



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Legislative Office Building
Room 1D
Hartford, CT

Thursday, November 6, 2014

Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman (Chair); Vicki Veltri (Vice-Chair); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Deputy Commissioner Kathleen Brennan, Designee for Commissioner Roderick Bremby, Department of Social Services (DSS); Deputy Commissioner Anne Melissa Dowling, Connecticut Insurance Department (CID); Maura Carley; Grant Ritter, Robert Tessier; Robert Scalettar, MD; Cecelia Woods; Paul Philpott

Members Absent: Commissioner Jewel Mullen, Department of Public Health (DPH); Commissioner Patricia Rehmer, Department of Mental Health and Addiction Services

Members Participating by Telephone: None

Other Participants:

Health Insurance Exchange (HIX) Staff: James Wadleigh, Jason Madrak, Julie Lyons, Virginia Lamb, Matt Lynch, Jeff DiGirolamo, Connie Vong, James Michel

The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:01 a.m.

A. Call to Order and Introductions

Lt. Governor Nancy Wyman called the meeting to order at 9:02 a.m.

B. Public Comment

There were no comments from the public.

C. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the minutes from the October 16, 2014 Regular Meeting. Motion was made by Vicki Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

D. Policies and Procedures

Virginia Lamb, General Counsel reported that the *Reports Policy* approved at the August 21, 2014 Board Meeting was ready for adoption. The Policy was noticed in the *Connecticut Law Journal* and published on the Exchange's web-site. The 30 day public comment period closed on October 15, 2014 with no public comments received.

Lt. Governor Wyman requested a motion to adopt the Reports Policy. Motion was made by Robert Tessier and seconded by Cecelia Woods. **Motion passed unanimously.**

E. CEO Update

Acting CEO Jim Wadleigh reviewed current Access Health CT (AHCT) activities. On October 31, 2014, the Centers for Medicare and Medicaid Services (CMS) conducted a detailed Open Enrollment readiness evaluation of AHCT. AHCT estimates ninety-five percent of AHCT customers will be eligible to auto-renew. Efforts to reach the remaining 5% are underway. Exchange staff would like to extend the deadline for open enrollment from Sunday, February 15 to Tuesday, February 17, since many of the Exchange's enrollment sites will be closed on Sunday as well as on President's Day, Monday, February 16. AHCT, however, does not have the authority to change the open enrollment dates, set by federal law and will need to wait for a federal decision. In preparation for Open Enrollment, a "Model Office" event is scheduled for Friday, November 7 to walkthrough business process flows with vendors. A Twitter Town Hall is also scheduled for November 7. Hiring of outreach field services staff is now complete. Considerable focus is on AHCT's broker relationships, which have been effective in the past in driving enrollment. A technology release is scheduled for November 7. "Tina," AHCT's avatar (virtual assistant), will debut online next week. AHCT has executed the vendor contract to implement the All Payer Claims Database (APCD). The training team that was deployed to Maryland will be returning to Connecticut soon. AHCT continues to work with the Connecticut Health Foundation and DSS to advance the long term assistance program.

F. Plan Management

Julie Lyons, Director of Plan Management, reported that her team has been evaluating carrier materials for the past five (5) months and continues to remain on track to complete the 2015 Qualified Health Plan (QHP) Certifications prior to the start of Open Enrollment. All outstanding issuer documents are expected to be submitted today. Ms. Lyons distinguished between the Exchange's requirements for certification of the issuer and its requirements for certification of the issuer's qualified health plans, noting that those issuers, who came on the Exchange in 2014, received a 2-year issuer certification. However, on an annual basis, the Exchange also requires that all issuers submit proof that they have been found by the Connecticut Insurance Department (CID) to be licensed, in good standing and financially solvent, and that each plan's rates and form filings have been approved by the CID. Plan management staff also reviews on an annual basis the issuer's compliance with the Exchange's standard plan designs and with the Exchange's standards for general network adequacy and for ECP network adequacy. To complete this review, staff has had to develop and maintain a data base of providers and ECP providers for the state of Connecticut. Compliance remains a highly iterative process.

G. APCD Update

Tamim Ahmed, Executive Director of the All-Payer Claims Database (APCD), reported that AHCT signed a contract with Onpoint Health Data (Onpoint) to provide data management and analytics services for the

APCD. This vendor was selected through the Request for Proposal (RFP) process. Of the sixteen (16) vendors that expressed interest in submitting a proposal, ten (10) submitted and five (5) were found to meet AHCT's eligibility criteria. Three (3) were invited to provide oral presentations. Onpoint was judged to be superior to the other vendors, based on its pricing, experience with APCDs, and proposed solutions. Onpoint has an extensive history working with APCDs in other states. The term of the contract is five years, with an option to extend for an additional five years. Total contract value for the first five years is \$6.88 million. The value of the potential five-year extension is \$4.07 million. Mr. Ahmed noted that the contract protects AHCT's investments in development and intellectual property.

Grant Ritter expressed concern about privacy issues and asked about the types of information that would be publicly available through the APCD. Mr. Ahmed stated that the APCD and Onpoint would be fully compliant with HIPAA and NIST privacy and security standards, as well as other applicable federal and state laws. Ms. Lamb clarified that while Onpoint will receive identified data from the carriers, Onpoint's first action will be to remove individual identifiers and replace those identifiers with encrypted codes. The work environment for data analytics maintained by Onpoint for AHCT will only contain de-identified and aggregated data and APCD reports will only contain de-identified and aggregated data. In addition, Onpoint will be storing Connecticut's data on discs and a computer server dedicated only to Connecticut. Mr. Ahmed pointed out that he is working with the APCD's Privacy subcommittee to review the APCD's privacy and security policies. The APCD will be receiving claims data from commercial insurance carriers and Medicare. Maura Carley asked if submitted claims data will also include data on the care provided to Connecticut residents by providers outside the state. Mr. Ahmed stated it would.

H. Open Enrollment Readiness Detailed Update

Jason Madrak, Chief Marketing Officer, provided an update on Open Enrollment readiness. The CMS Open Enrollment Readiness Audit occurred on October 31. The audit focused on preparedness across eight main areas: (1) outreach and marketing; (2) in-person assistance programs; (3) broker engagement/training; (4) online and print applications; (5) enrollment processing; (6) verification and notices; (7) appeals and exemptions; and (8) information technology and privacy and security standards.

Weekly meetings continue on Open Enrollment. Work is 72% complete and all tasks are on track for timely completion. Specifics of the renewal process were reviewed. AHCT relies on the federal bulk service process for accurate information to determine who can be auto renewed. Notices should be received by consumers by November 12. Connecticut is one of only two states engaged in this process as mandated by law. Other states are requiring consumers to re-enroll, which is a more time-consuming process.

Supporting collateral is available in the marketplace in several formats (PDF, digital, print). A media campaign will begin soon. TV advertising production is complete. Spots will start airing on November 10. The media strategy includes a campaign on Spanish-language television and cable media buys aimed at a diverse audience. Lt. Governor Wyman asked whether marketing will be directed to minority groups such as African-Americans and Latinos. Mr. Madrak replied that the media buys reflect that. Lt. Governor Wyman also asked if there will be radio advertising. Mr. Madrak replied that there will be radio buys, primarily in the urban and Spanish-language markets.

I. Verifications/Redeterminations

Matt Lynch, Operations Manager, reviewed the 90-day verification and redetermination process. The Call Center has plans to “staff-up” to support this process. Redetermination will be processed through the Federal Data Services Hub (the “HUB”) using the most current information available through the HUB before action is taken. Ms. Veltri asked if the notice that AHCT is sending to consumers regarding verification/redetermination advises consumers of their appeal rights. Mr. Lynch confirmed that it does.

Mr. Ritter asked about the income information available from the Hub to support verifications. Mr. Lynch reported that the HUB now has 2013 tax filing data. The Connecticut Department of Labor (DOL) is also an additional data source and can be used as a backup to the HUB for Medicaid (HUSKY) applicants. Ms. Veltri asked whether those consumers no longer eligible for Medicaid are advised of the other insurance options available through AHCT. Mr. Lynch confirmed that the notice contains this information. Kathleen Brennan, DSS, inquired whether changes have been made to the call center IVR to address renewal notices. James Michel, Director of Operation reported that George Chamberlain of DSS has approved the IVR changes. These changes should be implemented by the end of next week.

J. Finance Update

Jeff DiGirolamo, Director of Financial Planning and Analysis/Procurement, provided an overview and the implementation chronology for NetSuite, the Enterprise Resource Planning Tool (ERP) that will replace AHCT’s current financial system. Connie Vong, Project Manager, Financial System Implementation, explained the benefits of an ERP, the current state of AHCT’s financial system in Quickbooks, and the benefits of transitioning to NetSuite, a cloud-based solution. Ms. Veltri asked how data is segregated and kept secure. Ms. Vong replied that NetSuite has the capability to provide customized role based access. NetSuite also has additional security features, such as IP address restrictions and 128-bit SSL encryption. Mr. Wadleigh noted that this project is an example of AHCT emerging from infancy into a mature organization requiring more advanced internal systems.

K. Executive Session

Lt. Governor Wyman requested a motion to go into Executive Session to discuss matters exempt from disclosure under Connecticut General Statutes § 1-200(6)(A) and (E) and 210(b)(1). Motion was made by Vicki Veltri and seconded by Cecelia Woods. ***Motion passed unanimously.***

L. Adjournment

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Vicki Veltri and seconded by Cecilia Woods. ***Motion passed unanimously.*** Meeting adjourned at 11:46 a.m.

*The next meeting will be held on December 18, 2014 at the
Legislative Office Building, Room 1D, Hartford, CT.*