



Connecticut's Official Health Insurance Marketplace

## Board of Directors Meeting

*October 16, 2014*

# Agenda

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- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. September 18, 2014
- E. Cancelling/Rescheduling November Board Meeting - Vote
- F. CEO Update
- G. Operations Update
- H. IT Update
- I. Exchange Solutions
- J. Open Enrollment Update
- K. SHOP (Small Business Health Options Program) Update
- L. Plan Management
- M. Strategy Committee Update
- N. Adjournment

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## Public Comment

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## Review and Approval of Minutes (Vote)

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## Cancelling/Rescheduling November Board Meeting -- Vote

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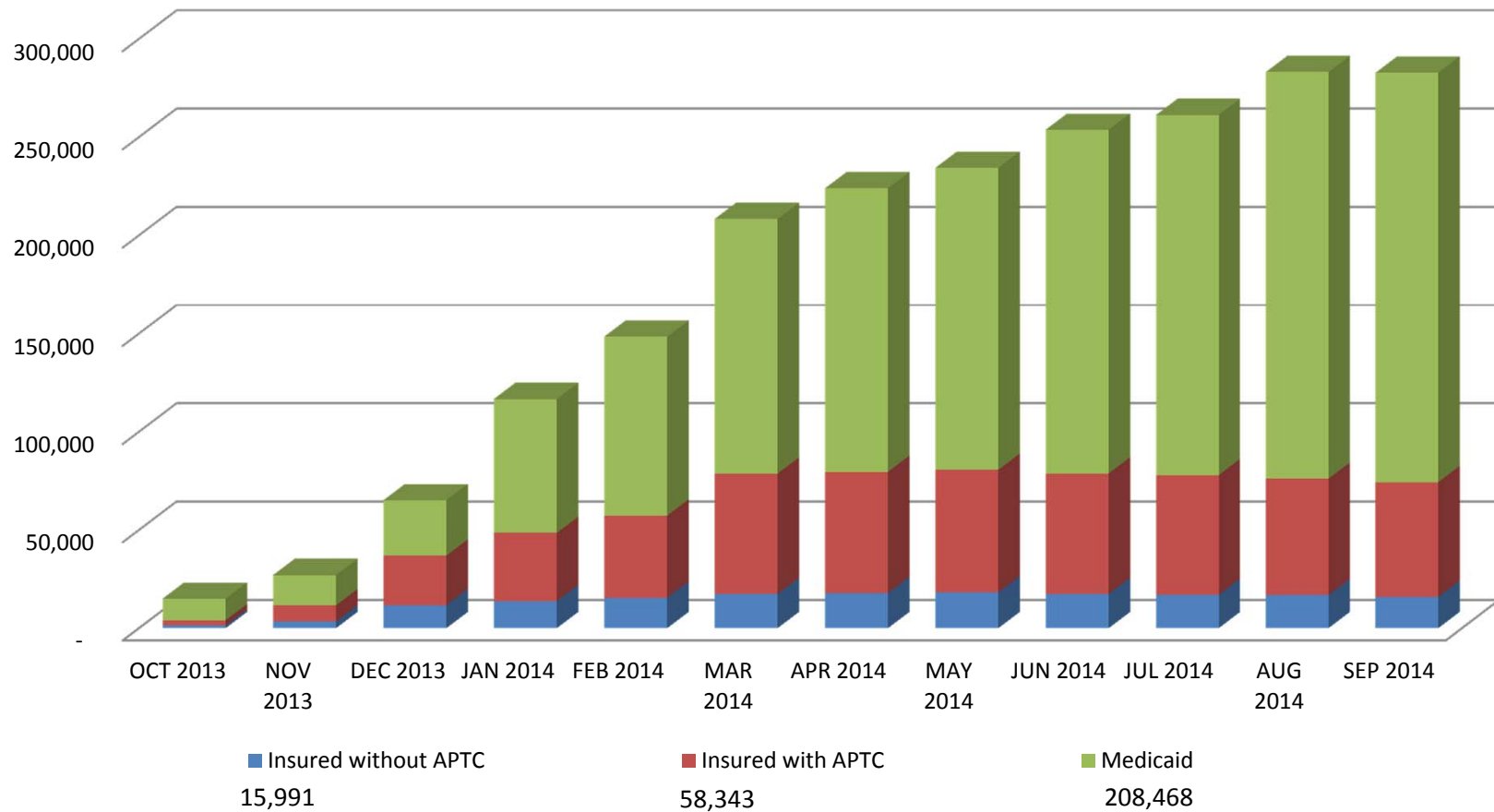
## CEO Report

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## Operations Update

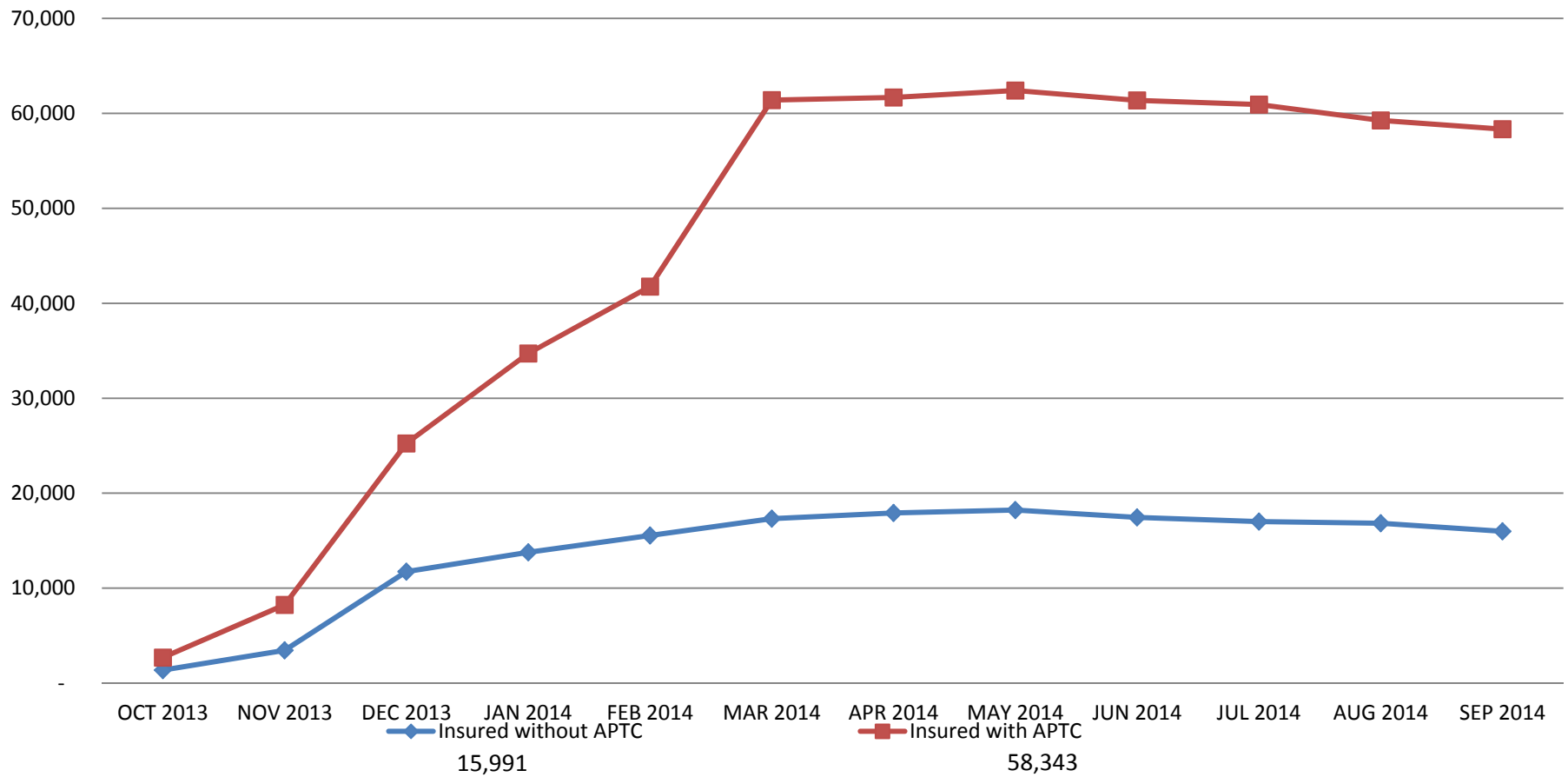
# Operating Metrics

**Total Membership - 282,802**



# Operating Metrics

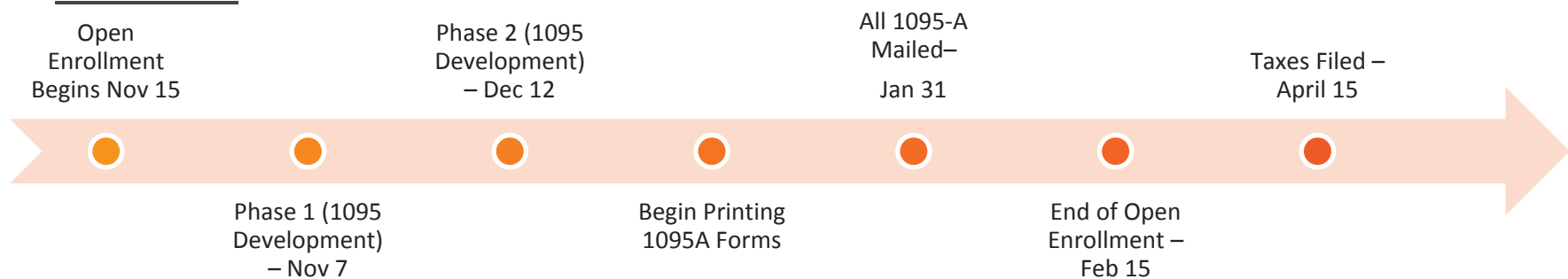
## Insured Membership- 74,334



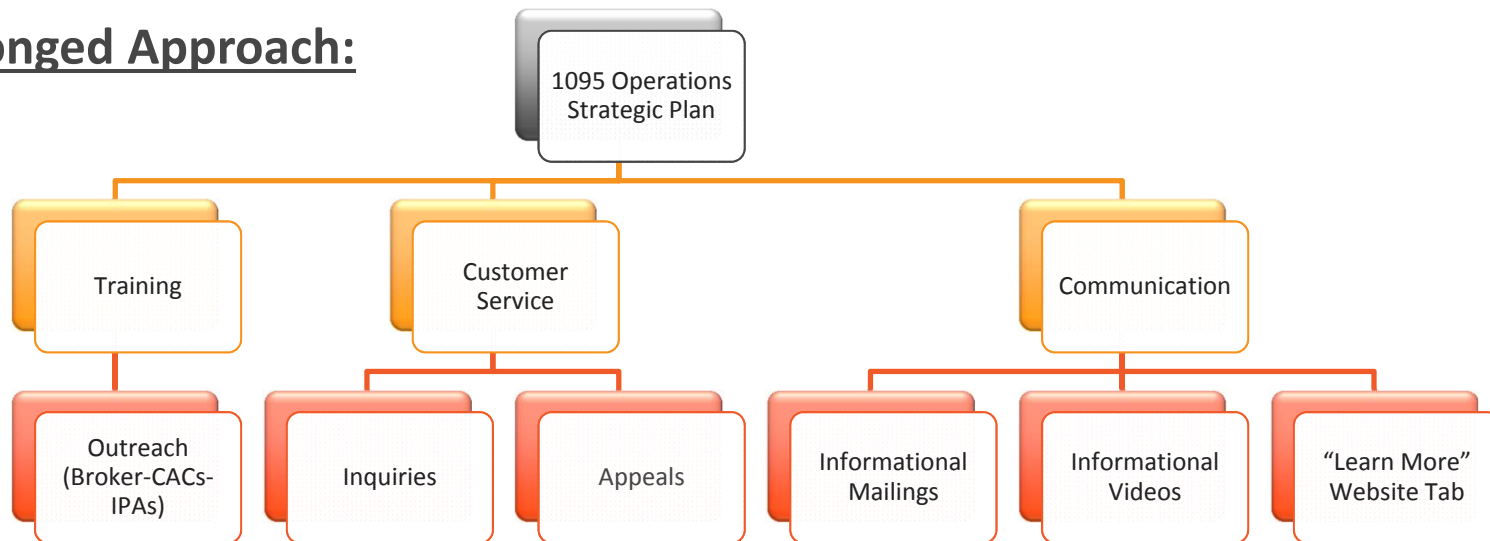
# 1095A

- 1095A - A form AHCT must send to all QHP recipients on Exchange so they can file as evidence of coverage

## Timeline:



## 3-Pronged Approach:



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## IT Update

# Information Technology Update

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## **Open Enrollment Readiness**

- ✓ Volume Testing
- ✓ Performance Testing of Enhancements to System
- ✓ Minimize Manual Processing Time And Costs For Identify Proofing

## **September Release**

- ✓ Spanish Plan Data Entry And Validations
- ✓ Consumer Portal Modifications

## **November Release (Open Enrollment Release) Target for November 7<sup>th</sup>**

- ✓ New Carrier To System
- ✓ IRS Reporting
- ✓ Ability To Purchase Dental Coverage
- ✓ Automated Renewals For Existing Membership
- ✓ Virtual Assistance

## **Enterprise Content Management**

- ✓ Better Collaboration Inside And Outside The Organization
- ✓ Maintaining Control And Oversight Over Corporate Information
- ✓ Reducing The Integration Burden On IT

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## Mobile Application Demo

This release allows consumers to use  
the mobile application to quickly enroll in  
Qualified Health Plans (QHP)

# Information Technology Update

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## **Mobile Application**

- ✓ For October, Unsubsidized Mobile Application
  - ✓ iPads in Stores as of Tuesday October 14<sup>th</sup>, 2014
- ✓ For November, Subsidized Mobile Application

## **Recognition**

- ✓ Eric Lindquist and Team, Bureau of Enterprise Systems and Technology

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## Access Health Exchange Solutions

# Access Health Exchange Solutions

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- Rationale

- Assist AHCT to sustain itself
  - Operating Margin
  - Cost Share

- Market Opportunity

- Current state based marketplaces
- States looking to leave the Federal marketplace
- Private Sector exchanges

- Services and Products

- Consulting
- Technology Licensing
- Software as a Service / Business Process Outsourcing
- Cost Sharing / Group Purchasing Organizations
- Ancillary Products

- Next Steps

- Finalize Business Plan
- Opportunistic Engagements
- Conference - January

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## Open Enrollment Readiness -- Update

# Agenda

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1. OE readiness status across work streams
2. Renewal process update
3. 90-day in-person assistance plan update
4. Full year consumer support update
5. Sales estimates and distribution for 2014 OE

# Open Enrollment Work Stream Status

Weekly OE readiness meetings continue coordinate activity and drive progress

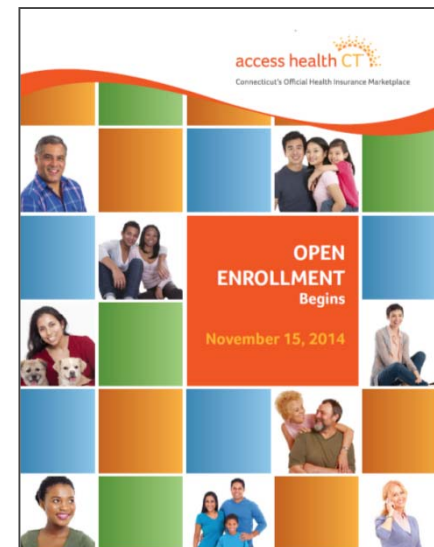
Functional Area	(%) Complete	Current Status	Current Issues
Plan Management Project	79%		
Family Standalone Dental	52%		• Configuring data for system load
Marketing and Communications	45%		• 19 of 30 hires made for community enrolment locations
IT	57%		
Call Center	72%		• Successful fielding and completion of 7 training classes
SHOP	51%		• Successful negotiation with Benefit Central
Training	43%		• Broker renewal training just commencing
Field Services	86%		• Store staffing now at 19
IRD	42%		• Working cases to begin OE with zero
Sales	52%		
Renewals	65%		• Resolving final bulk services issues

Overall = 52%

# Renewal process

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- Renewal kits were mailed out to all QHP households on Oct 1<sup>st</sup>
  - 43,747 are eligible for auto-renewal
  - 12,828 will need to update information and select a plan
- Kit details step required (or not required) to either auto-renew or select a new plan for 2015
- Call volume to date on renewal kits is being evaluated
- Additional renewal mailings from carriers and AHCT will be sent out on:
  - AHCT renewal communication will be sent on 10/27 detailing new premium and subsidy levels
  - Carrier mailing detailing any benefit changes currently being sent.



## Execution of 90 enrollment support program underway

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- 90-day support efforts were shared with the Consumer Advisory Committee on Oct-6
- The CT Health Foundation is inviting selected organizations to apply for grant funding from their organization to bolster AHCT efforts under way (35 individuals anticipated)

Effort	Timing
Engagement with community education and outreach partners in key geographies (existing list being expanded)	Ongoing
Delivery of pre-Nov-15 site establishment operational plan	Sept- 29
Final selection of partner locations (based on uninsured research and operational criteria)	Oct-14
Complete site visits to finalize location needs	Oct-17
Delivery of post launch operational plan (staffing plan, set-up protocol, etc.)	Oct-20
Delivery of all IT and marketing collateral	Nov-7
Launch of operations	Nov-17

## Full year consumer support efforts

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- The need for a year round community based support program has been widely acknowledged
- AHCT is working with the CT Health Foundation to conduct a facilitated meeting of key community and advocacy leaders to determine the specific structure of this program
- AHCT has agreed to apply for funding via new CMS establishment grants to implement the program next year.
  - Grant request for \$1M was submitted on Oct 15
  - Long term funding vision (2016 and beyond) will also be part of broader group discussions (OHA, DSS, foundations and community partner based funding)
    - Funding envisioned to be greater in subsequent years.

# Sources of new enrollment

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With substantial enrollment gains made in the first enrollment period, additional new membership is forecasted to come from the following three sources:

1. The remaining uninsured
2. Individuals in plans lapsing from “grandfathered” status or leaving the existing individual market
3. Medicaid re-determinations now qualifying for QHP’s

# #1: Remaining uninsured

- Survey based estimates indicate only 147,000 uninsured remain in our state
- Research also proves that a 0% uninsured rate is not a reality, even in industrialized nations with socialized healthcare (e.g. the U.K. and Sweden)
- Assuming some endemic uninsured rate in year two of roughly 2-3%, we project an additional 36k uninsured to enroll this OE (27k Medicaid and 9k QHP)
- The split of these enrollee's will likely mirror our prior experience and be divided 74% Medicaid and 26% QHP.

<b>Remaining Uninsured</b>	<b>147,166</b>	
- % of endemic uninsured	73,583	50%
Potential enrollees	73,583	
% Converted via OE efforts	50%	
Potential split based on current distribution		
Medicaid	27,121	74%
QHP	9,671	26%

<b>Current Membership</b>	<b>282,802</b>	
Medicaid	208,468	74%
QHP	74,334	26%

## #2: Grandfathered/Individual plans

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- Prior to our last OE, roughly 173k individuals had policies in the state secured through the existing individual market.
- Efforts last OE enrolled 36k, leaving 136k still remaining
- With many of these individuals early auto-renewed into their plans, we think several will opt into exchange options and receive a better value, either outright or via qualifying for APTCs

Estimate for prior CT individual market	173,408	
- AHCT QHP enrollee's who previously had coverage	34,937	
Potential enrollees	138,471	
Potential conversion to AHCT	27,694	20%

## #3: Medicaid redeterminations

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- CT's current Medicaid population stands at approximately 746k
- During this years 90-day OE period, we estimate that approximately 9% of those individuals will undergo a redetermination under new MAGI rules.
- Of these, based on prior results seen over the past year, 9% will be determined eligible for QHP enrollment with APTCs (and likely additional cost-sharing reductions)

Current Medicaid population	746,145
Percent being redetermined during OE	9%
Percent being redetermined QHP eligible	9%
Likely Medicaid to QHP conversions	6,044

# Net new enrollment

Across these three categories, we anticipate that total new enrollment (added to our existing membership base) will be approximately 70k.

This would yield:

- A new uninsured rate in our state of 2-3%
- Expanded coverage to those previously uninsured
- Expanded AHCT membership
- Additional value to the residents in the current individual market

OE Enrollment Projections	
Remaining Uninsured	36,792
Individual Market Conversions	27,694
Medicaid Redeterminations	6,044
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Medicaid	27,121
QHP	43,409
Total	70,530

# Enrollment channel distribution

Based on prior years enrollment distribution, as well as recent survey findings from the PERT group, we anticipate that new enrollments will be derived via the following sales channels, and over the time frame illustrated below.

	QHP	Med	Total
Community Enrollment Partners	1,000	4,100	5,100
Call center	12,500	9,000	21,500
FQHCs	2,000	2,000	4,000
Hospitals	500	500	1,000
Brokers	12,000	500	12,500
Enrollment centers	7,000	2,200	9,200
Unassisted Web	10,000	7,230	17,230
	45,000	25,530	70,530

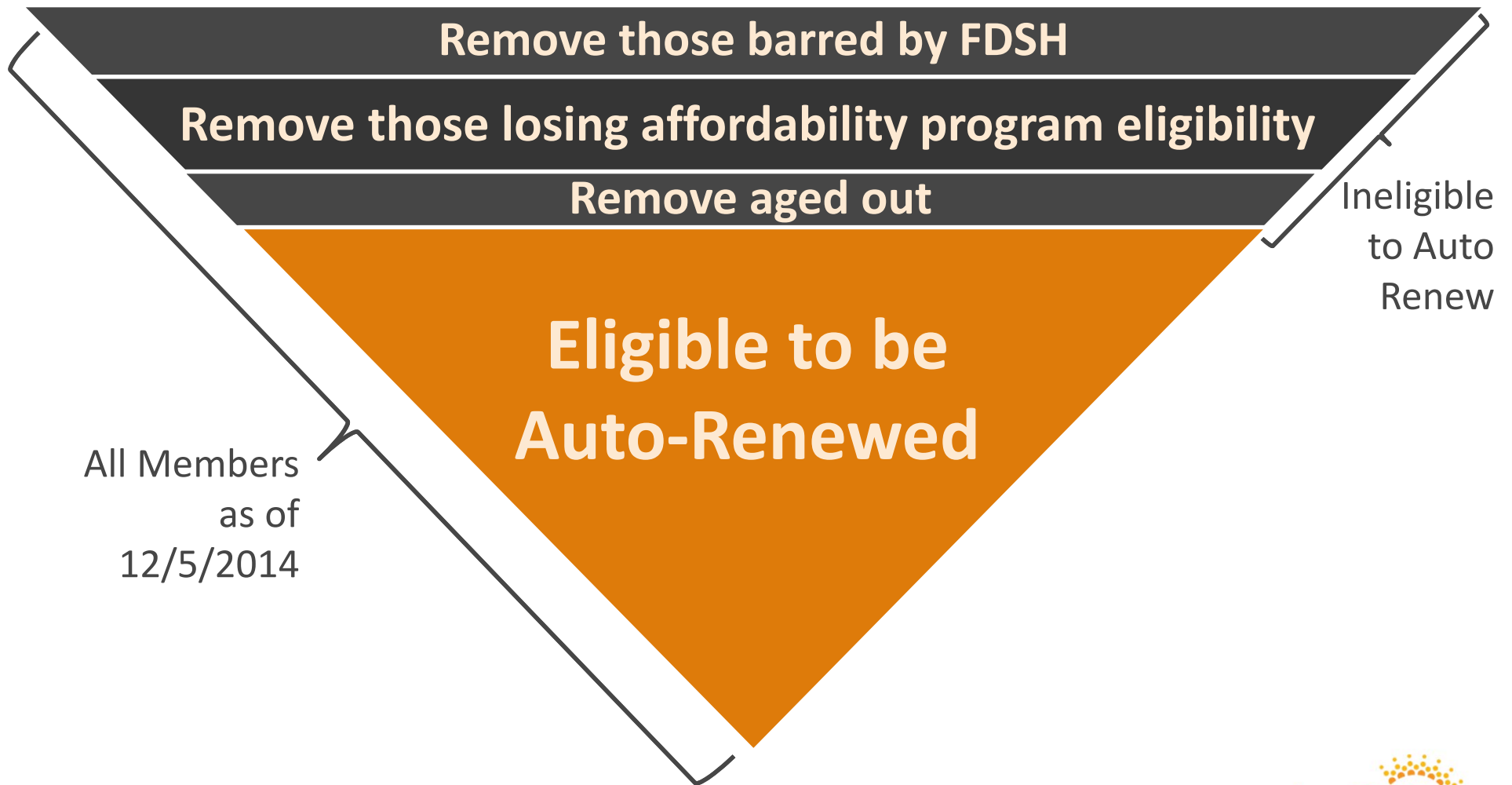
Sales forecast by week														
	1	2	3	4	5	6	7	8	9	10	11	12	13	
Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	Week of	
16-Nov	23-Nov	30-Nov	7-Dec	14-Dec	21-Dec	28-Dec	4-Jan	11-Jan	18-Jan	25-Jan	1-Feb	8-Feb		
	8%	3%	2%	8%	10%	12%	15%	5%	5%	5%	5%	10%	12%	100%
<b>QHP</b>	3,473	1,302	868	3,473	4,341	5,209	6,511	2,170	2,170	2,170	2,170	4,341	5,209	43,409
<b>Med</b>	2,170	814	542	2,170	2,712	3,255	4,068	1,356	1,356	1,356	1,356	2,712	3,255	27,121
	5,642	2,116	1,411	5,642	7,053	8,464	10,579	3,526	3,526	3,526	3,526	7,053	8,464	70,530

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## Auto-Renewals

# Renewal Eligibility Pyramid

- Goal: Renew as many members as possible



# Auto-Renewal Criteria

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- There must be an **active enrollment** for the current year and **no QHP selected** by the enrollee for the **next year**
- The QHP plan the household is **currently enrolled** in or a plan which meets AHCT's criteria as a **“similar” plan** must be **available** for the next coverage year
- At least **the subscriber for the Household is still eligible** for QHP enrollment using the latest eligibility determination
- If the household is **currently receiving APTC subsidy**, the household **must still be eligible for APTC** for next year (Please Note: *If age 26, child will not be auto renewed, but the parents may be*)
- If the household is **enrolled in a catastrophic plan**, the household **must still be eligible for a catastrophic plan** for the next coverage year.
- If the household is **enrolled in a plan with CSR**, then the household **must still be eligible for the same CSR Tier, a higher level of CSR or the change in CSR level is not very significant** (e.g., 94% to 87% is okay; however, no auto-enrollment if the change is from 94% or 87% to 73%).

## Auto-Renewal Criteria: based on 2015 eligibility

Current Coverage	Projected determination	Auto-Renew Eligibility
QHP	QHP	yes
QHP	QHP w/ APTC	yes
QHP	Medicaid, QHP	yes
QHP	CHIP, QHP	yes
QHP w/ APTC	QHP	no
QHP w/ APTC	QHP w/ APTC	yes
QHP w/ APTC	HUSKY / other government-sponsored MEC	no
QHP w/ APTC and 73% CSR	QHP w/ APTC and 73%, 87% or 94% CSR	yes
QHP w/ APTC and 73% CSR	QHP w/ APTC or QHP	no
QHP w/ APTC and 87% CSR	QHP w/ APTC and 87% or 94% CSR	yes
QHP w/ APTC and 87% CSR	QHP w/ APTC and 73% CSR, QHP, QHP w/ APTC	no
QHP w/ APTC and 94% CSR	QHP w/ APTC and 87% or 94% CSR	yes
QHP w/ APTC and 94% CSR	QHP w/ APTC and 73% CSR, QHP, QHP w/ APTC	no
QHP w/ APTC and an AN/AI CSR	QHP w/ APTC and an AN/AI CSR	yes
Any of above	Not QHP eligible	no

# Renewal Notices

<b>AHCT Renewal Tool kit</b>	<ul style="list-style-type: none"> <li>• Informs all current enrollees about the renewal options as well as the upcoming open enrollment period</li> <li>• Walks them through how and why a person might need to report a change</li> <li>• Introduces the individual mandate and IRS reconciliation process</li> <li>• Informs them about the notices they will be receiving and what they mean</li> <li>• Includes information on how to reset a password</li> </ul>
<b>AHCT Projected Eligibility Notice 11/1</b>	<ul style="list-style-type: none"> <li>• <b>Projected Renewal Eligibility Notice</b> sent to the primary enrollee</li> <li>• Projected Eligibility Notice includes: <ul style="list-style-type: none"> <li>✓ A reminder of those currently in the household and who is currently enrolled in the QHP</li> <li>✓ Current program enrollment (inc. amount of tax credit and CSR (if applicable))</li> <li>✓ Retrieves <b>updated information</b> from bulk services (FDSH) <u>on death</u> (subscriber or beneficiary) and any <u>existing minimum essential coverage</u></li> <li>✓ <b>Detailed instructions on how to renew your QHP or change your QHP/issuer for 2015</b></li> <li>✓ <b>Clarifies if the family is eligible</b> for auto-renewal or if they <b>must take action</b> to renew</li> </ul> </li> </ul>
<b>AHCT Final Determination Notice 12/5</b>	<ul style="list-style-type: none"> <li>• <b>Renewal Final Determination Notice</b> sent to primary enrollee</li> <li>• Again includes the current enrollment information, but <b>performs final eligibility test</b>: <ol style="list-style-type: none"> <li>1. Starts with information from the <u>latest application on file</u></li> <li>2. Retrieves updated information from bulk services (FDSH) on <u>death</u> (subscriber or beneficiary) and any <u>existing minimum essential coverage, incarceration, lawful presence</u> and <u>income</u> to perform verification</li> <li>3. Uses updated information to create a final eligibility decision</li> </ol> </li> <li>• Informs household who was/was not auto-renewed</li> </ul>
<b>Carrier Renewal Notice</b>	<ul style="list-style-type: none"> <li>• Will inform enrollees about how their coverage or benefits may have changed between 2014 and 2015</li> <li>• AHCT provided carriers with a template that they were to use to display benefit changes from 2014-2015 in order to promote clarity and consistency</li> </ul>

# How to Renew

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- There will be three avenues through which consumers may actively renew their coverage:

1. Online: through the consumer portal or by using a broker
2. Paper: Mailing back the signed signature form included in the renewal notices or completing a new paper application
3. On the phone by contacting the call center

OR

- On December 5, QHP coverage will automatically renew if the household is eligible and has not yet already renewed coverage or returned the mailing.
- The exchange will send a notice to notify enrollees of the final eligibility determination or updated determination for the upcoming plan year
- If the coverage cannot be auto-renewed and no action is taken, coverage will be terminated at the end of December. A gap in coverage may result

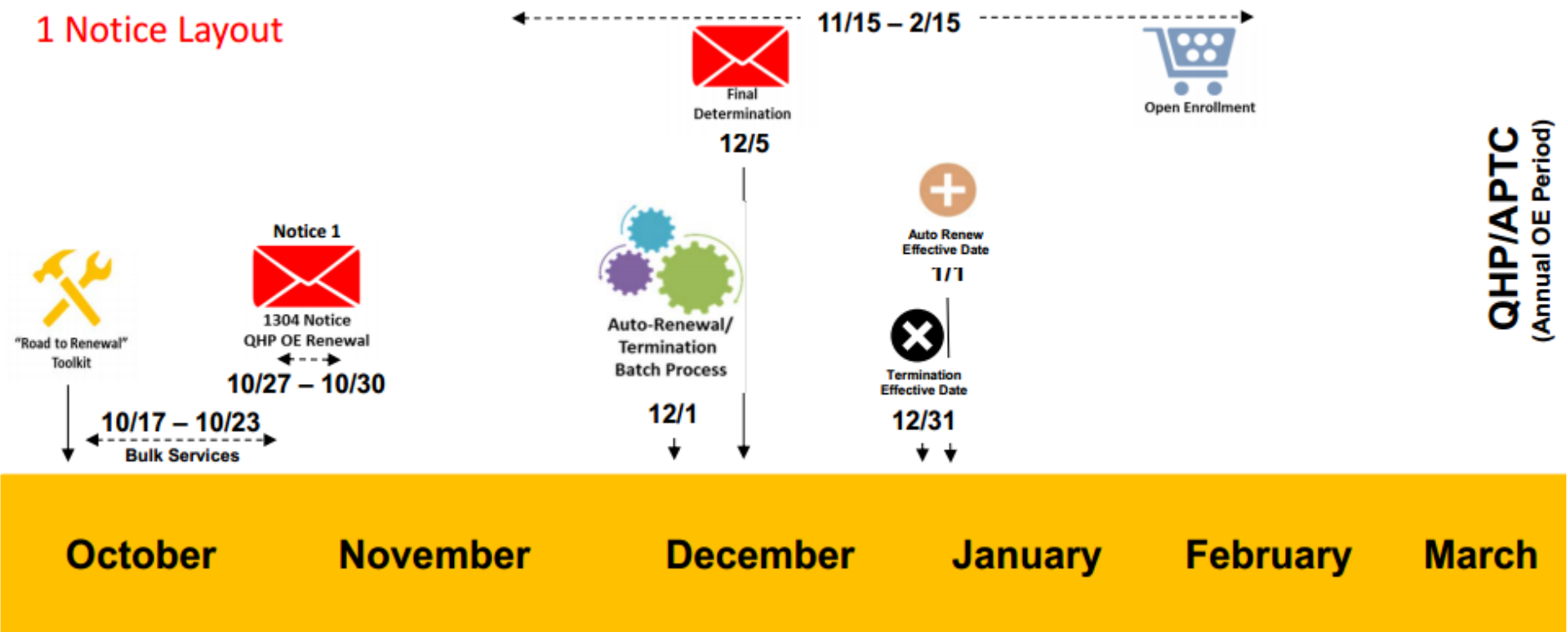
# Renewals and Coverage Dates

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- Coverage start dates are based on the 15 day rule from when the renewal is initiated:
  - Renewals/enrollments initiated between Nov. 15 – Dec. 15, 2014 would generate a Jan. 1, 2015 start date
  - Renewals/enrollments initiated between Dec. 16, 2014 – Jan. 15, 2015 would generate a February 1, 2015 start date
    - A gap in coverage for January may result
  - Renewals initiated between Jan. 15, 2015 – Feb. 15, 2015 would generate a Mar. 1, 2015 start date
    - A gap in coverage for January and February may result
- After February 15, 2015, a household will only be able to enroll in 2015 coverage if they have a special enrollment triggering event. These triggering events can provide an opportunity to enroll in coverage through AHCT for some or all household members.

## 2014/2015 Renewals Process

### 1 Notice Layout



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## SHOP (Small Business Health Options Program) Update

# Access Health CT Small Business

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- Forward Looking Business Strategy
  - Re-engagement of brokers
  - Expanded marketing
  - Focus on strengths
    - More inclusive group size
    - Improved plan design
    - Tax credit
    - Service
  - Growing other offerings (Dental)

# Target Audience

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- Broker
  - 600+ certified AHCT Small Business brokers
- Small Employer Worksites  
(statewide, as of 4<sup>th</sup> quarter 2013 -- CT DOL)
  - 45% of those in employed in Connecticut are employed by employers with less than 50 employees
- Stakeholder Groups

Number of Employees	Number of Businesses
1 - 4	66,825
5 - 9	17,989
10 - 19	12,228
20 - 49	8,315
50 - 99	2,688

# Outreach

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- **Broker**
  - Renewed emphasis on face-to-face meetings
  - Continued Education focus on new products & marketing strategies
  - Seeking Benefits Central solution
- **Employers (50 Employees & Under)**
  - Expanded education on advantages of small group coverage through ACA - including tax credits, favorable eligibility guidelines and ultra-small group coverage
  - Expanded marketing through collaterals, mailings, expos & association events
- **CPA Groups**
  - Marketing material on tax credits available for For-Profits & Non-Profits
  - Use relationships to organize small group events
- **Small Group Association Events**
  - Face-to-face meetings with Association Heads
  - Expos
- **Non-Profit Organizations**
  - Broker education
  - Marketing pieces on tax advantages

# First Year SHOP Progress January 1 - October 1, 2014

Month	Groups Sold	Group Terms	Total Groups	Subscribers Added	Members Added (Dependents)	Total Monthly Members (Subs + Dep)	Aggregate Total
January	14	0	14	64	38	102	102
February	31	0	45	121	86	207	308
March	18	0	63	89	32	121	418
April	16	2	77	61	34	95	511
May	10	1	86	25	18	43	541
June	9	3	92	34	14	48	581
July	8	0	100	29	12	41	609
August	12	0	112	29	12	41	687
September	7	0	117	20	13	33	702
October	12	0	129	40	32	72	771

# Website

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- New Platform for Stakeholders Solutions
- Solutions leveraging Urban Institute Survey, public comment, and consumer need feedback
  - Pay a bill
  - Get a quote
  - Tax credit calculator
  - Find a broker
- Goal for Completion: November 15, 2015

# Feedback Driven Web Design

SOURCE	COMMENT	SOLUTION
Urban Institute Survey	Lack of a Tax Credit Estimator online meant brokers couldn't demonstrate savings potential	Addition of Tax Credit Estimator with links in three locations: Home Page, Small Business section and Broker section
Urban Institute Survey	Unable to find Access Health Small Business website	Small Business Site is linked through the main AHCT website and will be searchable
Direct from Brokers and Customers	Unable to find sign-in screen for an existing account	Added prominent home page links to account sign-in for both brokers and small businesses
Direct from Brokers and Customers	No information about what is offered through Access Health CT Small Business	Addition of frequently asked questions (FAQs) and information on products, value and services.
Direct from Customers	Unable to find the online bill paying function	Added two prominent links on home page and a link embedded in Small Business Section
Direct from Customers	Unable to find a certified broker	Added links to certified broker listing on home page and in small business section

# Marketing Update

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- New collaterals for SHOP are completed
  - Broker & Employer Top 10 Flyers (English & Spanish)
  - Broker & Employer brochure (English & Spanish)
- Outreach to Brokers & Employers
  - “Email blasts” to current broker base
  - Broker Newsletter
  - Direct mailings to employers

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## Plan Management Network Access Information

# Network Access Information - Agenda

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- QHP Individual Market
  - Enrollment Summary
  - Subscriber Mapping
  - Carrier Provider Count Summary
- Subscriber Access to Providers - Summary
- Subscriber / Provider Mapping by Carrier
  - Primary Care Providers
- Summary

# Individual Market: Enrollment Summary

Carrier	Subscriber	Spouse	Dependent Children	Member Total
Anthem HMO	7,039	1,564	1,354	9,957
Anthem PPO	21,598	5,275	4,056	30,929
ConnectiCare Benefits Inc	23,161	5,276	2,994	31,431
HealthyCT	1,816	464	370	2,650
<b>TOTAL</b>	<b>53,614</b>	<b>12,579</b>	<b>8,774</b>	<b>74,967</b>

## NUMBER OF FAMILIES WITH DEPENDENT CHILDREN

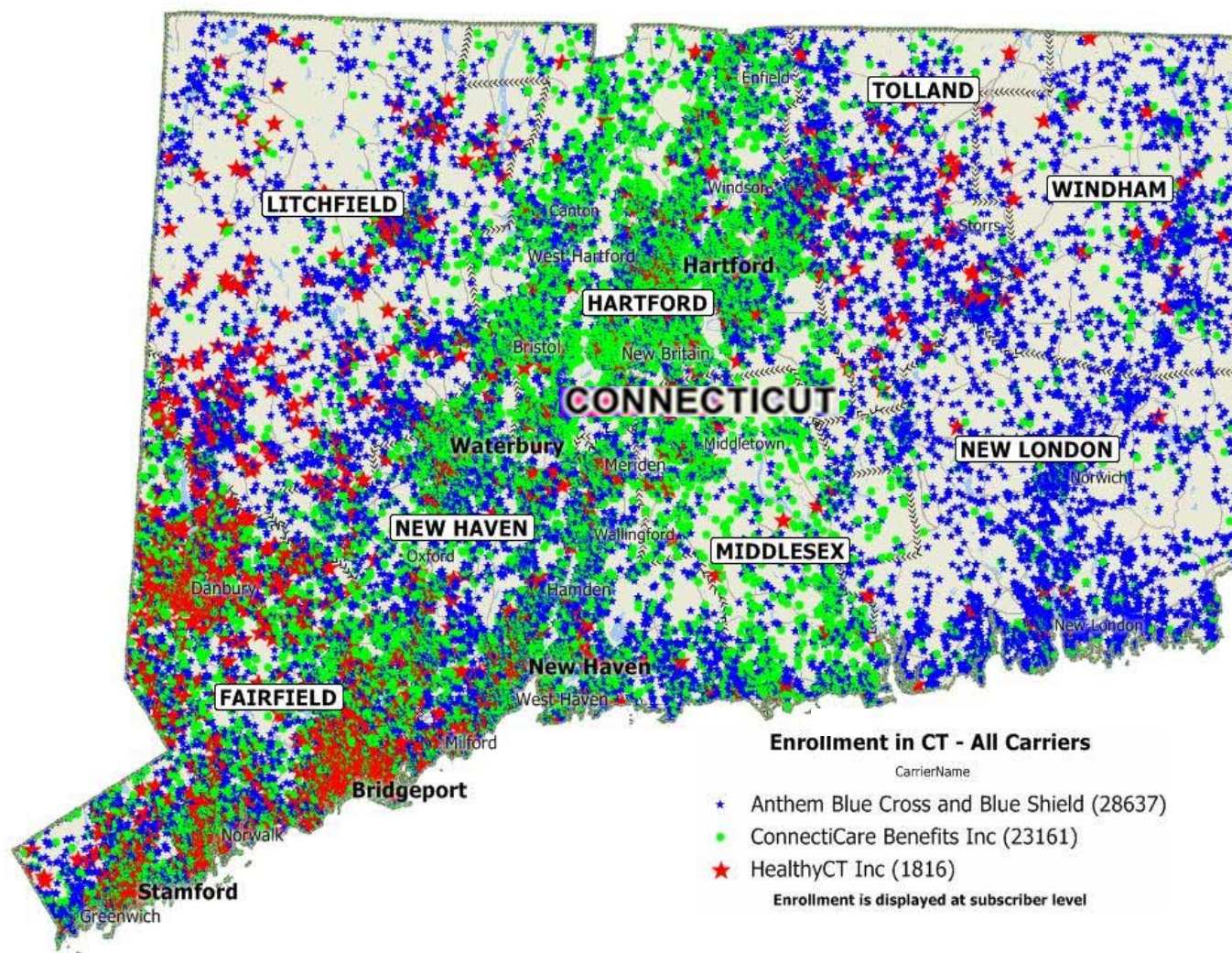
Anthem HMO: 847

ConnectiCare Benefits Inc: 2,050

Anthem PPO: 2,507

HealthyCT: 226

# Individual Market: Subscriber Enrollment - All Carriers



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# Individual Market: Carrier Provider Counts

	Carrier (Subscriber Count)			
Provider Type	Anthem HMO (7,039)	Anthem PPO (21,598)	ConnectiCare Benefits Inc (23,161)	HealthyCT (1,816)
PRIMARY CARE	9,629	9,691	3,583	2,480
PEDIATRIC CARE	1,397	1,407	1,193	698
OB/GYN	2,905	2,921	1,736	596
BEHAVIORAL HEALTH	7,488	7,496	4,695	1,014
CARDIOLOGY	1,314	1,328	1,256	295
ONCOLOGY	416	414	709	139

- HealthyCT data includes count for a single, unique provider only and has been adjusted to remove providers in process of being contracted and those with no address, and therefore may be under-represented
- Anthem and ConnectiCare Benefits Inc data was adjusted to reflect a single provider per city for those with multiple offices

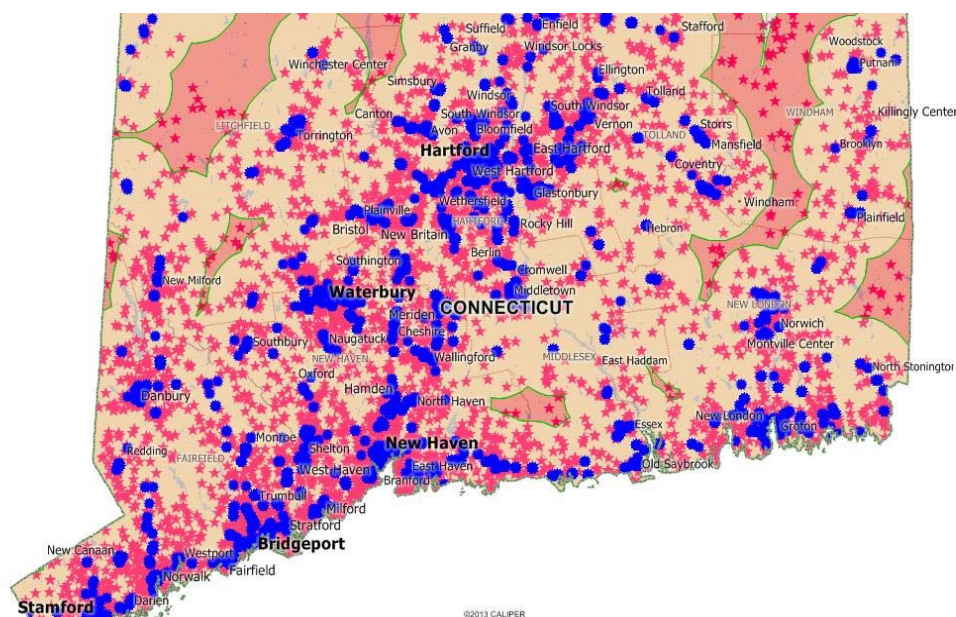
# Individual Market: Subscriber Access to Providers

	Carrier (Subscriber Count)				
Provider Type	Anthem HMO (7,039)	Anthem PPO (21,598)	ConnectiCare Benefits Inc (23,161)	HealthyCT* (1,816)	
PRIMARY CARE	98%	97%	99%	98%	1 Provider within 5 miles of subscriber address
PEDIATRIC CARE	92%	91%	96%	93%	
OB/GYN	95%	94%	96%	88%	
BEHAVIORAL HEALTH	99%	99%	99%	97%	
CARDIOLOGY	91%	90%	96%	80%	
ONCOLOGY	75%	72%	89%	72%	
PRIMARY CARE	99%	99%	100%	98%	1 Provider within 10 miles of subscriber address
PEDIATRIC CARE	99%	98%	99%	98%	
OB/GYN	99%	99%	99%	98%	
BEHAVIORAL HEALTH	100%	100%	100%	99%	
CARDIOLOGY	98%	98%	99%	97%	
ONCOLOGY	94%	93%	99%	94%	

\*HealthyCT data includes unique provider only, therefore percent access may be under-represented

# Anthem HMO Enrollment and Provider Network

## Primary Care Providers – 5 & 10 Mile Radius



**98% of subscribers have access to a Primary Care Provider within 5 miles of address**

### Anthem Enrollment - HMO Plans: PCPs

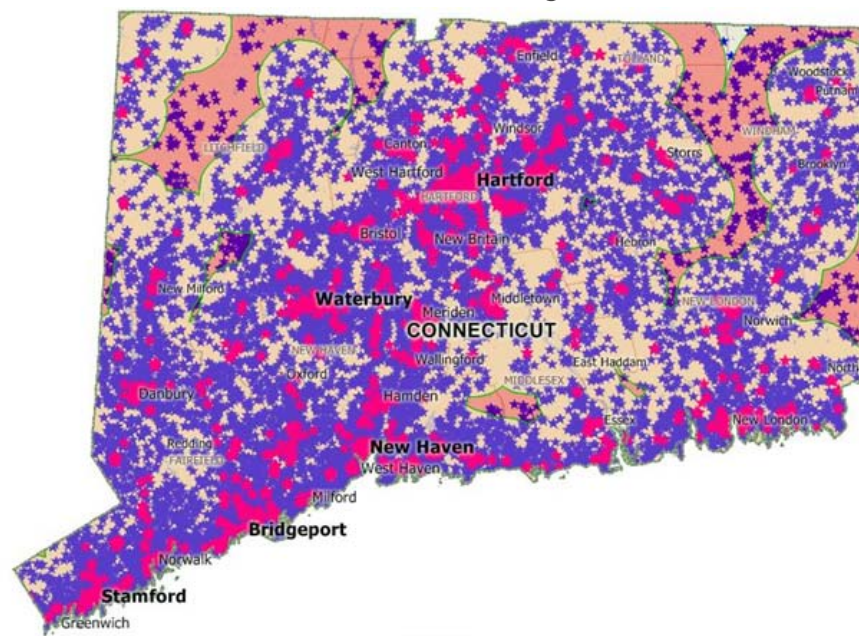
- ★ HMO
- Buffer Size
- 5.00
- 10.00
- Provider category
- Primary Care

Enrollments are displayed at subscriber level

County	Under 1 mile	1 to under 5 miles	5 to under 10 miles	10 to under 15 miles	Grand Total
FAIRFIELD	978	430	4		1,412
HARTFORD	1,168	436	7		1,611
LITCHFIELD	225	313	34		572
MIDDLESEX	126	131	3		260
NEW HAVEN	1,306	612	2		1,920
NEW LONDON	364	301	16		681
TOLLAND	138	180	5	1	324
WINDHAM	75	126	58		259
TOTAL	4,380	2,529	129	1	7,039

# Anthem PPO Enrollment and Provider Network

## Primary Care Providers – 5 & 10 Mile Radius



**Anthem PPO Enrollment: PCPs**

**Product**

- ★ PPO (21598)

**Buffer Size**

- 5.00
- 10.00

**Provider category**

- ★ Primary Care (9691)

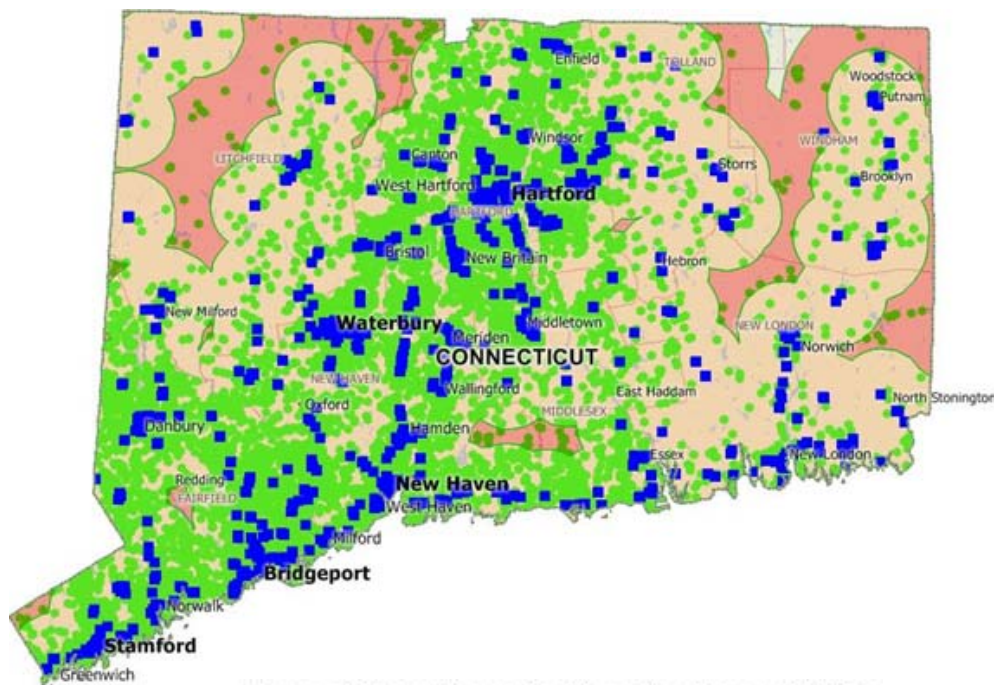
**Enrollment is displayed at subscriber level**

**97% of subscribers have access to a Primary Care Provider within 5 miles of address**

County	Under 1 mile	1 to under 5 miles	5 to under 10 miles	10 to under 11 miles	Grand Total
FAIRFIELD	3,437	1,405	11		4,853
HARTFORD	2,552	1,070	18		3,640
LITCHFIELD	904	1,155	139		2,198
MIDDLESEX	364	408	9		781
NEW HAVEN	3,570	1,680	7		5,257
NEW LONDON	1,484	1,221	76		2,781
TOLLAND	472	604	11	1	1,088
WINDHAM	328	494	177	1	1,000
TOTAL	13,111	8,037	448	2	21,598

# ConnectiCare Benefits, Inc. Enrollment and Provider Network

## Primary Care Providers – 5 & 10 Mile Radius



### ConnectiCare Benefits, Inc. Enrollment: PCPs

● ConnectiCare Benefits Inc (23161)

#### Buffer Size

5.00

10.00

#### Provider category

■ Primary Care (3583)

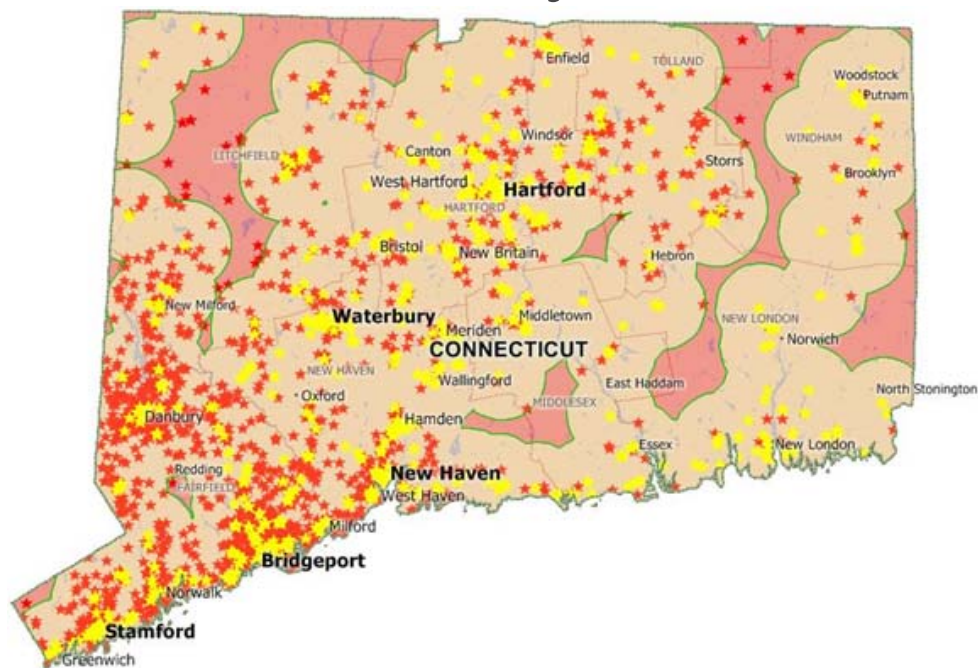
Enrollment is displayed at subscriber level

**99% of subscribers have access to a Primary Care Provider within 5 miles of address**

County	Under 1 mile	1 to under 5 miles	5 to under 10 miles	Grand Total
FAIRFIELD	6,635	1,842	11	8,488
HARTFORD	5,137	2,233	29	7,399
LITCHFIELD	181	236	24	441
MIDDLESEX	663	771	15	1,449
NEW HAVEN	3,324	1,407	9	4,740
NEW LONDON	115	126	17	258
TOLLAND	95	152	4	251
WINDHAM	52	72	11	135
TOTAL	16,202	6,839	120	23,161

# Healthy CT Enrollment and Provider Network

## Primary Care Providers – 5 & 10 Mile Radius



### Healthy CT QHP Enrollment: PCPs

★ HealthyCT Inc (1816)

Buffer Size

5.00

10.00

Provider category

★ Primary Care (2480)

Enrollment is displayed at subscriber level

**98% of subscribers have access to a Primary Care Provider within 5 miles of address**

County	Under 1 mile	1 to under 5 miles	5 to under 10 miles	Grand Total
FAIRFIELD	754	364	2	1,120
HARTFORD	62	57		119
LITCHFIELD	68	109	19	196
MIDDLESEX	13	14		27
NEW HAVEN	133	117		250
NEW LONDON	9	7		16
TOLLAND	19	46	2	67
WINDHAM	5	10	6	21
TOTAL	1,063	724	29	1,816

## Network Access Information - Next Steps

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- Partner with Connecticut Insurance Department & Office of the Healthcare Advocate
- Establish reasonable access standards
- Continued monitoring

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# Network Adequacy

## Essential Community Providers

# Essential Community Providers

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## Essential Community Providers (definition)

Providers that serve predominantly low-income, medically underserved individuals, meet the criteria of health care providers... and must be a non-profit entity or state operated.

# Required Essential Community Provider Types

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The categories of facilities, centers, services, programs and clinics identified by ACA as being required ECPs include:

- Federally Qualified Health Centers
- Federally Qualified Health Center Look-Alikes
- Tribal/Urban Indian Centers
- Black Lung Clinics\*
- Native Hawaiian Health Centers\*  
*\*Do not have these in CT*
- Children's Hospitals
- Critical Access Hospitals
- Disproportionate Share Hospitals
- Sole Community Hospitals
- Rural Referral Centers
- School Based Health Centers\*\*  
*\*\* CT Statutes require SBCH to be included in provider networks*
- Community Mental Health Centers  
*(mental health parity)*
- Ryan White HIV/AIDS Programs
- Sexually Transmitted Disease Clinics  
*Title X Family Planning Clinics*
- Comprehensive Hemophilia Diagnostic Treatment Centers
- Tuberculosis Clinics

# ECP Network Adequacy Standards for 2015:

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A carrier must contract with:

- 90% of the Federally Qualified Health Centers or Federally Qualified Health Center Look-Alikes; and
- 75% of all other ECP providers

Also,

- Carriers must contract for the full range of services included in the Essential Health Benefits (EHBs);
- Carriers must contract for all services, in all locations, so long as the provider meets plan certification requirements and is willing to negotiate/accept the commercial rate;
- Recognizing the challenges of implementation and consideration will be given for carriers that demonstrate good faith efforts to meet these standards.

**For 2014, there were:**

- **ECP Providers: 285**
- **ECP Programs: 1343**

# Outreach to Providers

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Based on carrier data received and analyzed, Plan Management realized the need to reach out to 200 ECP providers

- Rationale for Outreach Initiative :
  - Found that many ECP providers were confused about the value of contracting
  - Allows customer who transitions between QHP and Medicaid to keep same provider
  - Expands provider network in a convenient location for services
  - Additional income for providers

## Outreach

- Plan Management reached out to those providers on the ECP list without contacts or who were partially contracted:
  - By survey
  - By letter
  - By phone
- AHCT put them in touch with the carriers by providing the contact information for each of the four carriers.

# Adjusted ECP Denominator

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## ECP Providers Unable to Participate

- 13 providers/ agencies deleted from expanded list
- 18 programs/ services deleted from expanded list
- 28 programs/ services deleted from 7 existing providers

### Reasons include:

- Entity not in business
- Stopped program
- Unable to be credentialed

## ECP Providers Interested for Future

- 24 providers/ agencies
- 58 programs/ services

### Reasons include:

- Billing structure: City of Waterbury
- Co-pay issues: several school-based health centers
- Staff unable to be credentialed

## 2015 Plan Management Outreach, adjusted Total ECPs

- 248 providers/ agencies
- 1239 programs/ services

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## Strategy Committee Update

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## Adjournment