q4 planning



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All Payer Claims Database Update

Procurement Timeline



Activity	End Date
RFP Issued	January 27
Written Questions Due	February 9
Notice of Intention to Propose	February 14
Proposals Due	February 28
Oral Presentations	March 19-21
Selected Contractor Notified	March 31
Contract Effective Date	TBD

Role of APCD Advisory Group

Access Health Analytics (AHA) continues to engage APCD Advisory Group in various projects, subcommittees and initiatives.

1. Two members of the Advisory Group were key evaluators for the APCD Vendor procurement process – Bob Tessier and Dean Myshrall
2. Data Privacy and Security subcommittee, chaired by Dr. Robert Scalettar, continued to support AHA with data use and governance issues
 - a) AHCT has retained a team from Shipman & Goodwin, led by Attorney Joan Feldman, as legal counsel for the APCD, which will be very important for formulating policies and procedures on data privacy, security and use
 - b) AHA has provided administrative support to this subcommittee and others
3. Policy and Procedure Enhancement subcommittee has also met formally on February 21, 2014.
 - a) Approved collection of dental data in 2015. AHA is exploring whether it needs changes in the policy document.
 - b) Denied claims data was also raised and deliberated. Further discussions will be needed to arrive at a consensus of all parties.



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March 2014 Finance Update

Finance Update

- Finance focus continues on tasks needed to effectively meet the commitments required by the transition to a “Going Concern”.
- As part of securing financial resources, 2014 market based assessments received to date total \$4.8M and responses to capable carriers objecting to the assessment notices are in process, total anticipated collection totals \$25.7 M.
- Business processes will be enhanced as the contract for an end user analytical and reporting tool vendor was signed. As previously noted, the product includes a new general ledger and a customer relationship management (CRM) application.
- Fulfilling regulatory requirements have focused on responding to requests and questions raised from the HHS Office of Inspector General Eligibility audit, which began January 6th. The auditors have selected the sample of 45 QHP completed applications and continue to have questions as they complete the audit of the samples. The auditors have left AHCT offices and will complete their work in their Boston office.
- The March 2014 dashboard follows, which displays year to date results through February 2014. Expenses continue to trend favorably to the Q1 2014 forecast due to the timing of Information Technology expenses for Design, Development and Implementation.

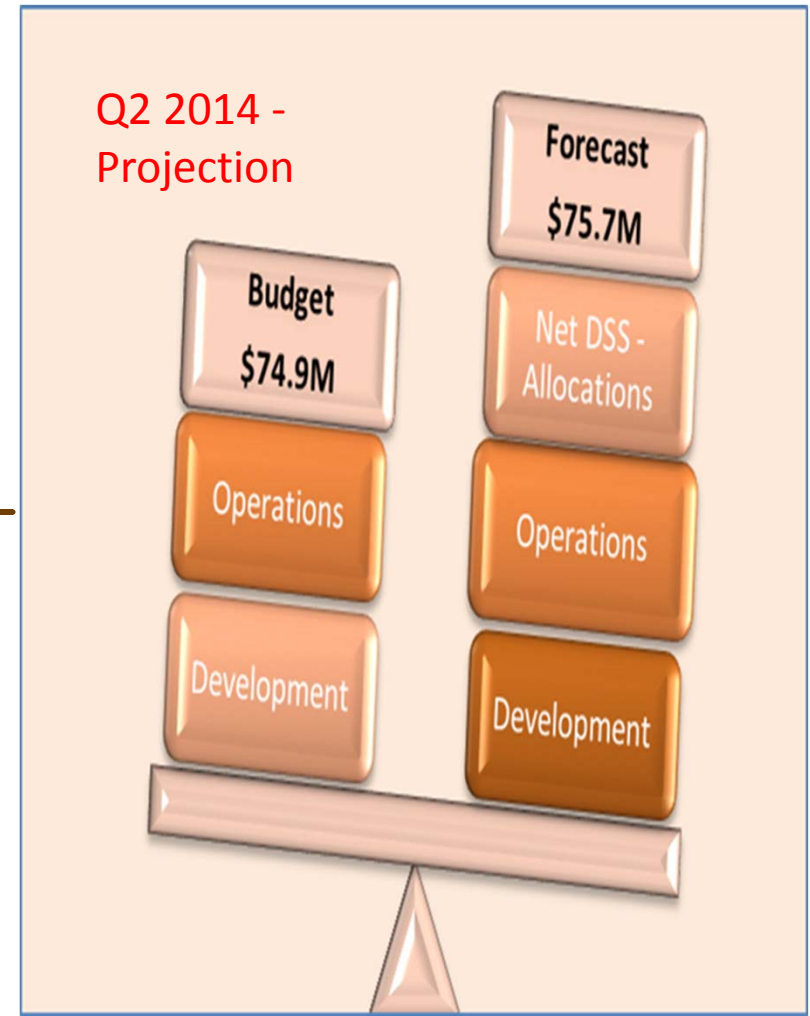
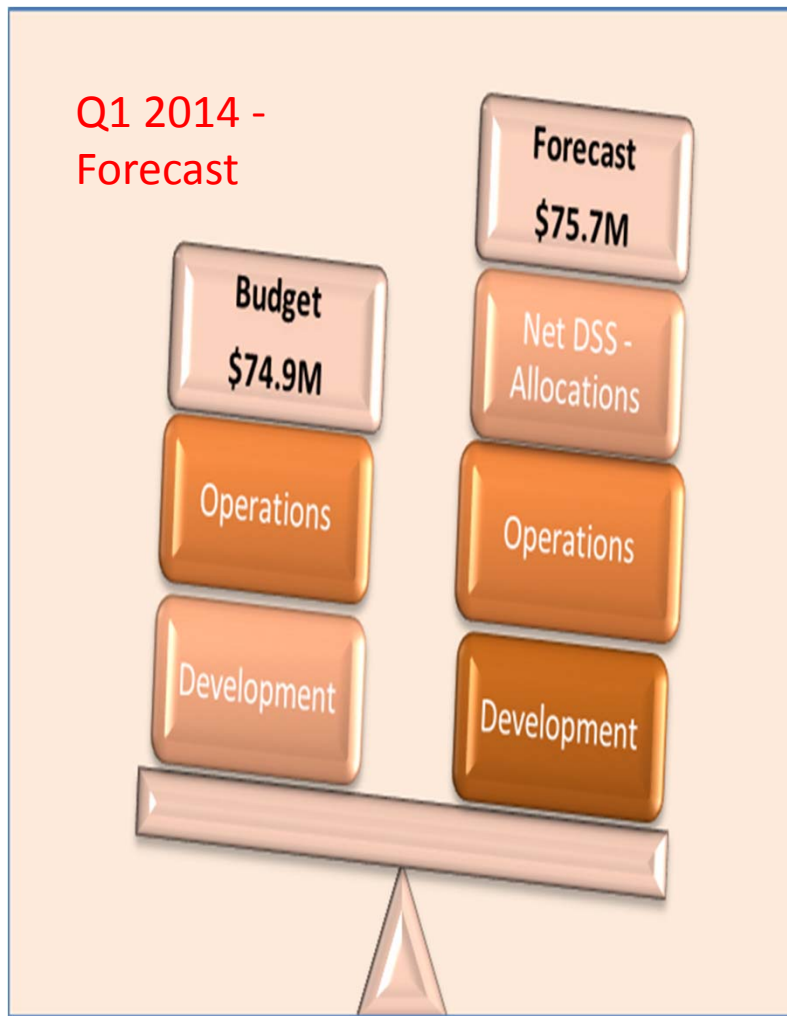


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March Finance Dashboard YTD February 2014

March Finance Dashboard

Q1 Forecast Validation



March Finance Dashboard - YTD February 2014

Overview

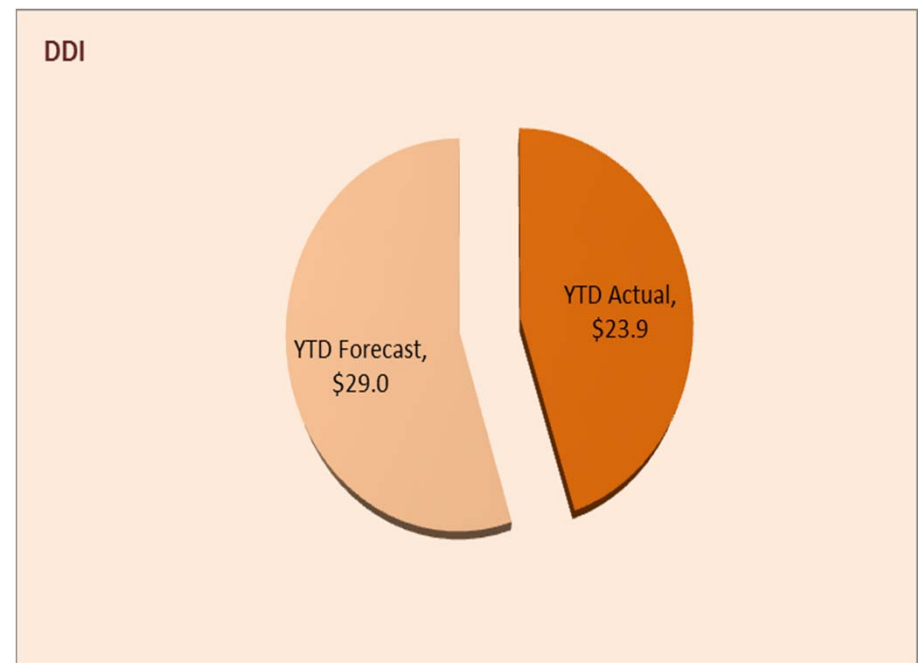
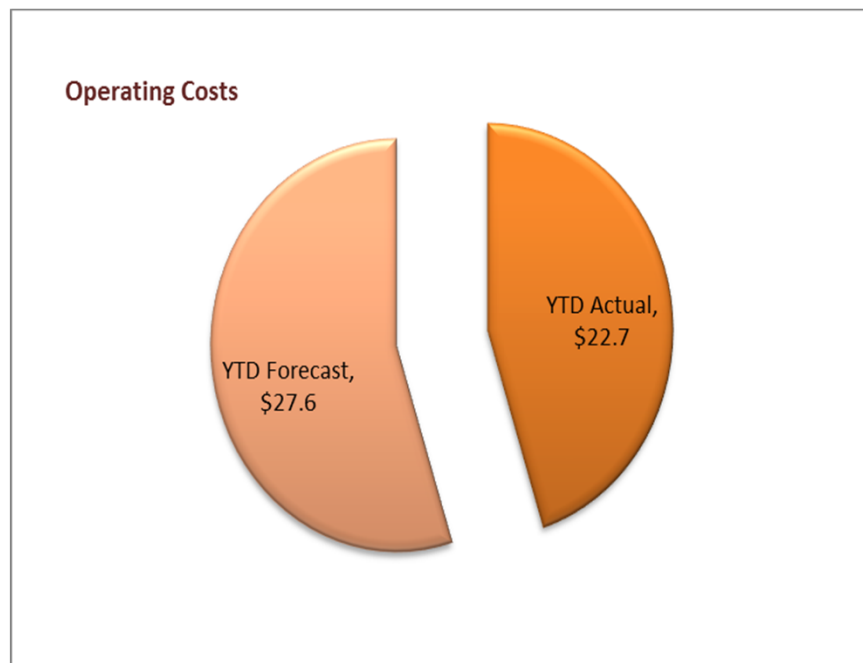
Fiscal Year to Date Results

YTD Consolidated - February 2014						
Expense Categories	YTD Budget	YTD Actual	YTD Forecast	Forecast Variance to Actual B (W)	Budget Variance to Actual B (W)	Comments
Salaries & Fringe	\$ 6,664,051	\$ 7,581,590	\$ 7,566,375	\$ (15,215)	\$ (917,539)	
Consultants	\$ 41,028,639	\$ 41,602,573	\$ 44,361,111	\$ 2,758,539	\$ (573,933)	Timing of IT Spend
Equipment	\$ 300,409	\$ 1,310,164	\$ 2,546,350	\$ 1,236,186	\$ (1,009,756)	Timing of Maintenance & Operation Expenses
Supplies	\$ 5,833	\$ 23,221	\$ 27,431	\$ 4,210	\$ (17,388)	
Travel	\$ 108,042	\$ 94,837	\$ 114,338	\$ 19,501	\$ 13,205	
Other	\$ 519,574	\$ (4,035,010)	\$ 1,966,692	\$ 6,001,701	\$ 4,554,583	Medicaid Recovery of 6.9M rec'd in February - Timing
Grand Total	\$ 48,626,548	\$ 46,577,375	\$ 56,582,297	\$ 10,004,922	\$ 2,049,173	

- Overall expenses are trending favorable to Forecast primarily driven by the timing of IT costs. The amount of favorability is driven by timing differences between Forecast and Actuals.
 - Anticipated that IT Cost will ramp to reach projected levels
 - Marketing costs are normalizing
 - Adjusting for Timing differences, primarily due to a Medicaid allocated expense reimbursement payment received of \$6.9M , the favorable variance amounts to \$1.4M

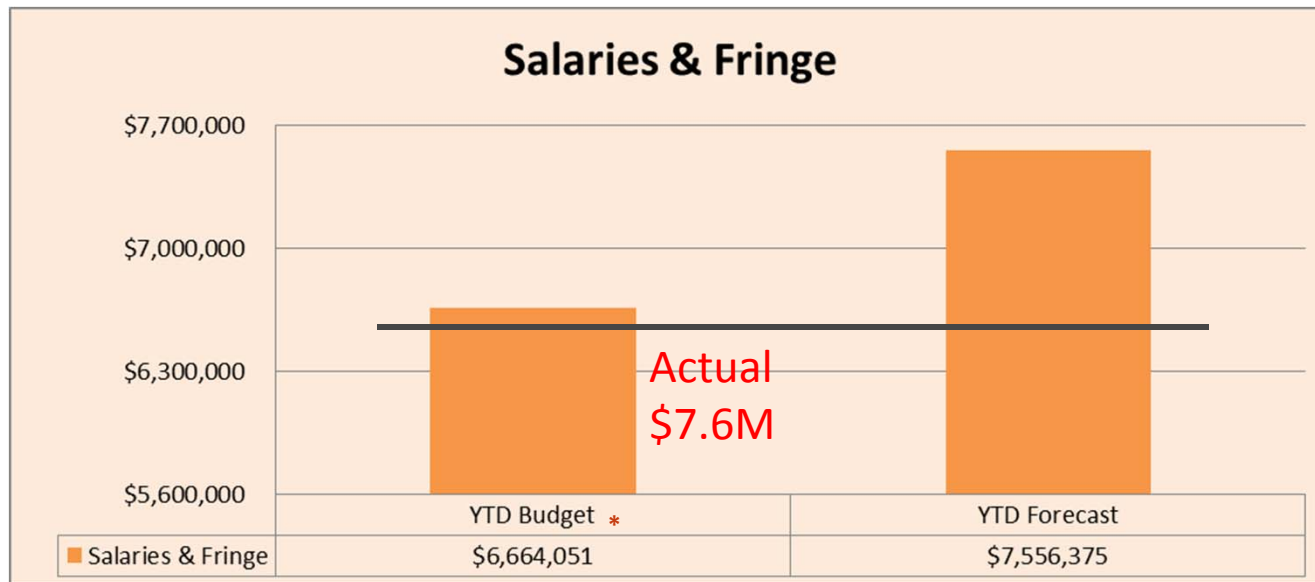
March 2014 Finance Dashboard

Cost Distribution as of February 2014



March Finance Dashboard

YTD February 2014 Results



- * Change from budget represents a conversion from consultants to durational staff



Connecticut's Health Insurance Marketplace

Plan Management Update

Compliance with Network
Requirements

Network Information - Agenda

- “Substantially Similar” Standard Update
- Connecticut Provider Counts
- Essential Community Provider Contracting Status
- Hospital Contracting
- AHCT: Online Provider Directory Link
- Next Steps

Network Adequacy: Substantially Similar Requirement

AHCT Review of Anthem Data Submission – Unique Provider Information

Anthem: Individual On Exchange		Anthem: Individual Off Exchange		Substantially Similar Result		Not Included in Individual Off Exchange		Anthem: Individual On Exchange
HMO: Pathway X Enhanced		HMO						HMO: Pathway X Enhanced
17,653	/	20,667	=	85%	+	704	=	18,357
Anthem: Individual On Exchange		Anthem: Individual Off Exchange		Substantially Similar Result		Not Included in Individual Off Exchange		Anthem: Individual On Exchange
PPO: Pathway X		PPO						PPO: Pathway X
18,209	/	21,335	=	85%	+	132	=	18,341

AHCT “Substantially the Same” Network Adequacy Requirement

Hospitals: 85%

Providers: More than 10,000: 80% / Less than 10,000: 85%

Facilities: More than 750: 80% / Less than 750: 85%

Connecticut Provider Counts

Provider Category	Anthem Individual HMO	Anthem Individual PPO	CBI	HealthyCT	UHC
Primary Care	4,146	4,145	2,236	2,023	4,609
Pediatrics	850	850	621	559	859
Ob/Gyn	779	779	539	487	830
BH-SA	4,532	4,535	1,500	638	232
Cardiology	374	375	422	224	488
Oncology	171	171	280	73	273
Sub-Total	10,852	10,855	5,598	4,004	7,291
All Other	7,505	7,486	5,402	4,576	6,889
Total Providers	18,357	18,341	11,000	8,580*	14,180
Facility Locations	396	396	420	393	503
TOTAL	18,753	18,737	11,420	8,973	14,683

AHCT ECP Standards & Carrier Compliance

	FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) 90%	CMS NON- EXHAUSTIVE LIST: 75%	EXCHANGE EXPANDED LIST: 2014: 35% / 2015: 75%
Anthem	13 of 14 (93%)*	44 of 59 (75%)*	447 of 641 (70%)*
ConnectiCare Benefits, Inc	13 of 14 (93%)*	47 of 59 (80%)*	430 of 641 (67%)*
HealthyCT	10 of 14 (71%)	43 of 59 (73%)	342 of 641 (53%)*
United	8 of 14 (57%)	32 of 59 (54%)	137 of 641 (21%)

**Meets Standard*

Carrier Hospital Contracting


Connecticut General Acute Care Hospitals Currently Out-of-Network for QHPs Available via AHCT


Carrier	Hospital
Anthem	St Francis
ConnectiCare Benefits, Inc	Day Kimball
HealthyCT	St Francis John Dempsey Milford Johnson Memorial
United	N/A



Anthem Online Provider Directory

Access Health CT Consumer Shopping Portal:

Consumer selects “Check if your doctor is in-network” button to learn which providers are available for the selected plan below.




Anthem  Blue Cross Blue Shield of CT

QUALITY RATING: ★★★★★ 

METAL LEVEL:  Bronze  Details

ESTIMATED MONTHLY PREMIUM	ANNUAL OUT-OF-POCKET MAX	EMERGENCY ROOM	PRIMARY CARE CO-PAY	ANNUAL DEDUCTIBLE
\$212.95	\$6250	40%	\$30	\$3250.00

[Click Here For Detailed Plan Documents \(PDF\)](#)

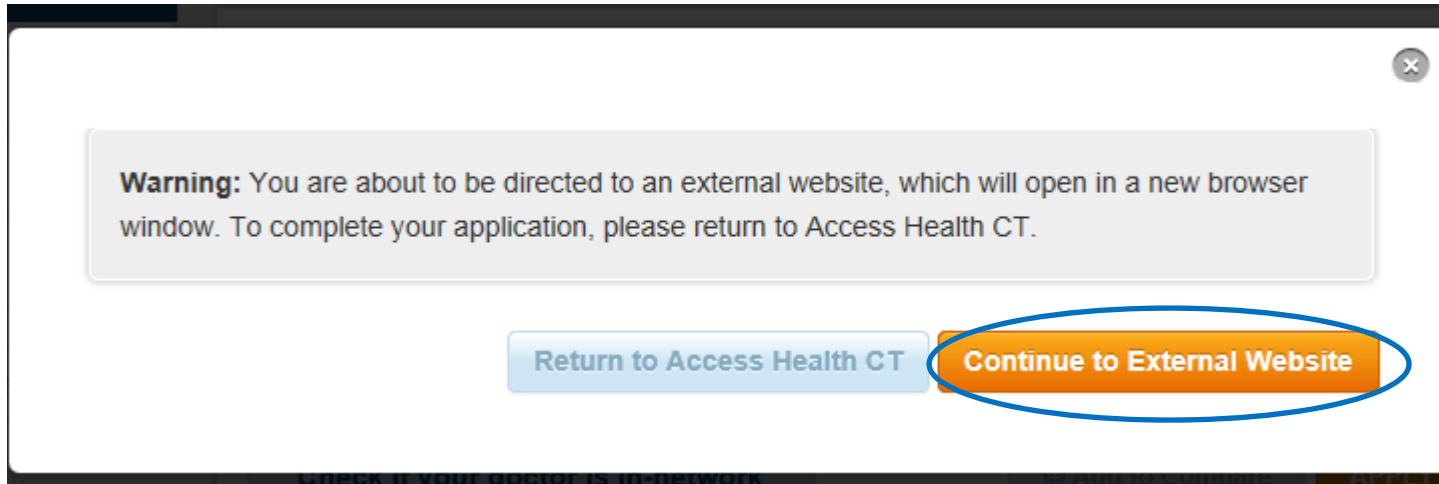
[Check if your doctor is in-network](#)   

Anthem Online Provider Directory

External Website Alert:


Consumer will see this notification upon leaving the Access Health CT Consumer Shopping Portal .

Consumer will select “Continue to External Website”



Consumer will then connect to Anthem’s online Provider Network Directory and specifically to the network of the plan the consumer selected in the Access Health CT Consumer Shopping Portal, e.g., Anthem Bronze DirectAccess Standard.

Anthem Online Provider Directory

Español

[Home](#)[Shop For Insurance](#)[Health & Wellness](#)[Resources](#)[Customer Support](#)

Find a Doctor (Dentist, Pharmacy or Hospital)

Encontrar un médico

1

What are you looking for?

Doctors/Medical Professionals

Hospitals and Facilities

Dental

Vision

Pharmacy

Behavioral Health

Lab/Pathology/Radiology

Medical Equipment

Medical Group/Multi-Specialty

Urgent Care

Other Medical Services

2

About the Provider (optional)

Name:

Search by Name

Specialty:

Family/General Practice, Internal Med

?

More options: sub-specialty, patient acceptance, PCP...

3

Where are you looking (City + State or Zip Code)?

Located within

20

miles of

zip or city, state

?

More location options: address, state, county

4

What insurance plan would you like to use?

☐ I am a current member and want to search using my plan

☒ I want to search by selecting a plan

Search by selecting a plan

State:

Connecticut

?

Plan Type/Network:

Pathway X / IND PPO via Exchange

What is my plan type?

?

Plan Name:

Bronze DirectAccess Standard

?

☐ I want to search all plans

?

MEMBER LOG IN [Guided Tour](#)

Register Now

LOG IN

Learn more about Secure Log in

Forgot username or password ?

USEFUL TOOLS

FIND A DOCTOR
(Dentist, Pharmacy, or Hospital)

FIND URGENT CARE

PRESCRIPTION BENEFITS

CHECK CLAIM STATUS

Network Adequacy: Next Steps

- Continuing review of the network adequacy and ECP submissions by carrier
 - Require demonstration of “good faith” effort from Carriers not meeting AHCT standards
 - Develop a “reasonable access” standard for 2015 (e.g., member to provider ratio, including geographical and provider type considerations)
- Finalize contract with software vendor to alleviate manual analysis, data manipulation, review and presentation
- Continuing ongoing dialog with carriers on aspects of network adequacy
 - Requested information regarding provider panel status (ie, “accepting new patients”)



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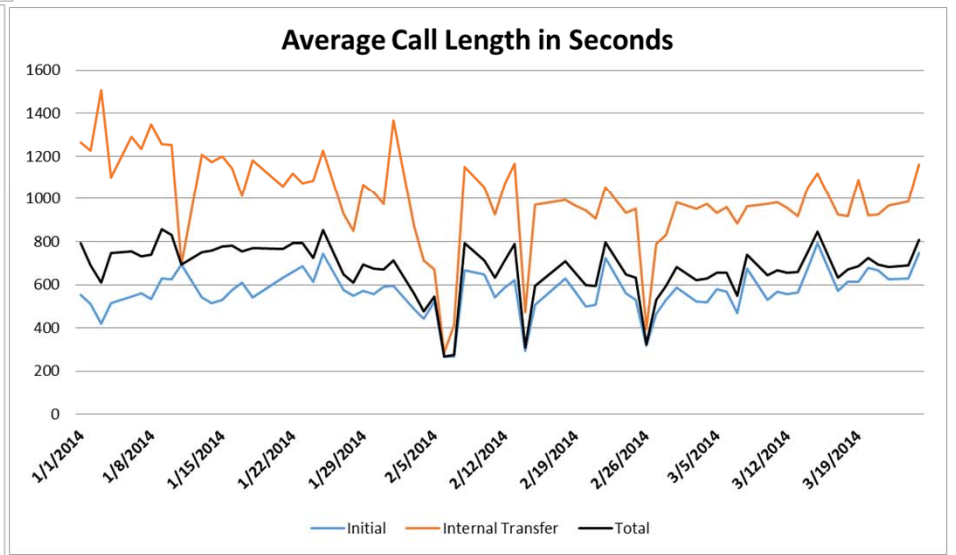
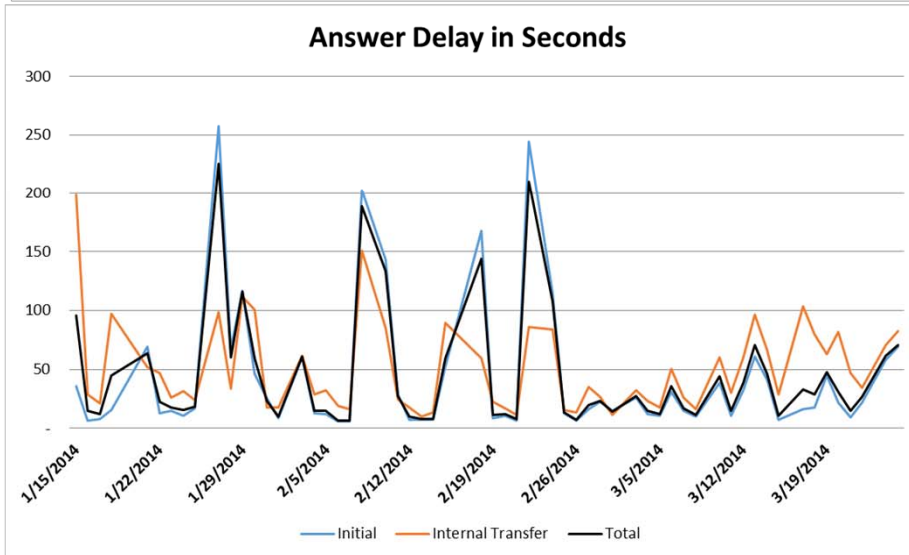
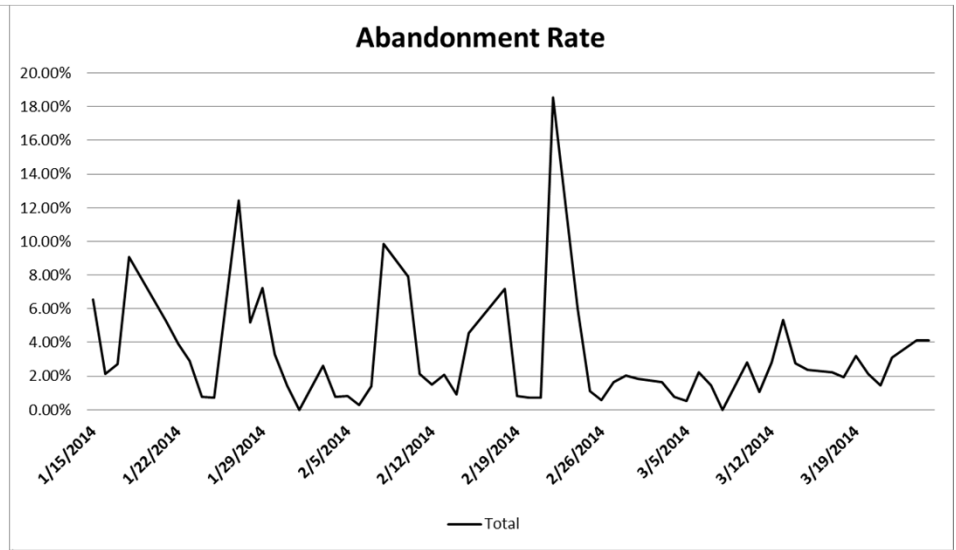
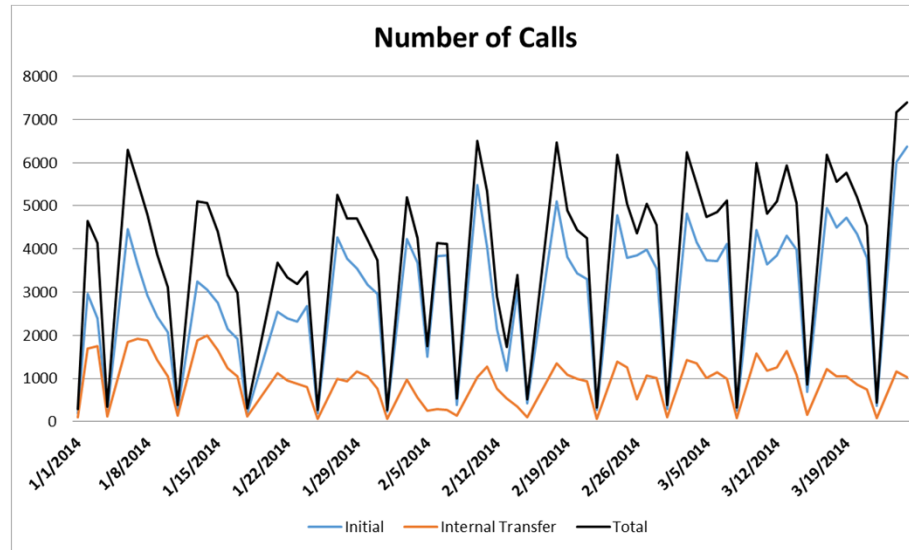
Executive Session



Connecticut's Health Insurance Marketplace

Adjournment

Operations Update



The Navigator and Assister Outreach Program

Since the program's launch in March 2013, the Navigator and Assister Outreach Program has created an infrastructure of nearly 160 health, community and faith-based organizations. These Navigator and Assister organizations provide one-on-one enrollment support to the uninsured and underinsured in their communities and serve as trusted advisors promoting the benefits of health care coverage.

Navigators and Assisters have minimized cultural barriers to enrollment including language, transportation, technology barriers.

The program has continued to evolve as the Open Enrollment period has progressed. It responds to the needs of the community and serves the hard-to-reach populations.

The network which the Navigator and Assister Outreach Program has established is strengthening; building community partnerships with municipalities, health departments, hospitals, providers, physicians offices, community health centers, small businesses, libraries, faith-based institutions and other organizations throughout the state.

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