STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Legislative Office Building, Room 1D

Thursday, November 19, 2015
Meeting Minutes

Members Present:
Lt. Governor Nancy Wyman (Chair); Victoria Veltri, Vice-Chair, Office of Healthcare Advocate (OHA); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Victoria Veltri; Commissioner Roderick Bremby, Department of Social Services (DSS); Commissioner Jewel Mullen, Department of Public Health (DPH); Grant Ritter; Paul Philpott; Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Cecelia Woods; Robert Scalettar, MD; Paul Lombardo, Designee for Commissioner Katharine Wade, Connecticut Insurance Department (CID); Maura Carley

Members Absent: Robert Tessier

Other Participants:
Access Health CT (AHCT) Staff: James Wadleigh, James Michel, Steven Sigal; Susan Rich-Bye; Andrea Ravitz; Tamim Ahmed; Ron Choquette; Shan Jeffreys; Ann Lopes

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

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

II. Public Comment

None

III. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the October 15, 2015 Regular Meeting minutes. Motion was made by Grant Ritter and approved by Roderick Bremby. ***Motion passed unanimously.***

IV. Votes

Lt. Governor Wyman requested a motion to adopt the following resolution: to approve the following revision to the Board of Directors' 2015 Meeting Schedule filed with the Secretary of State and posted on the Connecticut Health Insurance Exchange website: Cancel the December

17, 2015 Board of Directors' meeting. Motion was made by Victoria Veltri and seconded by Robert Scalettar, MD. ***Motion passed unanimously.***

V. CEO Report

James Wadleigh, CEO, provided an update on AHCT activities. Open enrollment began on November 1 and has been strong. Work has begun on 2017 Open Enrollment, which begins with Plan Management activities.

Commissioner Mullen arrived at 9:06 a.m.

Access Health Exchange Solutions, led by Peter Van Loon, has had many inquiries regarding the mobile app, as well as regional opportunities and training. A formal internship program with area colleges and universities is being developed by Melinda Brayton. Shan Jeffreys has accepted a position as Director of Marketplace Strategies.

VI. Operations Update

James Michel provided an operations and enrollment update. Over 15,000 accounts have been created since November 1, 2015, with a total of 5,400 qualified health plan (QHP) enrollments. There are over 99,000 total QHP enrollments as of November 17, 2015, and approximately 24,000 consumers have been determined eligible for Medicaid. Steps for Open Enrollment were summarized. Community Enrollment Partners (CEP) and Enrollment Centers (EC) enrollments were provided. Mr. Michel provided call center and store front hours of operation, further advising that for January 1, 2016 coverage, enrollment must take place by midnight, December 15. Ms. Veltri asked about the enrollment traffic on a daily basis. Mr. Michel replied that traffic is very active on Mondays and Tuesdays. Lt. Governor Wyman asked if 2016 enrollment is expected to be the same as it was in 2015. Mr. Michel replied that AHCT is ready to handle the same amount of activity as last year, with an expected 105,000 to 115,000 total enrollees by the end of open enrollment. Commissioner Bremby asked if the auto-renewals are captured in those numbers. Mr. Michel confirmed that the auto-renewals are included. Mr. Jeffreys added that the auto-renewal process begins December 1 and runs through December 5. Mr. Michel stated that consumers are encouraged to shop for plans.

The Husky A conversion volume was summarized. Of the approximately 1,200 individuals who lost Husky A eligibility, 167 transitioned from Medicaid to enrollment in a QHP. Work will begin with DSS for the approximately 17,000 who will transition next year, in order to make sure it is an easy process for consumers. Transitional Medical Assistance (TMA) for this group will end on June 30, 2016. Communications and strategies are being planned to minimize any gap in coverage for that population. Ms. Veltri recommended that AHCT start to utilize community organizations to track those who did not transition. Lt. Governor Wyman inquired about the areas in the northeast corner of the state that are not in close proximity to CEPs, and asked what can be done for that area. Mr. Michel replied that there are other partners, including Federal Qualified Health Centers. There are actually hundreds of partners who have been certified to enroll through the year.

VII. 2016 Open Enrollment Update

Paul Lombardo arrived at 9:21.

Shan Jeffreys, Open Enrollment Lead, provided an update on Open Enrollment activities and the renewal process. Going forward, there will be a shift towards 2017 Open Enrollment. Auto-renewal is anticipated at 88.33%, but may fluctuate due to some consumers shopping for another plan. Paul Philpott asked about the forecast for 2016 QHP enrollment. Shan Jeffrey replied that it is approximately 105,000 to 115,000.

Ms. Veltri asked whether the current auto-renewals forecast can change because consumers are shopping. Mr. Jeffreys confirmed that this would impact the forecast.

VIII. Marketing Update

Andrea Ravitz, Director of Marketing, provided an update on marketing activities and advertising campaigns. A summary of the summer/fall outreach program was provided. There are strong results from paid media efforts. A summary of media efforts and outreach strategy was provided. Television commercials were presented. Ms. Ravitz stated that the consumers seen in the commercials are actual QHP customers.

Outreach strategies include Community Chats that have been held in Hartford, New Haven, Stamford, Waterbury, New Britain, Danbury, and Norwich. Additional Chats are in the planning stages. There were more than 80 attendees at the Chats, including representatives of broker agencies, community organizations, elected officials, religious organizations, local health departments, libraries, and school districts. Survey results for the Community Chats were summarized. Receptions will be held to inform multicultural media outlets about AHCT and open enrollment. AHCT is collaborating with 242 community organizations, representing over 500 branches throughout the state, to reach the remaining uninsured population.

In addition to community outreach, communication strategies also include renewal videos and mailers, birthday mailers, as well as 1095 communications. For individuals not currently enrolled through AHCT, the acquisition strategies include a video, enrollment and informational flyers in five languages, door hangers and enrollment banners. The “Learn More” site on the accesshealthct.com website is live and mobile-enabled. The Consumer Decision Support tool and other informational tools are available on the website as well. There is now a password-protected broker page for access to plan collateral and plan information. Jewel Mullen asked if health care organizations and local health departments are being convened as a community to discuss outreach strategies. Ms. Ravitz responded that there is constant communication with organizations, and that a list of these organizations will be provided for the next Board meeting. Dr. Mullen stated that there are DPH staff members who already are working on similar efforts.

Mr. Wadleigh stated that there will be broader outreach towards improving health literacy. There will be a health literacy conference in early December.

Ms. Veltri asked how many individuals are supporting enrollment efforts. Ron Choquette responded that there are 300 Certified Application Counselors throughout the state. Ms. Veltri asked whether AHCT is tracking the ways in which consumers hear about AHCT. Ms. Ravitz replied that the CEPs and enrollment centers are capturing information on iPads. In additional, each type of collateral has a specific phone number, and the call center tracks the number of calls placed to each number. Ms. Veltri asked if the door hangers list the locations of the CACs.

Ms. Ravitz replied that the door hangers only provide the CEP locations, but they refer recipients to the website or call center for additional information. The door hangers are distributed within a five mile radius of the seven CEP locations.

Benjamin Barnes left at 9:56.

Robert Scalettar, MD, asked what AHCT is doing, through the communication strategies and the "Learn More" site, to inform consumers about the value of health insurance and how to use their plans. Ms. Ravitz provided a summary of how information on plan utilization is captured through the member census. Additionally, there are website and telephone surveys which ask similar questions. Efforts are now being made to better inform consumers once they have enrolled. There will be a push to engage carriers and brokers to start discussions on plan utilization.

IX. Technical Operations & Analytics Update

Robert Blundo, Director of Technical Operations & Analytics, provided a presentation in response to questions regarding new and existing QHP customers. Mr. Blundo's data analysis compared the number of existing enrollees, prior to open enrollment, by their carrier, plan metal tier, county of residence, age, and whether they received APTCs and/or CSRs. Data on new QHP enrollees will be tracked during open enrollment, and will be analyzed in early December after auto-renewals occur.

Paul Philpott asked about enrollment by APTC/CSR for the carriers. In particular, he asked why it appeared that HealthyCT and United Healthcare have almost none of the consumers receiving APTCs and CSRs. Mr. Blundo responded that United Healthcare's percentages look smaller because their overall enrollment is only 2.5% of overall enrollment. Mr. Wadleigh added that the rates for one of the carriers were higher, and that one carrier's network was different, and these factors could also play a role in the results. Mr. Philpott addressed the slide regarding APTC/CSR, and asked why new enrollments are currently at 17.66% for non-APTC consumers. Mr. Wadleigh replied that there had been pent-up demand, which he had discussed with brokers, and that will be watched going forward. That number may shift as consumers start seeing their other plans during renewal. Mr. Philpott added that at some point there will be a ceiling with subsidized enrollees, and questioned where AHCT sees future growth. Mr. Wadleigh replied that a benefit of the lead broker program is building relationships and the AHCT brand. Additionally, AHCT will continue working with CID, the carriers, and other organizations around the state. Ms. Veltri suggested examining some of the products in order to bring consumers back onto the exchange. Ms. Veltri also asked how many of the APTC/CSR consumers chose a bronze plan, adding that this is an area of focus for advocates. Mr. Blundo agreed to provide that information following the meeting. Mr. Wadleigh requested that the Board communicate any suggestions for future analytics.

X. APCD Update

Tamim Ahmed, Executive Director of the APCD, provided an update on APCD activities. The APCD vendor is now ready to accept data from all payers, following a successful data security

and privacy review. As a result, the APCD implementation timeline has been adjusted. A summary of the new timeline was provided.

Dr. Ahmed provided an overview of the Consumer Decision Support tool, which was recently launched. Input from the Consumer Advisory Committee and APCD Advisory Group helped to make the tool easy to understand. CID consulted in all phases of the tool's development. Dr. Ahmed provided a brief demonstration.

Ms. Veltri asked whether the enrollment partners have been trained in using the support tool. Mr. Choquette replied that lead brokers and certified brokers are trained. Ms. Veltri suggested training the CACs and CEPs as well. Mr. Choquette replied that training CACs would be very helpful. Ms. Veltri wants to make sure the word gets out that the APCD reports are available, and would be built into training for the next Open Enrollment. Dr. Ahmed replied that there will be a different APCD website with a link to a health cost comparison site. Ms. Ravitz added that educational videos can be utilized.

Mr. Bremby asked for an update regarding Medicaid data submission to the APCD. Dr. Ahmed replied that DSS reported at the recent APCD Advisory Group meeting that a Memorandum of Understanding, between DSS and AHCT, is currently being drafted for this purpose. Mr. Bremby added that DSS intends to go well beyond the state statutes regarding Medicaid data in the APCD, and hopes to engage AHCT and its vendor in some analytic services. The plan is to utilize the entire Medicaid database, and take advantage of the APCD vendor's analytic capabilities. There is an opportunity to do some comparative analysis of comparable programs.

Dr. Scalettar added that the compromise reached regarding Medicaid data provides that DSS alone will decide when that information is shared. Mr. Bremby confirmed that this arrangement involves two steps for approval – both DSS and AHCT - and does not allow full use of the data. Dr. Mullen added that there should be conversations with other agencies that collect and maintain relevant data, and asked about how the APCD work specifically supports the State Innovation Model.
Mr. Wadleigh replied that the revised timeline shows that progress has been made, but that there is more work ahead in order to achieve AHCT's vision for the APCD. He advised caution regarding expectations for future initiatives while the first reports are being prepared. Ms. Veltri added that the vision in the SIM grant is that APCD would provide data analytics support to its health reform goals. There is going to be a meeting to start discussing how to bring these activities together.

Dr. Ahmed provided analytics on consumers' use of the CDS Tool.

Mr. Philpott asked whether the CDS tool is proprietary, and how it is integrated with the application and enrollment websites. Dr. Ahmed confirmed that it is proprietary, and is not integrated into the enrollment site. The CDS tool needs to have anonymous browsing, because consumers are inherently afraid of medical underwriting. The tool does not ask for consumer names or Social Security numbers. The site is embedded into the shopping portal of the AHCT website.

Mr. Philpott asked about benefit factors, and whether carriers would be able to look at consumers' utilization in the future. Mr. Wadleigh replied that this tool is to help customers, and is not intended to push customers to any particular carrier, plan or metal tier. Each carrier can be selected on the merits of the carrier's value. Mr. Choquette reminded the Board that

this is not a recommendation of the cheapest plan, but the best plan for the consumer. Paul Lombardo of CID commenting strictly as an actuary and not speaking for CID, said that any time a consumer's choice is optimized, the inherent outcome is selection, which could potentially create results that do not make sense for the consumer.

Grant Ritter added that some of these concerns will be mitigated, because only a subset of the consumer population will be using the tool, and because healthcare involves many unknown factors and unpredictable expenses. The tool is very good for understanding the cost of chronic conditions, and decisions should be based on that.

XI. Plan Management Update

Ann Lopes, Carrier Product Manager, provided a summary of plan management activities. The 2016 cycle activities have almost been completed by the plan management team. Ms. Lopes reviewed the status of 2016 plan certification. The plan management life cycle was reviewed. Efforts are now turning toward preparing for the 2017 plan year. There are some elements impacting the 2017 cycle. The CMS Payment Notice is expected at the end of November and will likely be finalized in February. Last year's payment notice included guidance for 2017. CMS has just released recent guidance on the quality rating system (QRS). This initiative applies to issuers which offered coverage in prior years, and requires them to submit third-party validated quality information and enrollee survey data. Additional details on these requirements will be provided. The carriers' data will be submitted to CMS by a specified date. AHCT will be accepting the star rating, based on a five-star rating system, assigned by CMS. A beta test occurred for a pilot of this process, and carriers were apprised of those results. CMS is exploring the options for State-Based Marketplaces to provide the QRS results, and how the results are expected to be posted. A summary of the quality improvement strategy (QIS) was provided. Carriers will be required to submit their strategies to AHCT. The recent CMS guidance indicates that some of the improvements could be increased provider reimbursements, and enrollment incentives such as gym memberships. Both initiatives will require a significant amount of attention, and will be part of the AHCT carrier solicitation. It may be necessary for AHCT to communicate with the carriers prior to the issuance of the 2017 carrier solicitation.

Mr. Wadleigh added that these changes will require consultation with the Advisory Committees.

Dr. Ritter asked about the way that provider payment incentives would work when a private plan is paying a hospital. Ms. Lopes replied that there will be a reporting mechanism that will be in place for this type of program in the Federally Facilitated Marketplace, which can be adopted for 2018. CMS has indicated that only one of the QIS programs will have to be in place for 2017.

Mr. Wadleigh stated that this program will be an opportunity for the organization to learn from Medicaid and Medicare, which have implemented similar concepts over the past several years. Ms. Veltri recommended additional discussions with SIM, adding that alignment going forward will be critically important. Ms. Lopes replied that information on the CMS guidance is publicly available. Mr. Bremby suggested coordination between AHCT and DSS, as well as agencies within HHS.

Mr. Philpott asked whether there is any congruency between this proposal and CMS programs involving carriers in Medicare Advantage, adding that the initiative looks similar. If a carrier is

not already on the Exchange, it would be entering uncharted territory. Mr. Philpott hoped that carriers would not be dissuaded from participating in the exchange by complex reporting requirements.

Ms. Lopes provided a summary of efforts for 2017 that have been completed, and tasks which are planned. The Benchmark Plan Selection is complete, as are proposed CMS data templates and meetings with CID regarding rate filings. Future efforts include the process improvement review, a meeting with the Federal Office of Personnel Management, and the 2017 key milestone calendar. Upcoming activities for the 2017 plan year were reviewed.

XII. Strategy Committee Update

Dr. Scalettar provided a Strategy Committee update. During the recent committee meeting, there was discussion regarding the Advisory Committees formed in 2012. The charge to the Advisory Committees had included specific tasks during the building phase of the Exchange. Now, in AHCT's next phase as a going concern, charges of some of the Committees need to be revisited. For example, the Health Plan Benefits & Qualifications Committee now would include the quality improvement strategies. There will be some work with the Strategy Committee and staff to revisit the charge of the four vitally important committees, which may result in some changes in member composition and skill sets. Another key point would be cross-fertilization, so that Committee work would not be isolated to a specific area.

XIII. Adjournment

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Cecelia Woods and seconded by Victoria Veltri. ***Motion passed unanimously***. Meeting adjourned at 11:22 a.m.