

# Board of Directors Meeting

*October 15, 2015*



access health CT 

# Agenda

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- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes – Vote
- D. Votes -- All-Payers Claim Database Privacy Policy and Procedure  
Bylaw Change
- A. CEO Report
- B. Operations Update
- C. 2016 OE Update
- D. Marketing Update
- E. Finance Update
- F. Technical Operations & Analytics
- G. APCD Update
- H. Adjournment

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## Public Comment

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## Review and Approval of Minutes (Votes)

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# All-Payers Claim Database Privacy Policy and Procedure (Vote)

# Background on APCD Governance

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- AHCT became responsible for implementing All-Payer Claims Database (APCD) in 2013 (Public Act 13-247)
  - Reporting entities required to submit claims data to APCD
  - AHCT required to provide information to consumers, and share de-identified data with stakeholders and researchers
- In December 2013, AHCT Board adopted APCD Policies and Procedures which mainly deal with requirements for data submission from reporting entities
- Before APCD data can be shared, Board must adopt Data Privacy and Security Policies and Procedures

# Summary of Draft Policies and Procedures

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- APCD Executive Director
  - Management of privacy and security
  - Creation of application forms
  - Initial review of applications
- Data Release Committee (DRC)
  - Comprised of experts in relevant fields
  - Appointed by AHCT CEO
  - Review and approve/disapprove data release applications
  - AHCT CEO can veto DRC decisions

# Summary of Draft Policies and Procedures

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- AHCT use of APCD data, including privacy and security
- Data Use Agreements (DUA) with entities receiving data from the APCD
  - Privacy and security protections
  - Limits on use of data for approved purposes
  - Consequences for violation of DUA
- Return and/or destruction of data provided to approved entities
- Ownership and publication rights for APCD data; and
- Annual review and reporting to the Board.



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## Bylaw Change (Vote)

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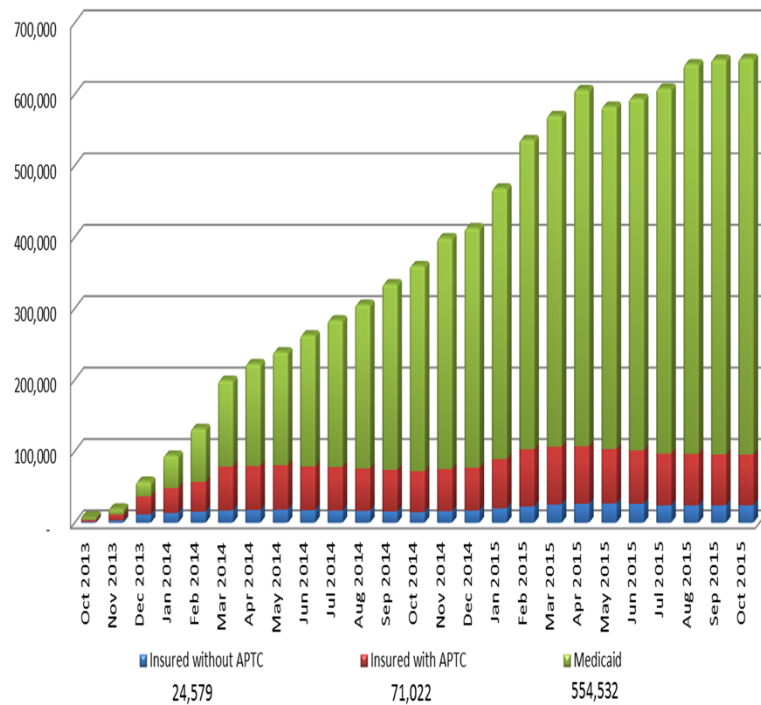
## CEO Update

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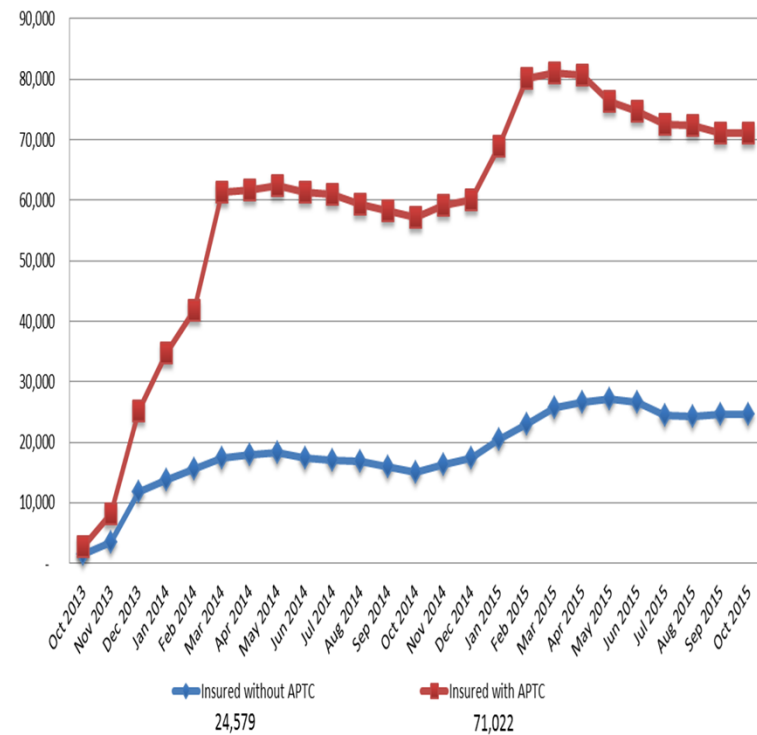
## Operations Update

# Operating Metrics

Total Applications Processed- 650,133



QHP Insured Membership- 95,601



# Open Enrollment Readiness

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- Interactive Voice Response (IVR), Call Center scripts and working instructions are being updated.
- Call Center Representatives are being re-certified through the Learning Management System (LMS).
- Additional staffing has been added to allow for additional resources during open enrollment.

# Call Center and Store Front Hours of Operation

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- Call Center Hours of Operation -  
(During Open Enrollment)

Monday - Friday 8:00 a.m. through 6:00 p.m.

Saturday 11:00 a.m. - 3:00 p.m. (will be assessed weekly based on call volume)

(Ongoing)

Monday - Friday 8:00 a.m. through 4:00 p.m.

- Store Front Hours of Operation - New Britain and New Haven

Monday - Friday 9:00 a.m. through 5:00 p.m.

Saturday 9:00 a.m. - 1:00 p.m. - (Only during Open Enrollment)

# CEP Location Hours of Operation

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## Danbury - Danbury's Women's Center

- Public hours: Mon-Fri 9:30am - 4:30pm, Sat-Sun Closed

## East Hartford - Raymond Main Library (Navigator)

- Public hours: Mon-Thu 9:30am - 5:00pm, Fri 9:30am-4:30pm, Sat-Sun Closed

## Norwich - United Community and Family Services

- Public hours: Mon-Thu 9:30am - 5:00pm, Fri 9:30am-4:30pm, Sat-Sun Closed

## Stamford - The Ferguson Library

- Public hours: Mon Closed, Tue-Fri 10:30am-6:00pm, Sat 10:30am-5:00pm, Sun Closed

## Waterbury - Opportunities Industrialization Center (Navigator)

- Public hours: Mon-Fri 10:00am - 4:30pm, Sat-Sun Closed

# 1095 A, B & C

## Proof of Compliance with Individual Mandate

Form	Recipient	Accountable	CT Estimated Volume
1095A	QHP enrollee receives from Market Place Exchange	Market Place Exchange	98,000
<b>1095B</b>	Medicaid & Medicare recipients and individuals who purchase insurance through a Health Insurer	State Medicaid Organizations, Health & Human Services (Medicare) and Health Insurers	400,000 +
<b>1095C</b>	Employee receives from Employer	Employer	*1,807,700

\*As of August 2015 <http://www1.ctdol.state.ct.us/lmi/laus/lmi121.asp>

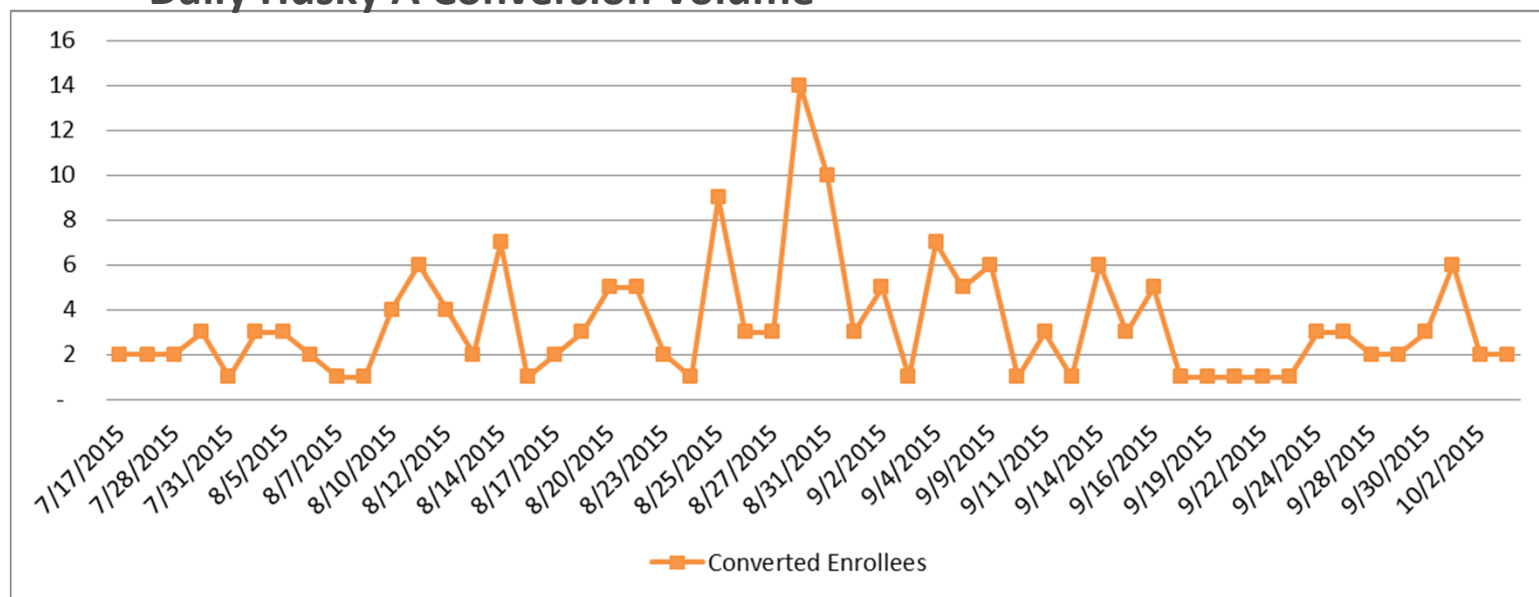


# Husky A Transition to Qualified Health Plans

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- Access Health and the Department of Social Services jointly developed a marketing and enrollment plan to minimize the risk of a gap in coverage for those who are losing Husky A coverage.
- Identified an estimated 1,200 enrollees who need to be transitioned immediately to avoid a gap in coverage. 175 enrollees have since applied through AHCT for a Qualified Health Plan (QHP).
- Several efforts were made to notify those identified
  - Notices and Mailers were distributed
  - Launched landing page on Learn More tab
  - Automated calls were made to these individuals
  - Live call were made to any individuals that did not respond

## Daily Husky A Conversion Volume



Husky A Transition to QHP  
By Metal Selection & Financial Assistance Selection

Metal Tier	Financial Assistance Status			Grand Total
	APTC+CSR	APTC	Non Subsidized	
Bronze	11	15	2	28
Silver	105	17	9	131
Gold	5	10	0	15
Platinum	0	1	0	1
<b>Grand Total</b>	<b>121</b>	<b>43</b>	<b>11</b>	<b>175</b>

Husky A Transition to QHP  
By Financial Assistance Selection

Financial Assist.	Avg. Individual		Avg. After APTC Monthly Cost
	Premium	Avg. APTC	
APTC & CSR	\$684.13	\$562.68	\$121.45
APTC Only	\$746.25	\$502.24	\$244.01
No APTC	\$461.51		\$461.51
<b>Grand Total</b>	<b>\$685.40</b>	<b>\$546.83</b>	<b>\$138.57</b>

\* Husky A Parents with no earned income slated to lose coverage 9/1/2015. Approximately 1,200 enrollees impacted.

# Capital Community College

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- The Capital Community College 5 week course was jointly developed with AHCT.
- The curriculum included basic knowledge of the Affordable Care Act (ACA), specific communication skills and an introduction to the AHCT Integrated Eligibility System.
- Five (5) individuals haven been selected to work in various locations throughout the state

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# 2016 Open Enrollment Update

# Open Enrollment Planning

## Open Enrollment Readiness project management process is underway

### Open Enrollment

- Continuing to meet weekly with internal and external functional areas while tracking milestones and gates that will lead to another successful Open Enrollment. Functional areas continue to update project plans with status and percent complete.
- Completed the Open Enrollment Readiness Review with CMS. There were minimal follow questions and updated artifacts shared. No critical items discovered during review.

### Communication plan

- We continue to have success with our broadened stakeholder participation that now includes all carriers. Continue to meet with Connecticut Insurance Department around status and progress of Open Enrollment. Successfully sent email reminders to qualified health plan consumers around important dates as well as critical information around renewals and Open Enrollment 2016.

### Renewal Update

- Successfully executed the qualified health plan renewal batch on the entire integrated eligibility systems population. Notices have successfully been received by consumers. Continuing to monitor call center statistics so that we can revisit last minute consumer communication for increased consumer experience.

# Open Enrollment Dashboard – On Track

	2016 Open Enrollment Release Timeline						
	June	July	August	September	October	December	January
PM			◆◆◆		◆		
Marketing		◆	◆◆	◆◆◆	◆	◆	
PM IT			◆◆◆	◆			
Renewal				◆	◆	◆	
Tech		◆			◆		
CC		◆◆◆		◆	◆	◆	
Sales	◆◆	◆	◆	◆	◆	◆	◆
Training			◆	◆	◆		
Field Service			◆		◆	◆◆	
CSO / IRD		◆◆	◆	◆	◆		

Open Enrollment Functional Area Status			
Component	Status	Functional Lead	Upcoming Priorities Next Week
Plan Management	98%	Ellen Kelleher / Ann Lopes	<ul style="list-style-type: none"> <li>Complete QHP certification data review; Upload dental plan/rate data to bswift;</li> <li>Upload English/Spanish plan documents</li> </ul>
Marketing / Communication	79%	Andrea Ravitz	<ul style="list-style-type: none"> <li>Working on collateral pieces: Renewal and Enrollment Kits, flyers, etc.;</li> <li>Finalizing media assets, acquisition email calendar, &amp; content for sales materials</li> </ul>
Renewals	78%	Shan Jeffreys	<ul style="list-style-type: none"> <li>Lessons learned overview</li> <li>SADP Operational Support Model</li> </ul>
Technology	75%	Peter Van Loon	<ul style="list-style-type: none"> <li>Complete UAT for PMP Release 2 and proceed with PMP Release-2</li> <li>Continue monitor 2016 Plan data changes and update OE environments as required</li> </ul>
Call Center	70%	David Lynch	<ul style="list-style-type: none"> <li>Continue to Update New Hire Training</li> <li>Review Design and Cost Information – IVR Changes</li> </ul>
Sales	83%	Josephine Sempere / Ron Choquette	<ul style="list-style-type: none"> <li>Select brokers for storefronts/CEP sites; Finalize distribution of broker data;</li> <li>Support broker recertification process</li> </ul>
Training	90%	Josephine Sempere / Ron Choquette	<ul style="list-style-type: none"> <li>Lead Agency/New Agent/CAC training</li> </ul>
Field Services	94%	Tony Crowe	<ul style="list-style-type: none"> <li>Train new staff; Recertify current staff;</li> <li>Choose brokers from RFP; Prepare Enrollment centers for opening</li> </ul>
Customer Services Organization	65%	Jennifer June	<ul style="list-style-type: none"> <li>Continue turning around the 1095's in a timely manner.</li> <li>Continue to work backlog</li> </ul>

## Legend



Completed



On Track



Issue / Risk

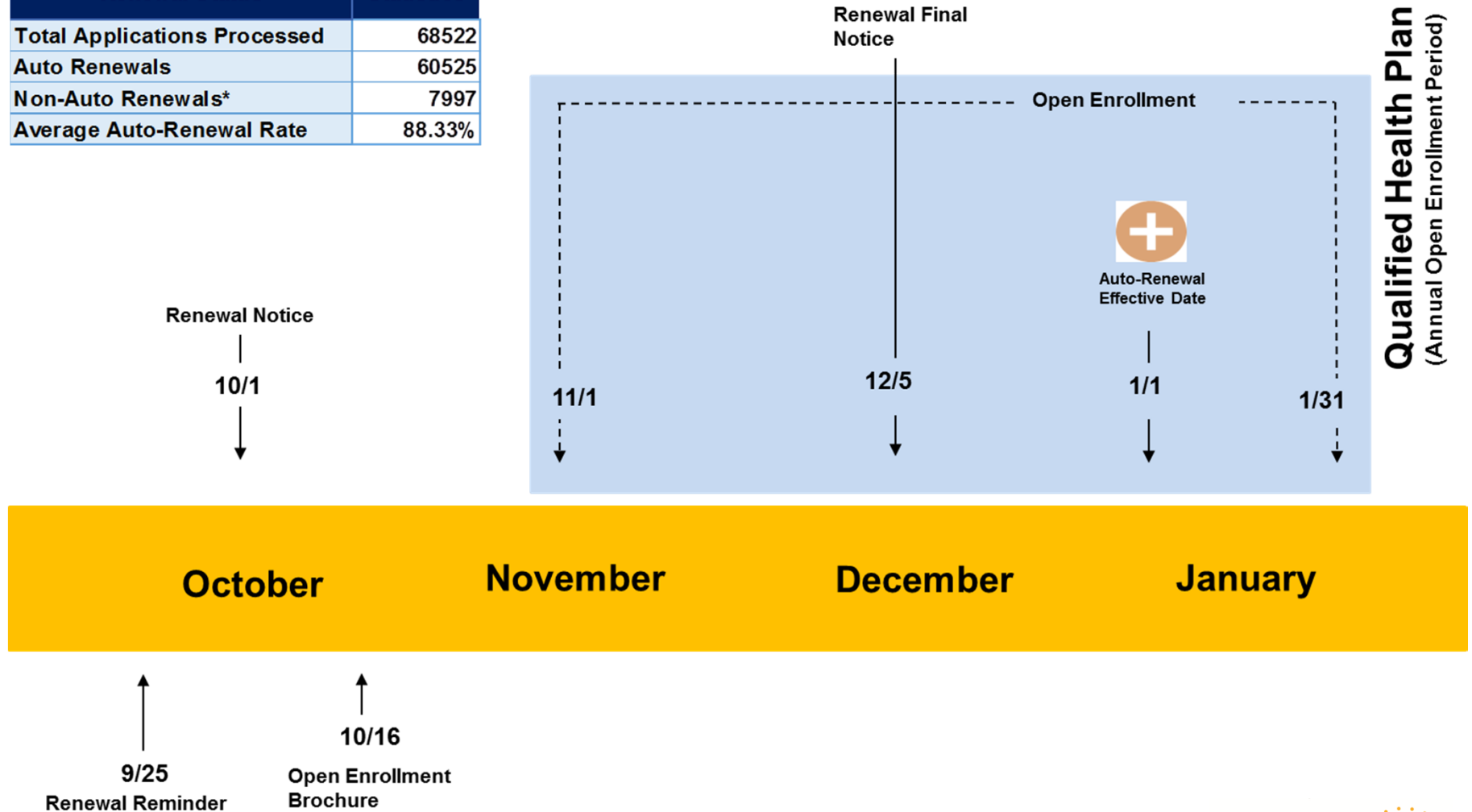


Next Milestone

# 2016 Open Enrollment & Renewals Process

(Open Enrollment November 1, 2015 through January 31, 2016)

Renewal Status	Statistics
Total Applications Processed	68522
Auto Renewals	60525
Non-Auto Renewals*	7997
Average Auto-Renewal Rate	88.33%



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## Learning Management System Overview



# Learning Management System - Introduction

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- Staff has been working over the past few months to develop a new online Access Health CT Learning Management System, to deliver online training to AHCT stakeholders.
- This system replaces the previous instructor-led training (ILT) conducted in the prior two open enrollment seasons for all Brokers and Certified Application Counselors.
- Recertification training, and training for new certifications, is now available online, 24/7.
- This new configuration allows delivery at the convenience of our stakeholders, and is operational as of 9/1/15.

# Access Health CT Learning Center Curriculum

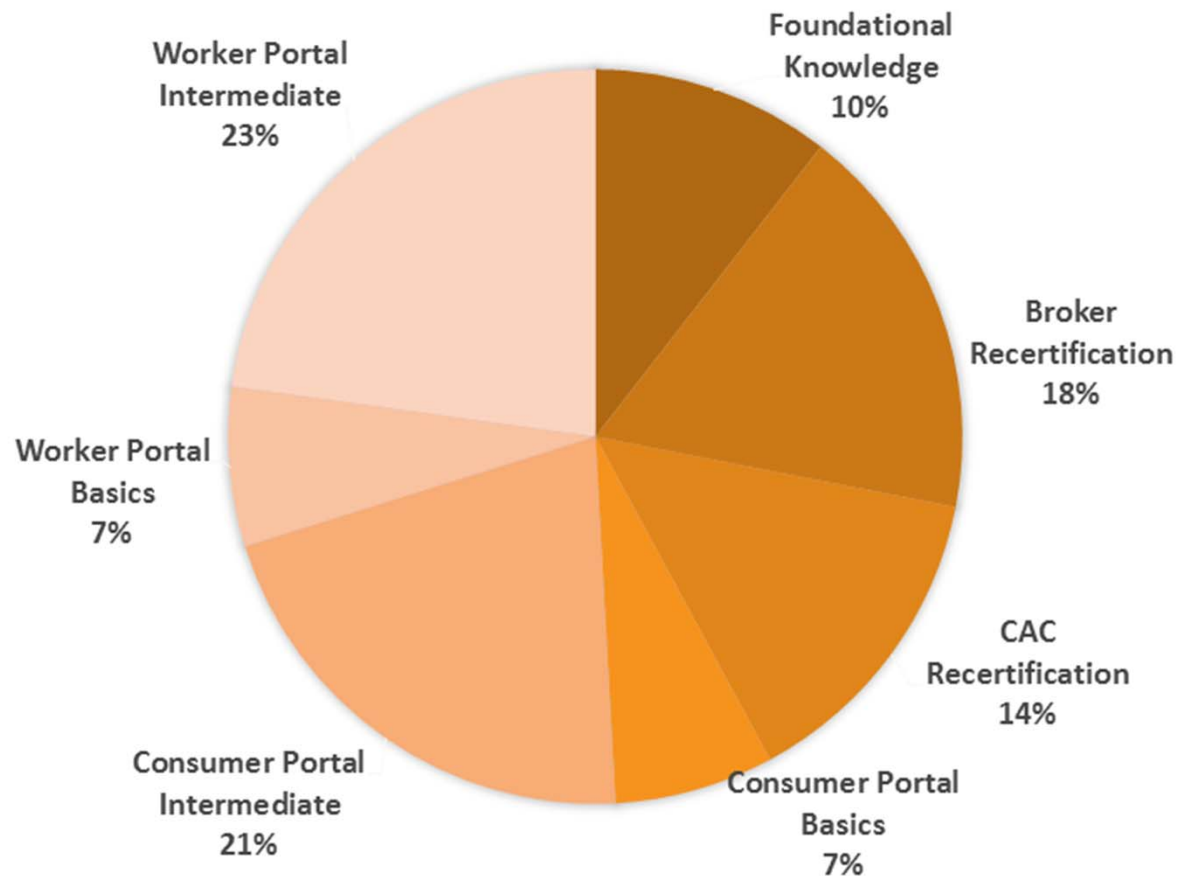


## Available Courses\* as of October 14, 2015

*\*Courses are based on modules*

- 30 Courses
- 57 Modules

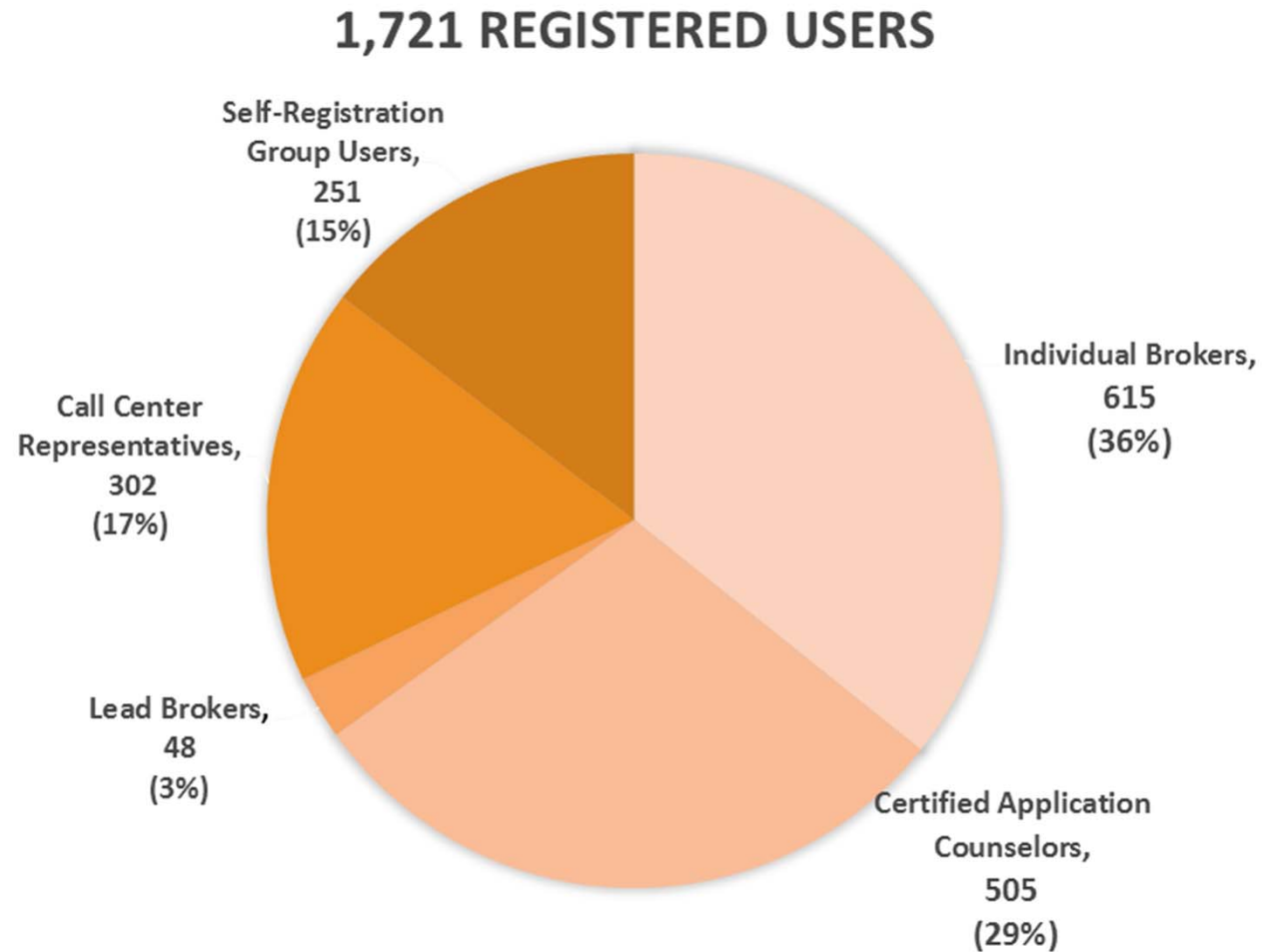
## 57 SELF-PACED LEARNING MODULES



## Registered Users as of October 14th

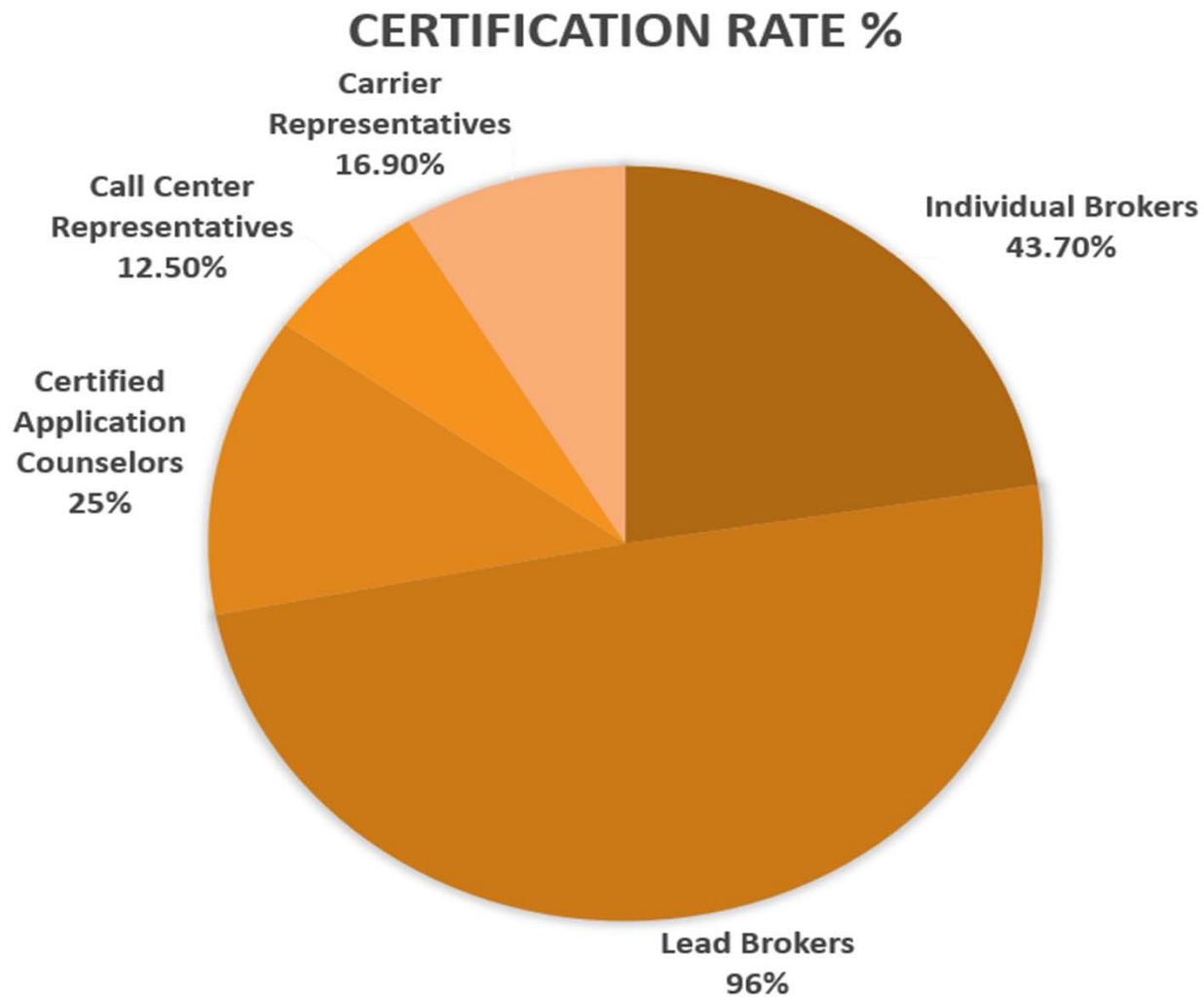


Registered  
Users as of  
October 14, 2015



## AHCT Learning Center Percent Completion

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# Access Health CT Learning Center

## *Self-Register Today!*



Once received the self-registration email, users should click the [link](#) to log in to the Access Health CT Learning Center.

Welcome to the **Access Health CT Learning Center!**

Please take the opportunity to navigate to the Learning Center and complete your suggested courses.

Click the self-registration link below to login to the Access Health CT Learning Center.

**Link:** <https://ahct-learningcenter.csod.com/selfreg/register.aspx?c=nccr%2001>

Should you have questions or need additional support, please contact:  
[LearningCenter.AHCT@ct.gov](mailto:LearningCenter.AHCT@ct.gov)

Home

## Self-Registration Capability

## Role-Centric Self-Paced Curriculum

Welcome, John, to your personalized training center.



### Announcements

The Access Health CT Learning Center Preview Period begins August 24th. Make sure to check your transcript for suggested training.

## Custom Broadcasts



### Your Inbox

[View transcript](#)  
(0 approved training selection(s))  
(Registered for 10 training selection(s))

## User Specific Action Items

### Your Transcript

	Type	Due Date	Status	Action
Creating an Account	Online Class	None	Registered	<a href="#">Launch</a>
Eligibility for Health Coverage	Online Class	None	In Progress	<a href="#">Launch</a>
Exploring the Access Health CT Home Page	Online Class	None	Registered	<a href="#">Launch</a>
Introduction to Access Health CT	Online Class	None	Registered	<a href="#">Launch</a>
Introduction to Health Insurance	Online Class	None	Registered	<a href="#">Launch</a>
Introduction to Modified Adjusted Gross Income	Online Class	None	In Progress	<a href="#">Launch</a>
Introduction to the Affordable Care Act	Online Class	None	In Progress	<a href="#">Launch</a>
Pre-Qualification Screening for Health Insurance	Online Class	None	Registered	<a href="#">Launch</a>
Tax Reconciliation (1095 Tax Forms)	Online Class	None	Registered	<a href="#">Launch</a>
Worker Portal Basics	Online Class	None	In Progress	<a href="#">Launch</a>

### Contact the AHCT Learning Center

For general inquiries, please contact: [LearningCenter.AHCT@ct.gov](mailto:LearningCenter.AHCT@ct.gov)

### Suggested Training

[Consumer Portal Basics](#)  
[Consumer Portal Intermediate](#)  
[Worker Portal Intermediate](#)

### Browse for Training

[Basic](#)

Sep	October 2015						Nov
SUN	MON	TUE	WED	THU	FRI	SAT	
27	28	29	30	1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
1	2	3	4	5	6	7	

## Deadline Driven Learning

## Dedicated "Virtual" Support

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# Marketing Update



# Summer Outreach Program Summary

- Partners: Live Nation and Uconn → “Get Out, Get Active, Get Healthy Tour”
- Tour promotes: healthy lifestyle and importance of having health insurance
- Activation: Spin Wheel with health insurance related questions i.e.
  - What is Access Health CT? When does open enrollment begin?
- Testimonials captured answering “What does health insurance mean to you?”



Stats To-Date:  
 Events so far: 28  
 Estimated Attendance: 260K+  
 Testimonials: 40+ (English/Spanish)  
 Premium Items: close to 10K  
 Photos Collected: 1K+  
 Emails Captured: 1,600+





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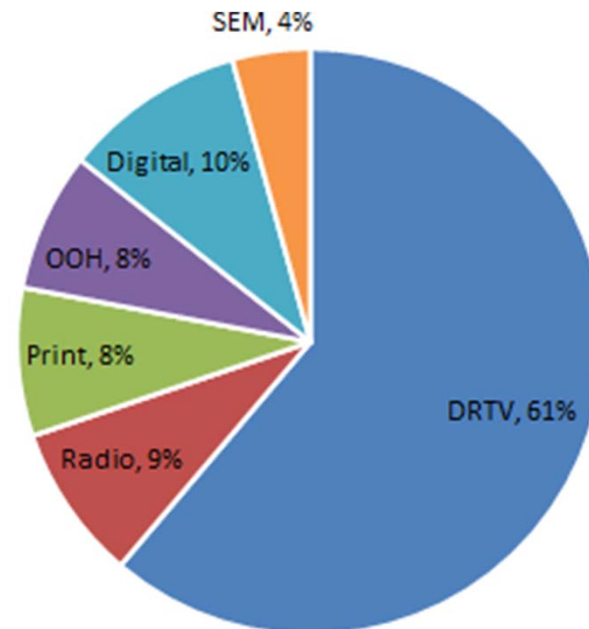
## Customer Testimonial



# Media Summary

## 2015/16 Media Spend By Tactic: \$1.7M

While DRTV still maintains  
the majority of spend, it has  
decreased \$1.1M  
year over year



## Media Summary, cont.

- TV
  - Buy has changed vs. previous enrollment periods:
    - Broadcast has been scaled back
    - Targeted cable buy
    - Concentration: Early, Late and Weekend News, Combination of :60s & :30s
    - Sponsorships have been negotiated across all broadcast networks to elevate the AHCT brand



### Broadcast Stations

#### Hartford Stations

CBS(WFSB)

NBC(WVIT)

FOX(WTIC)

ABC(WTNH)

#### Hispanic TV

TeleMundo (WRDM)

Univision (WUVN)

UniMas (WUTH)

#### Cable Systems

Hartford Interconnect

Interconnect Groton

Cablevision Norwalk

Cablevision News12

Cablevision Bridgeport

Comcast Danbury

# Thinking outside the box...

## ■ Sponsorships

- Storm Closings (ABC, NBC, CBS): Logo on screen, exclusive on-air promo spots, digital components, social media posts
- Holiday Gift Give (ABC) : promo messages, Live newscast at a AHCT store-front, news mentions, CT Style appearance, interview Good Morning CT, logo on Toy Tracker page, digital exposure
- Joy of Sharing Food Drive & Joy of Sharing Toy Drive (NBC): TV, digital, mobile
- Official sponsor of Evening News Weather, Northeast Living segment (FOX)
- Community Access Partnership/ Renee DiNino and Community Access (iHeart): Name Mentions, Radio promotions, interviews, testimonials, recorded spots, events promoted online etc.

## Snow Storm Example: Findings→

### 1/26/15: Day before Storm

- Viewership is up across all day parts, almost every program sees **ratings growth**
- Newscasts all see **double digit growth**
- 6-7AM Newscast: 60% rating increase
- 5-7PM Newscasts: 101% ratings increase in preparation for the storm

### 1/27/15: Day of Storm

- Televisions come on at 3AM
  - TV coverage 11 hours straight!
  - **600%** increases in Early Morning and Daytime Programming during the height of the storm
- All Day Weather Viewing Phenomenon!**

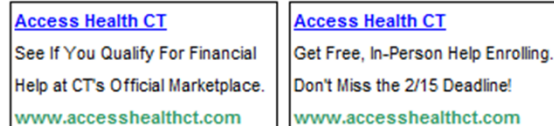
Courtesy of:



## Media Summary, cont.

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- Radio:
  - Outside of spot buy to increase emotional engagement (via CRN partnership)
  - Actual Connecticut residents (diverse ethnic and age groups)
  - Leverage stations' active social media pages to drive traffic to AHCT digital assets
- Paid Search
  - Combination of brand and non-branded keywords (En/Sp) will ensure that we reach anyone actively seeking information



- Digital campaign:
  - Digital will capitalize on historical data while expanding new opportunities
  - Combination of demographic (state and zip code)
  - New opportunities in video & mobile will be added

Build a solid foundation of strong performing sites

PANDORA®

BATANGA  
network

holaciudad!

CAPITOL REPORT

VERVE



# Media Summary, cont.

- Newspaper:
  - 24 newspapers covering the top 20 AHCT zip codes.
  - Single Sheet Inserts (SSI's) will be used for high impact messaging at key time periods (EN/SP)
- Social Media
  - Facebook, Twitter, YouTube
  - Promote posts specific to each ethnic group (in-language)

**facebook**  
Promoted Posts



Community	Hispanic
<ul style="list-style-type: none"><li>• The Stamford Advocate</li><li>• Connecticut Post</li><li>• Bristol Press</li><li>• News Times</li><li>• New Haven Register</li><li>• Stratford Star</li><li>• Shelton Herald</li><li>• The Norwalk Hour</li><li>• Milford Mirror</li><li>• Wallingford Record Journal</li><li>• Trumbull Times</li><li>• Fairfield Sun</li><li>• Middletown Press</li><li>• New Milford Spectrum</li><li>• Shoreline Times</li><li>• Westport News</li><li>• Register Citizen</li><li>• Manchester Journal Inquirer</li></ul>	<ul style="list-style-type: none"><li>• Tribuna CT</li><li>• La Voz Hispana</li><li>• El Sol</li></ul>
	African American
	<ul style="list-style-type: none"><li>• Inquiring News</li><li>• Inner City News</li><li>• Northend Agents</li></ul>
	SSIs
	<ul style="list-style-type: none"><li>• Hartford Courant</li><li>• New Haven Register</li><li>• Danbury News-Times</li><li>• Stamford Advocate/Greenwich Time</li><li>• Meriden Record-Journal</li><li>• New Haven Register</li><li>• Waterbury Republican</li></ul>



\* SSI: Single Sheet Inserts

access health CT

## Media Summary, cont.

- Out of Home:

## Mobile Billboards

- Fully wrapped truck for highest impact
  - Cover all locations specified by AHCT
    - able to drive through all 20 zips or park in front of AHCT events
  - GPS will be trackable during all hours to ensure quality control
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- Timing: 2 weeks (Mon-Fri) @ 8 hours/day in January



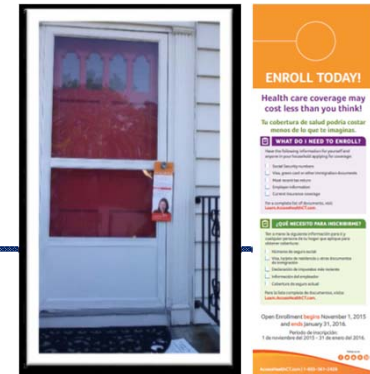
## Cinema Screens

- Run :30 spot on 113 cinema screens in 12 theaters within 10 mile radius of top 20 zips (removed upscale locations)
- Repurpose :30 English & Spanish TV spots
- 4 theaters in heavy Hispanic locations
- Running advertising prior to the start of the movie previews.
- Timing: 4 weeks



## Door Hangers

- Place extra large 5 x 17" double sided door hangers on front door of households within a five mile radius of (7) Enrollment Centers & Community Enrollment Partners
- Ability to include both English and Spanish on double sided unit
- Timing: 11/9 (1 drop)



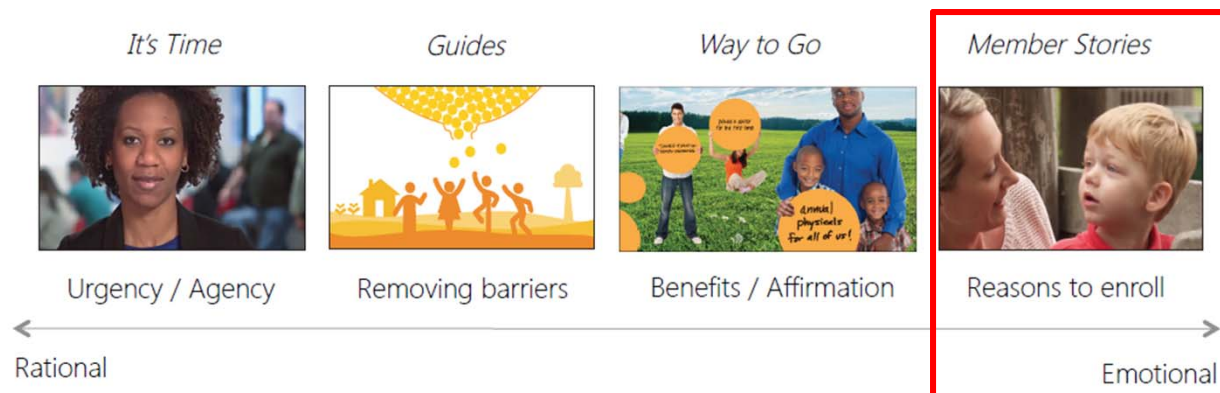


## 2015/16 Paid Media Flowchart

[illegible]



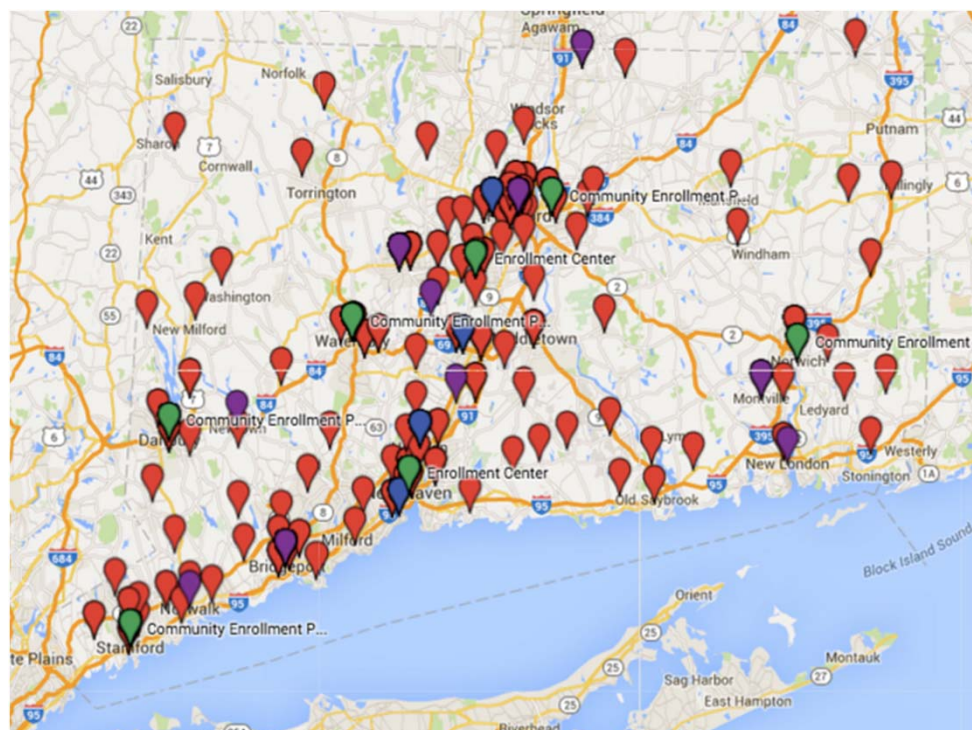
# TV Ads -CONCEPTS (tested in 4 focus groups)



# Community and Stakeholder Outreach

- Community groups, public-facing entities, and organizational leaders
  - Reach a large number of uninsured individuals
  - Work with trusted community leaders, messengers, and well-known institutions
  - Based in our top 14 cities (based on Acturus data of remaining uninsured)

- ✓ Bridgeport
- ✓ Bristol
- ✓ Danbury
- ✓ East Hartford
- ✓ Hamden
- ✓ Hartford
- ✓ Meriden
- ✓ New Britain
- ✓ New Haven
- ✓ Norwich
- ✓ Stamford
- ✓ Waterbury
- ✓ West Hartford
- ✓ West Haven



Over **115**  
(330+ locations)  
groups have agreed to  
partnering with AHCT



# Outreach Strategy: Entities

- Organizations and individuals on contact list: 640 (list keeps growing)
  - ✓ CT Library Association
  - ✓ Department of Labor
  - ✓ Community organizations (175)
  - ✓ Educational (26)
  - ✓ Health care (99)
  - ✓ Faith organizations (19)
  - ✓ Elected officials (319)





# Community Chats/ Media Receptions

- Series of meetings geared toward community organizations and leaders to:
  - Present what AHCT has accomplished
  - Discuss plans for OE3
  - How to best to engage WITH THEIR communities
- 7 events
  1. Hartford (Wed 10/14)
  2. Norwich (Tue 10/20)
  3. Stamford (Thu 10/22)
  4. Danbury (Tue 10/27)
  5. New Haven (Thu 10/29)
  6. New Britain (Wed 11/4)
  7. Waterbury (Mon 11/9)
- Planning receptions with multicultural media outlets
  - African American
  - Latino
  - Portuguese
  - Polish



# In-person help: Enrollment Assistance

## Enrollment Centers

1. New Britain
2. New Haven

## Community Enrollment Partners:

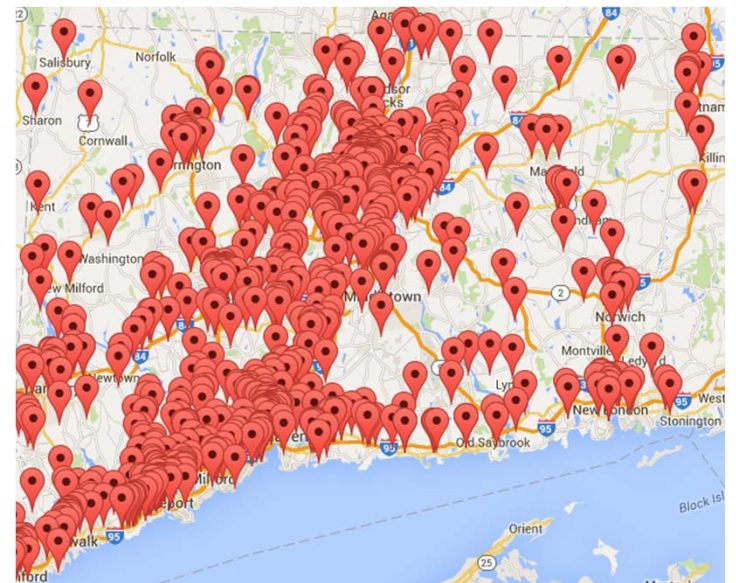
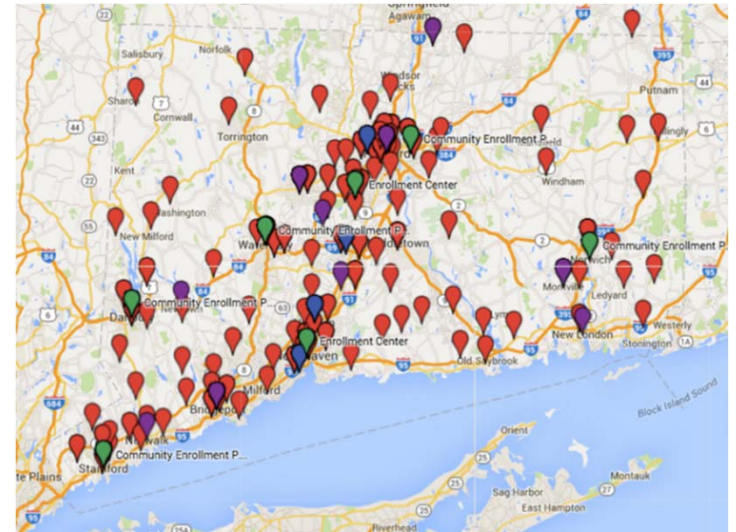
3. Danbury
4. East Hartford
5. Norwich
6. Stamford
7. Waterbury

## Certified Brokers and Certified Application Counselors

8. Around the state

## Enrollment Events

- Collaborating with brokers to 6 enrollment fairs in OE.



# Other Enrollment Support

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- 500+ Certified Application Counselors in hospitals and clinics around the state.
- Lead Agency Program:
  - ✓ 4 broker agencies (RFP process in May '15)
  - ✓ Support the AHCT call center
  - ✓ Taking live phone calls
  - ✓ Make the enrollment process simpler
  - ✓ Multiple languages available
  - ✓ Support: close to 50 brokers



# Communication Strategy: Multi-channel Retention Strategy



Mobile and Videos

Web & Email

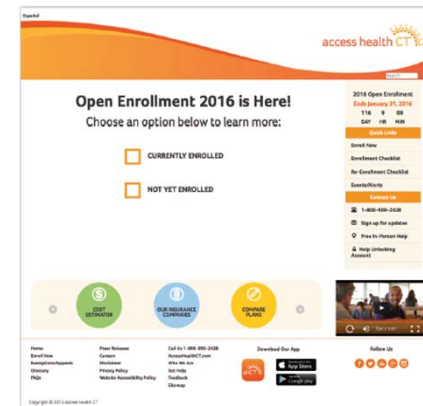
Community Chats



Direct Mail



Social Media





# Communication Strategy

## ■ Acquisition Strategy:

- Open Enrollment Brochure
- Generic Information Brochure
- Contact cards
- Learn More Site (EN/SP)
- Social Media
- Informational videos (EN/SP)
- Posters
- Door hangers
- Flyers (EN/SP)

- ✓ What I Need to Know (Enrollment checklist 15 languages)
- ✓ When Can I Enroll?
- ✓ Immigration Status and Eligibility & Oath Ceremony (U.S. Citizenship and Immigration Services)
- ✓ Fines (Tax Penalties)
- ✓ After Enrollment
- ✓ Calculating MAGI

**CVS**  
pharmacy®





# The Uninsured Rate in CT has dropped...

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- Acturus estimated this rate using a combination of reliable secondary sources and primary data including:
  1. Access Health CT enrollment data, data from Connecticut Department of Insurance, government data on Medicaid enrollment, and Kaiser Family Foundation statistics based on the 2013 Current Population Survey
  2. Our own survey data that captured past insurance status of new enrollees and current insurance status of “leavers” (those who discontinued coverage through AHCT)
- This rate assumes that those enrolled remain enrolled for the full cycle.

3.8%

# Where do we go from here...

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- OE Goal: Between 105K-115K enrolled QHP members by the end of Open Enrollment (includes both new and retained members)
- Ultimate Goal: Continue to reduce the uninsured rate in CT
- In order to do so:
  - ✓ Improve retention rates : currently at 15% (people not sending their documents or not paying for premium)
  - ✓ Targeted Acquisition Strategy
  - ✓ Tackle communication issues (fine, financial help, cost, value)



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# Finance Update

# Overview

## October 2015

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- The Finance Team continues fulfilling its commitment to support the organization through its transition to a “going concern.”
- Continue securing financial resources:
  - 2015 market based assessments received to date total \$19.9M.
  - The ‘no cost extension’ request for the 2014 Level I was filed September 28, 2015 and was approved by CMS on October 6, 2015. This extends the grant funding from December 16, 2015 to December 15, 2016.
- Regulatory requirements continue to be met:
  - Whittlesey & Hadley began the annual audit of Access Health CT September 15, 2015, as well as the CMS required programmatic audit primarily addressing enrollment and eligibility.
  - The Biennial Compliance Audit Report (2012 & 2013) by the Connecticut Auditors of Public Accounts was issued October 6, 2015, approximately one year after the audit commenced. AHCT agrees with the three findings that the Auditors identified and has taken actions to remediate them.
- Improving business processes by continuing to leverage the functionality of NetSuite, the Enterprise Resource Planning (ERP) system.
- The expense results for the quarter ended September 30, 2015, as well as the 1<sup>st</sup> Quarter 2016 full year expense reforecast follows.

# FY 2016 Expense Results, September YTD

Category	Budget September YTD	Actuals September YTD	Variance
Salaries	\$1,678,077	\$1,321,706	\$356,371
Fringe Benefits	\$510,551	\$499,812	\$10,740
Temporary Staffing	\$800,857	\$308,845	\$492,012
Contractual	\$18,564,982	\$14,416,956	\$4,148,026
Equipment	\$9,998	\$43,382	(\$33,384)
Supplies	\$5,250	\$9,674	(\$4,424)
Travel	\$75,000	\$22,602	\$52,398
Other Administrative	\$246,764	\$170,583	\$76,180
	<b>\$21,891,478</b>	<b>\$16,793,559</b>	<b>\$5,097,920</b>

## Variance Explanations

- Salary and fringe favorability results from timing in hiring and attrition
- Contractual favorability also is due to timing, but of information technology activity.

# FY 2016 Expense Results, 1<sup>st</sup> Quarter FY Reforecast

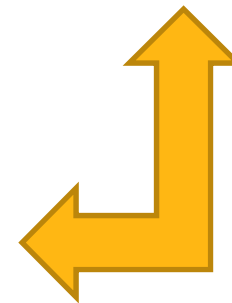
BUDGET	FY16	Grants	DSS Reimb	AHCT
Salaries	\$ 8,256,804	\$ 259,230	\$ -	\$ 7,997,574
Fringe Benefits	\$ 2,477,041	\$ 77,769	\$ -	\$ 2,399,272
Temporary Staffing	\$ 2,974,244	\$ 713,794	\$ 1,425,253	\$ 835,198
Contractual	\$ 66,545,301	\$ 7,685,692	\$ 41,696,135	\$ 17,163,474
Equipment	\$ 33,703	\$ 14,831	\$ 4,108	\$ 14,764
Supplies	\$ 30,000	\$ -	\$ -	\$ 30,000
Travel	\$ 297,600	\$ 4,500	\$ -	\$ 293,100
Other Administrative	\$ 1,043,033	\$ 38,894	\$ 22,967	\$ 981,173
<b>Total Expense</b>	<b>\$ 81,657,727</b>	<b>\$ 8,794,709</b>	<b>\$ 43,148,463</b>	<b>\$ 29,714,555</b>

REFORECAST	FY16	Grants	DSS Reimb	AHCT
Salaries	\$ 8,256,804	\$ 265,352	\$ -	\$ 7,991,452
Fringe Benefits	\$ 2,477,041	\$ 79,606	\$ -	\$ 2,397,436
Temporary Staffing	\$ 2,974,244	\$ 789,987	\$ 1,326,961	\$ 857,296
Contractual	\$ 70,240,693	\$ 8,773,902	\$ 42,610,222	\$ 18,856,569
Equipment	\$ 38,903	\$ 19,099	\$ 4,314	\$ 15,490
Supplies	\$ 30,000	\$ -	\$ -	\$ 30,000
Travel	\$ 290,540	\$ 8,160	\$ -	\$ 282,380
Other Administrative	\$ 1,293,408	\$ 80,188	\$ -	\$ 1,213,220
<b>Total Expense</b>	<b>\$ 85,601,633</b>	<b>\$ 10,016,294</b>	<b>\$ 43,941,497</b>	<b>\$ 31,643,842</b>

VARIANCE	FY16	Grants	DSS Reimb	AHCT
Salaries	\$ 0	\$ (6,122)	\$ -	\$ 6,122
Fringe Benefits	\$ 0	\$ (1,837)	\$ -	\$ 1,837
Temporary Staffing	\$ 0	\$ (76,194)	\$ 98,292	\$ (22,099)
Contractual	\$ (3,695,392)	\$ (1,088,210)	\$ (914,087)	\$ (1,693,095)
Equipment	\$ (5,200)	\$ (4,268)	\$ (206)	\$ (726)
Supplies	\$ -	\$ -	\$ -	\$ -
Travel	\$ 7,060	\$ (3,660)	\$ -	\$ 10,720
Other Administrative	\$ (250,375)	\$ (41,294)	\$ 22,967	\$ (232,047)
<b>Total Expense</b>	<b>\$ (3,943,907)</b>	<b>\$ (1,221,585)</b>	<b>\$ (793,034)</b>	<b>\$ (1,929,288)</b>

## Variance Explanations

- The Contractual unfavorability arises from AHCT's unbudgeted share of Husky A eligibility changes and the inability to re-contract the verification process as planned in the budget. See page 5 for more details.
- Other administrative unfavorability is due to higher general insurance costs.



# FY 2016 Contractual, 1<sup>st</sup> Quarter FY Reforecast

Contractual	Budget	Reforecast	Variance	Allocation %	Budget	Reforecast	Variance
<b>IT Allocable</b>	<b>\$ 34,844,713</b>	<b>\$ 36,494,418</b>	<b>\$ (1,649,705)</b>		<b>\$ 27,519,973</b>	<b>\$ 28,330,060</b>	<b>\$ (810,087)</b>
Consumer/Worker Portal (Old)	\$ 1,968,499	\$ 3,393,029	\$ (1,424,531)	28.53%	\$ 561,613	\$ 968,031	\$ (406,419)
Consumer/Worker Portal (New)	\$ 6,525,735	\$ 11,291,469	\$ (4,765,734)	84.00%	\$ 5,481,617	\$ 9,484,834	\$ (4,003,217)
Regulatory Compliance	\$ 6,281,288	\$ 3,794,243	\$ 2,487,045	84.00%	\$ 5,276,282	\$ 3,187,164	\$ 2,089,118
System Integration with DSS	\$ 1,292,322	\$ 780,633	\$ 511,688	84.00%	\$ 1,085,550	\$ 655,732	\$ 429,818
Technology Infrastructure	\$ 3,387,781	\$ 2,046,406	\$ 1,341,375	84.00%	\$ 2,845,736	\$ 1,718,981	\$ 1,126,755
Disaster Recovery	\$ 524,325	\$ -	\$ 524,325	28.53%	\$ 149,590	\$ -	\$ 149,590
BEST Staffing	\$ 827,960	\$ 607,515	\$ 220,445	84.00%	\$ 695,486	\$ 510,313	\$ 185,174
M&O	\$ 11,564,234	\$ 9,946,532	\$ 1,617,702	80.00%	\$ 9,251,387	\$ 7,957,226	\$ 1,294,162
Security (New)	\$ 727,545	\$ -	\$ 727,545	84.00%	\$ 611,138	\$ -	\$ 611,138
Security (Old)	\$ -	\$ 280,753	\$ (280,753)	28.53%	\$ -	\$ 80,099	\$ (80,099)
Testing	\$ 462,956	\$ 742,400	\$ (279,444)	84.00%	\$ 388,883	\$ 623,616	\$ (234,733)
Husky A	\$ -	\$ 2,237,471	\$ (2,237,471)	84.00%	\$ -	\$ 1,879,476	\$ (1,879,476)
Learning Mgt System	\$ 683,616	\$ 683,616	\$ 0	84.00%	\$ 574,237	\$ 574,237	\$ 0
DSS Only Projects	\$ 598,453	\$ 690,353	\$ (91,900)	100.00%	\$ 598,453	\$ 690,353	\$ (91,900)
<b>Non-Allocable</b>	<b>\$ 13,980,385</b>	<b>\$ 15,896,071</b>	<b>\$ (1,915,687)</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Accounting	\$ 75,000	\$ 131,055	\$ (56,055)	0.00%	\$ -	\$ -	\$ -
APCD	\$ 1,928,270	\$ 2,402,561	\$ (474,291)	0.00%	\$ -	\$ -	\$ -
Capital Initiatives	\$ 3,000,000	\$ 2,581,388	\$ 418,612	0.00%	\$ -	\$ -	\$ -
Legal	\$ 1,347,870	\$ 1,367,870	\$ (20,000)	0.00%	\$ -	\$ -	\$ -
Marketing	\$ 4,111,118	\$ 4,095,946	\$ 15,172	0.00%	\$ -	\$ -	\$ -
SHOP	\$ 899,032	\$ 636,744	\$ 262,288	0.00%	\$ -	\$ -	\$ -
Plan Management	\$ 1,434,744	\$ 1,775,732	\$ (340,988)	0.00%	\$ -	\$ -	\$ -
Verifications (Xerox)	\$ 1,000,000	\$ 2,500,000	\$ (1,500,000)	0.00%	\$ -	\$ -	\$ -
1095 Projects	\$ -	\$ 63,000	\$ (63,000)	0.00%	\$ -	\$ -	\$ -
Other	\$ 184,350	\$ 341,775	\$ (157,425)	0.00%	\$ -	\$ -	\$ -
<b>Non-IT Allocable</b>	<b>\$ 17,720,203</b>	<b>\$ 17,850,203</b>	<b>\$ (130,000)</b>		<b>\$ 14,176,162</b>	<b>\$ 14,280,162</b>	<b>\$ (104,000)</b>
Call Center	\$ 15,000,000	\$ 15,000,000	\$ -	80.00%	\$ 12,000,000	\$ 12,000,000	\$ -
Operations	\$ 2,720,203	\$ 2,850,203	\$ (130,000)	80.00%	\$ 2,176,162	\$ 2,280,162	\$ (104,000)
<b>Grand Total</b>	<b>\$ 66,545,301</b>	<b>\$ 70,240,693</b>	<b>\$ (3,695,392)</b>		<b>\$ 41,696,135</b>	<b>\$ 42,610,222</b>	<b>\$ (914,087)</b>

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# Technical Operations & Analytics



# Technical Operations and Analytics

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## Vision:

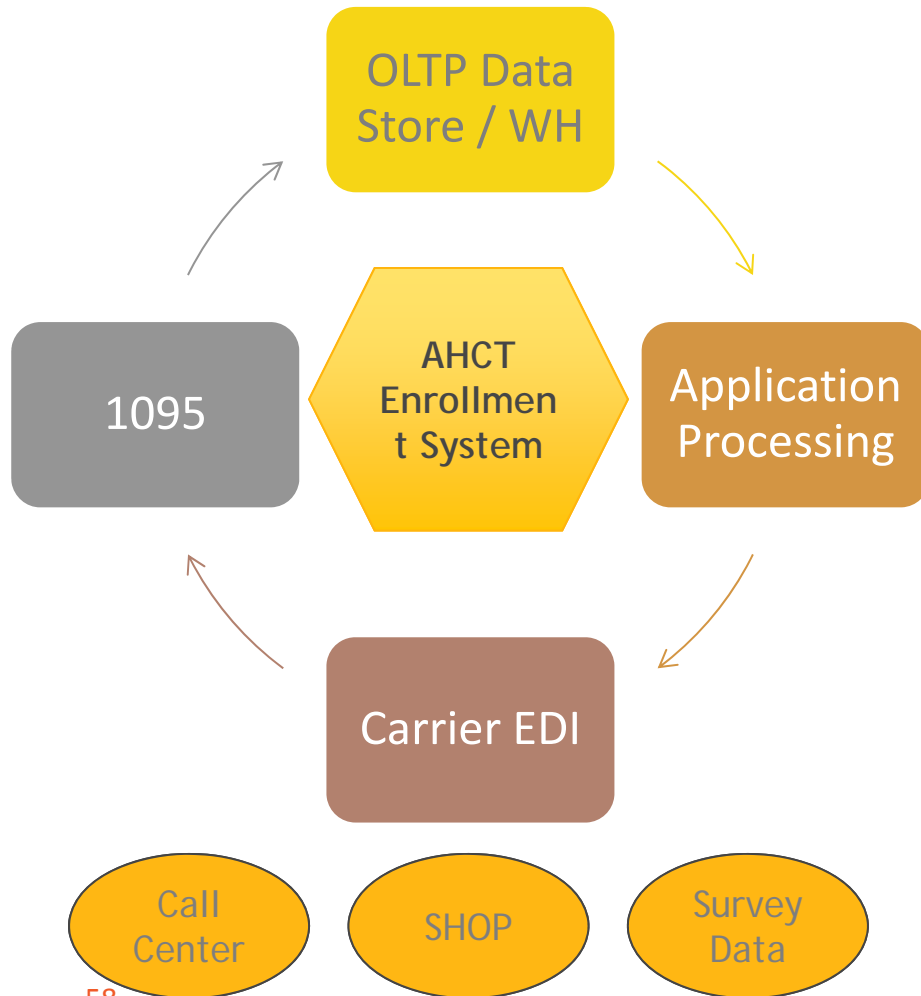
Cultivate better consumer experience and greater organizational efficiencies by pairing the right information with the right person to make the right business decision.

## High Level Team Goals:

1. Drive improvements in Electronic Data Interchange with carriers
2. Drive improvements in 1095 information dissemination to consumers
3. Enable technical operations to appropriately utilize system data to identify, prioritize, manage, measure, and/or implement system improvements
4. Establish a true enterprise data warehouse to drive business analytics and data stewardship across the organization

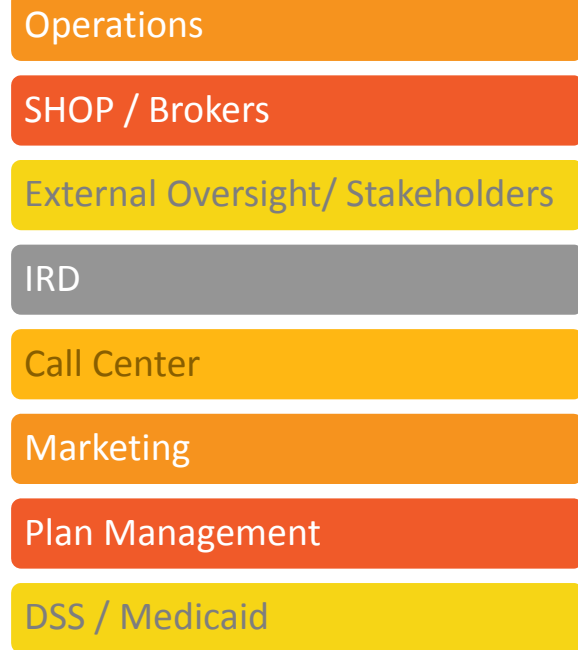
# Technical Operations and Analytics

## AHCT Data Inflows / Outflows



Data Governance / Enablement

## Business Data Consumers



# Technical Operations and Analytics

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## Reporting & Dash Boarding Demonstration

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# All-Payer Claims Database Update

# APCD Update – Security Audit

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Following the announcement of a security breach to Anthem's IT system earlier this year involving 80 million current and former members information, Access Health CT decided to take additional measures to protect and validate security of APCD data:

- Conduct an additional security audit of the data security measures of its APCD vendor and ensure that the encryption levels used for APCD data will conform to Health Insurance Portability and Accountability Act (HIPAA) and National Institute of Standards and Technology (NIST) (federal government data security standards)
- Require periodic penetration testing of APCD vendor's network to increase security of APCD data
- Upon successful completion of security audit AHCT will allow vendor to accept data from the carriers and other submitters

# APCD Update

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- APCD Website design is finalized
  - ✓ Alignment to AHCT's brand and logo
  - ✓ Emphasize clear and easy functionality for users
  - ✓ Emphasize easy navigation for users to obtain information
- APCD Web-based reporting is in design phase
  - ✓ 5-7 reports have been completed
  - ✓ 4-6 reports are in various stages of development
- New online registration process have been used to complete Annual Registration for APCD data submitters

# SB-811 Update

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- Identify the sequence and timing of reporting to meet SB-811 (PA 15-146) requirements:
  - ✓ Determine data availability and readiness for use to support various
  - ✓ Coordinate SB-811 reports within the planned releases of other APCD reports
  - ✓ Investigate data and reporting options to meet legislative requirements

# Consumer Decision Support (CDS) Tool

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- Many consumers using the exchanges lack the knowledge in plan selection including understanding benefit design in different metal tiers. AHCT has created a decision support tool to enable consumers to make informed decision based on the following:
  - ✓ Individual/family demographics – household member(s), age, income, county
  - ✓ Family members' chronic conditions and planned surgeries
  - ✓ Family's severity of condition(s) – based on certain generalized guidelines, the tool can help consumers rate their condition
  - ✓ Tool estimates out-of-pocket costs based on the inputs above
  - ✓ Enables family to choose a plan based on total costs, i.e., premium plus members' share of costs namely copay, coinsurance or deductibles
- CDS Tool will be launched publicly in November, 2015



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## Adjournment