

# Board of Directors Meeting

*September 17, 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. Compliance and Disciplinary Policy for Certified Independent Brokers - Vote
- E. CEO Report
- F. Operations Update
- G. 2016 Open Enrollment Update
- H. Marketing Update - PERT Results
- I. CID Rate Review Process
- J. Wakely Review of 2016 Rates
- K. Strategy Committee Update
- L. Adjournment

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## Public Comment

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## Review and Approval of Minutes (Votes)

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## Compliance and Disciplinary Policy For Certified Independent Brokers (Vote)

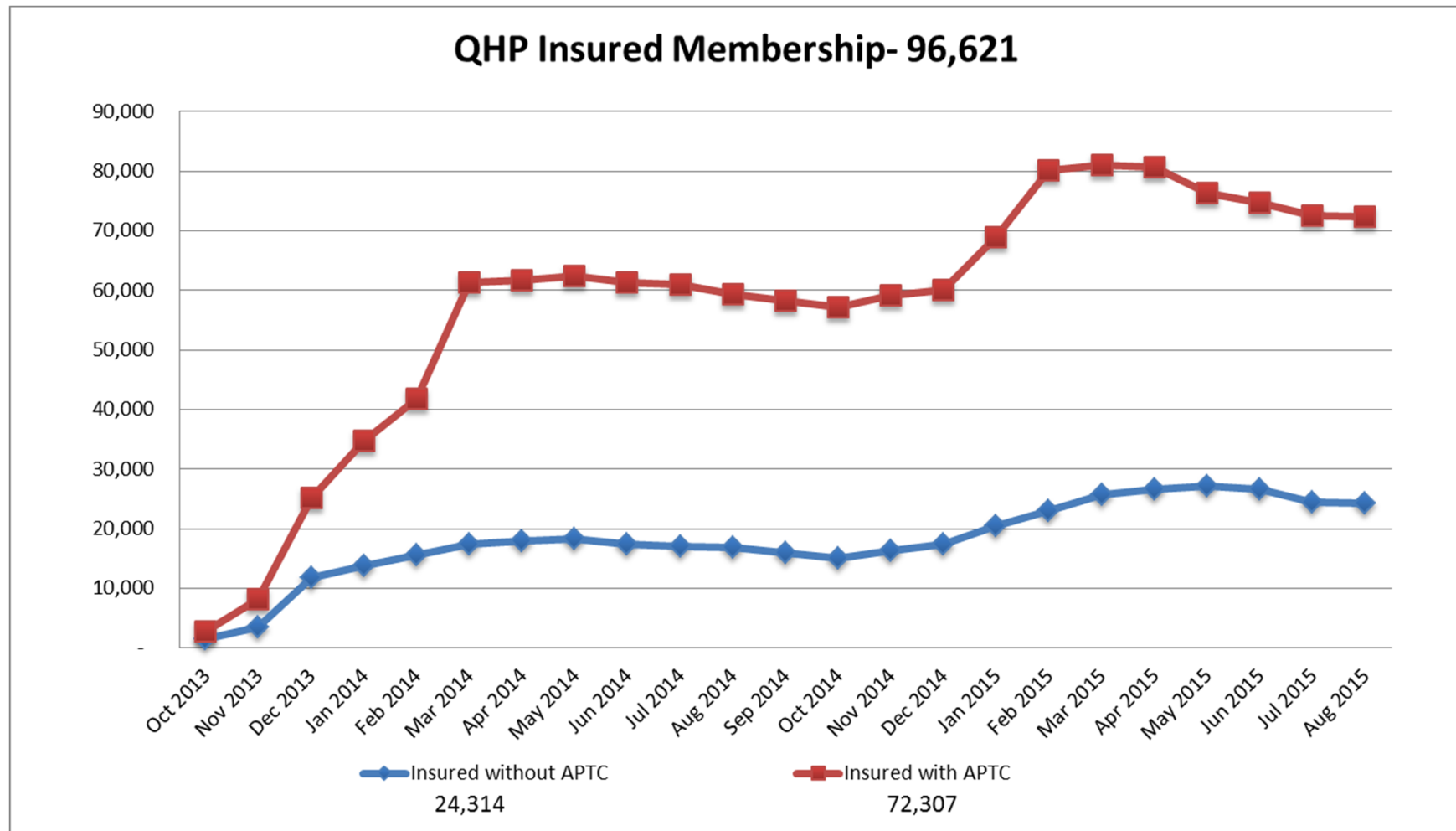
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## CEO Update

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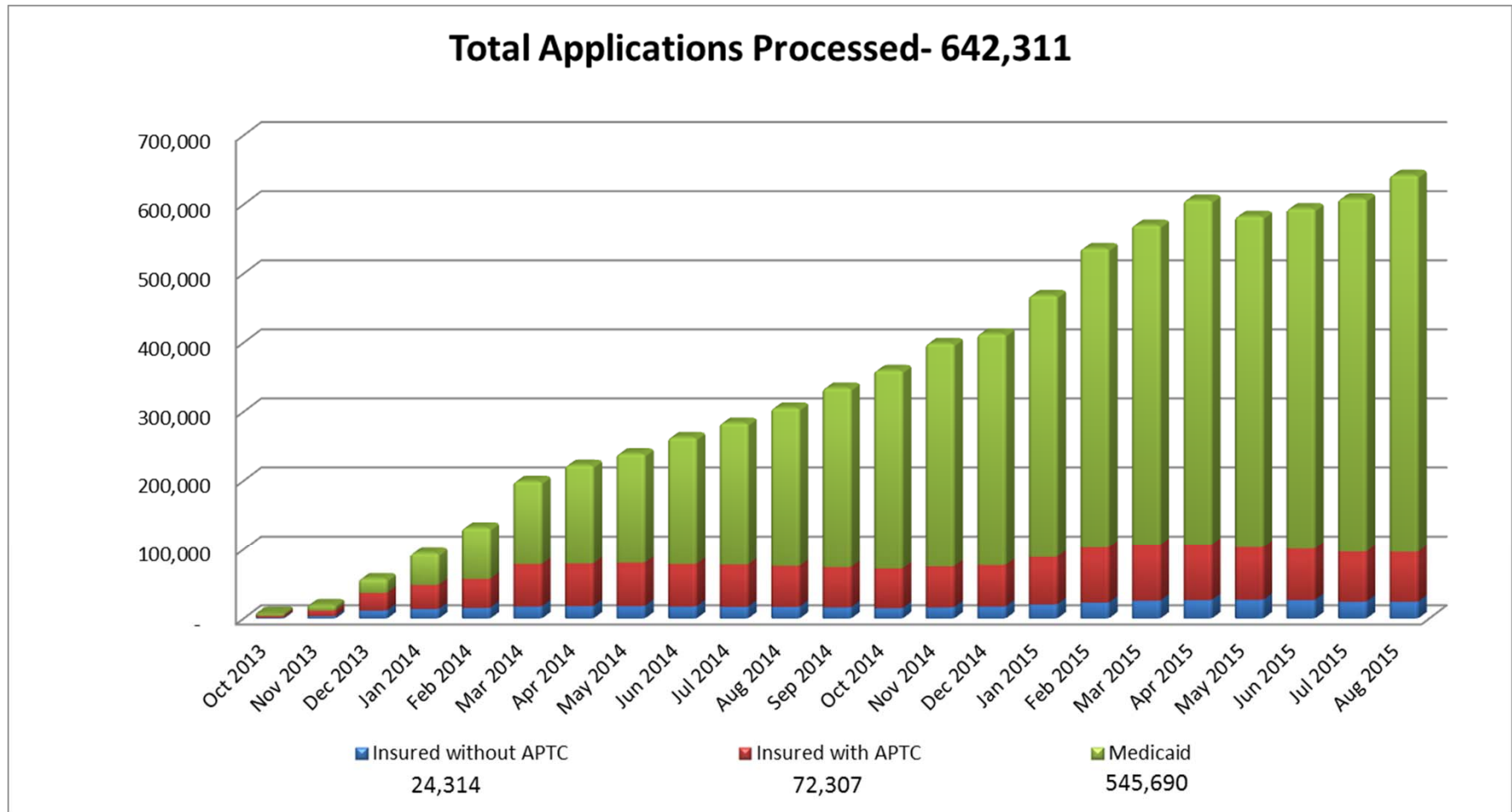
## Operations Update

# Operating Metrics





# Operating Metrics



# Husky A Transition to Private Health Plans

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- Access Health CT (AHCT) 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 starting September 1, 2015
  - Marketing and Outreach
    - Final Eligibility Determination Notice
    - Launched landing page on Learn More tab
    - Direct Mailing (August 7<sup>th</sup>)

# Husky A Transition to Private Health Plans, Con't...

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- Operations
  - AHCT and DSS joint notice re: Change in Law
  - Automated calls were made in either English or Spanish instructing to enroll on line or call contact center.
  - Outbound campaign - Personal calls were made by call center representatives to this population.
  
- Brokers
  - Notified brokers via e-mail re: population transition needing enrollment assistance to avoid gap in coverage

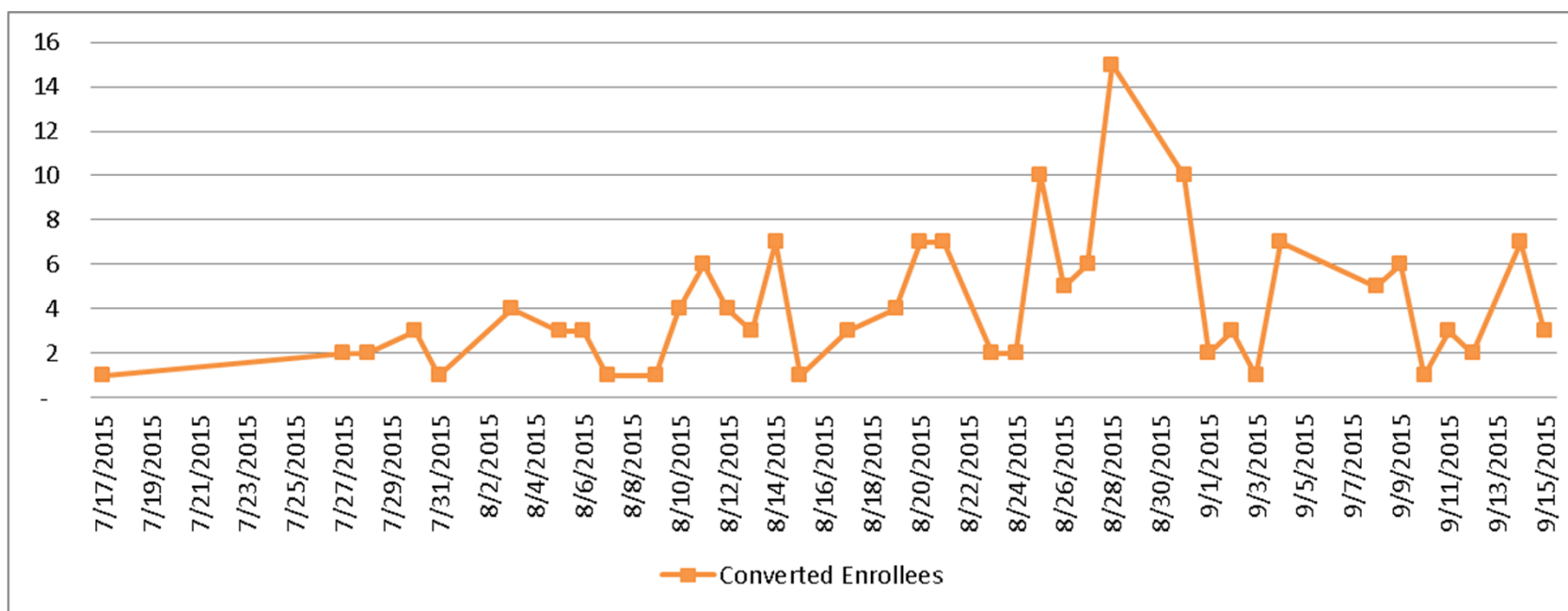
# Husky A Transition to Private Health Plans, Con't..

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- Carriers
  - Met with all carriers and assured each there would be no gap in coverage.
  
- Office of Healthcare Advocate (OHA)
  - Met with the OHA for their input and received constructive feedback on the intended communication and outreach efforts we were doing.
  
- Connecticut Health Foundation (CHF)
  - Met with CHF for their input on communication and outreach. We all agreed to make a more concerted effort to reach a specific target audience by more frequent communication and the sharing of marketing materials.

# Husky A Transition to Private Health Plans\*

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	13	11	1	25
Silver	108	6	4	118
Gold	12	2	0	14
<b>Grand Total</b>	<b>133</b>	<b>19</b>	<b>5</b>	<b>157</b>

Husky A Transition to QHP  
By Financial Assistance Selection

Financial Assist.	Avg. Individual		Avg. After APTC
	Premium	Avg. APTC	
APTC+CSR	\$487.05	\$390.45	\$96.61
APTC	\$457.32	\$249.94	\$207.38
No APTC	\$455.85	\$0.00	\$455.85
<b>Grand Total</b>	<b>\$482.83</b>	<b>\$364.79</b>	<b>\$118.04</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 and started on August 19<sup>th</sup>.
- The curriculum includes basic knowledge of the Affordable Care Act (ACA), specific communication skills and an introduction to the AHCT Integrated Eligibility System.
- Fourteen (14) students enrolled in the course.
- Course participants could potentially work in Enrollment Centers, CEP sites or the Call Center.
- AHCT Management visited the class in August. Jim Wadleigh, CEO, of AHCT addressed the class and participated in a Q&A with participants.
- Graduation is scheduled for September 22<sup>nd</sup> at 5:00 p.m.

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# 2016 Open Enrollment Update

# Open Enrollment Planning

## Open Enrollment Readiness project management process is underway

### Open Enrollment

- We continue to meet weekly with functional areas around milestones and gates that will lead to another successful Open Enrollment. All stakeholders have been engaged and is sharing information to the Open Enrollment project coordinator.

### Integrated project plan

- All functional areas continue to update project plans with status and percent complete. All dependencies, issues and risk are being evaluated and mitigation planning has started where needed.

### Communication plan

- Broadened the stakeholder participation within the Open Enrollment Readiness Meeting to include current carriers. Continue to meet with Connecticut Insurance Department around status and progress of Open Enrollment. The Open Enrollment Project team continues to enhance documentation for distribution to all stakeholders. This documentation includes notice examples, system trigger dates and use cases.



# 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	70%	Ellen Kelleher / Ann Lopes	<ul style="list-style-type: none"> <li>Continue AHCT QHP certification data submission reviews, including the re-execution of Data Integrity and CMS Application review tools, conduct outlier analysis, present findings to carriers for corrective action</li> </ul>
Marketing / Communication	50%	Andrea Ravitz	<ul style="list-style-type: none"> <li>Finalize master calendar and project plan for Marketing/Communications</li> <li>Draft relaunch plan (Marketing &amp; Communications) with SHOP</li> </ul>
Renewals	50%	Shan Jeffreys	<ul style="list-style-type: none"> <li>Dental Operational Support Model Complete</li> <li>Forecasting auto-renewal population</li> </ul>
Technology	60%	Peter Van Loon	<ul style="list-style-type: none"> <li>Design, Development and Test October releases underway</li> <li>Load final version of 2016 Plan data into test environments</li> </ul>
Call Center	60%	David Lynch	<ul style="list-style-type: none"> <li>Continue to Update New Hire Training and continue summer school 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>Review RFP for the Broker Coverage in the storefronts and CEP locations.</li> <li>Organize the broker/client data for distribution to the brokers with instructions.</li> </ul>
Training	90%	Josephine Sempere / Ron Choquette	<ul style="list-style-type: none"> <li>Communication to stakeholder audiences regarding New Certifications – Broker, CAC.</li> <li>Communications to other stakeholders re training availability and registration on LMS</li> </ul>
Field Services	79%	Tony Crowe	<ul style="list-style-type: none"> <li>Scheduling in-person phone interviews</li> <li>Prepare for store 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

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# Marketing Update



## **Access Health CT**

### ***Enrollee/Leaver Satisfaction and Understanding Study***



July 2015

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# Methodology

**A telephone survey among primary enrollees (new, renewal and those who have terminated their coverage – “Leavers”) of Access Health CT’s available plans (either a QHP or Medicaid plan) was conducted:**

- Dialing began June 4<sup>th</sup>, 2015 and ended June 24<sup>th</sup>, 2015
- Interviews were conducted in English (n=1,020) and Spanish (n=122)
- Customer sample records included landline and cell phone numbers

# Executive Summary

An examination of “Year Two” data brings to light some successes to celebrate as well as some challenges moving forward:

- Half of “Year Two” new QHP enrollees did not have health insurance in the year prior, signaling **continued success in reducing the size of Connecticut’s remaining uninsured population.**
- However, though Satisfaction remains at parity to 2014, **sizeable gaps remain between QHP and Medicaid customers** across several measures, including call center satisfaction, health engagement, expectation fulfillment and imagery perceptions of Access Health CT. Elevating the QHP customer experience should be a priority.
- While the majority of “**Leavers**” **remain open to reengaging** with Access Health CT in the future, **a sizeable portion made the decision to “go bare”** (i.e. not have coverage and thus violate the mandate) rather than continue their coverage through Access Health CT.

## Executive Summary, continued

- An assessment of enrollment channel and information sources invites Access Health CT to **refine its outreach and communication strategies**.
  - Medicaid customers made **heavy use of DSS and the Access Health CT call center** as sources of information in 2015, relying on the website, enrollment centers and TV advertising far less than they did in 2014.
  - **Brochures and pamphlets mailed to the home gained traction** as information sources in 2015 among both QHP and Medicaid populations. As a cost effective and widely used medium, **ensure the content of print material is compelling, relevant and complete**.
- Correct carrier identification remains a bit of a challenge, with confusion occurring between HealthyCT and ConnectiCare plan enrollees. **Clarifying carriers may help stave off assistance requests via the call center.**

## Executive Summary, continued

- The combination of low usage among certain subgroups along with the prospect of future price hikes creates urgency in Access Health CT's execution of **strong value-based messaging** for current customers.
  - Our modeling analysis (accompanying this report) shows us that the remaining, significantly reduced **uninsured population** is uninsured for far more idiosyncratic reasons than in the past, and will be **increasingly more difficult to reach and persuade**. Therefore, value is a critical message for prospective enrollees, too.
  - Keep in mind this focus on value extends not only to messaging, but to demonstrations as well. **Expanding health literacy, with a focus on effective health insurance utilization**, will provide additional support to well-crafted messaging moving forward.





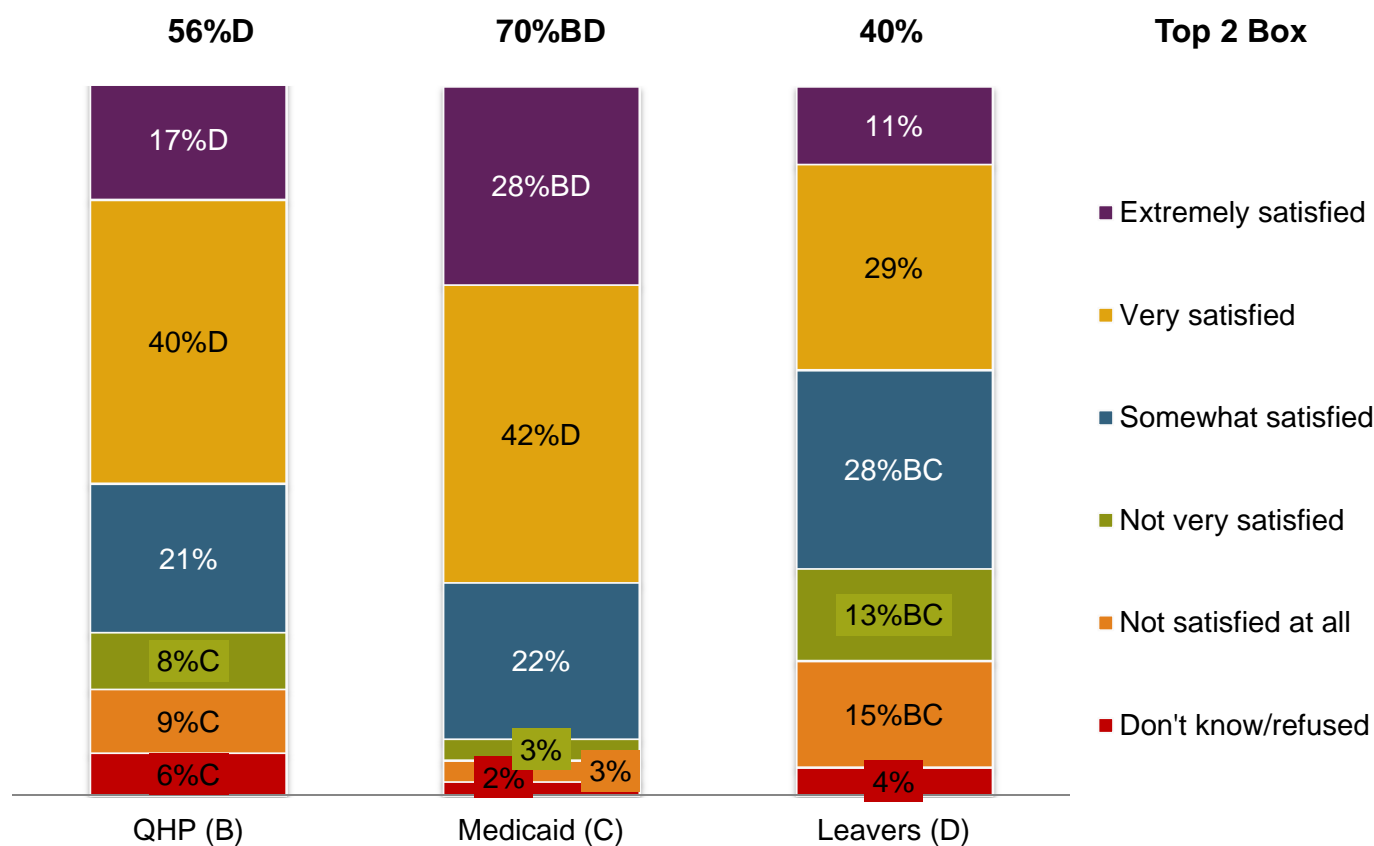
## Satisfaction & Expectations



# Satisfaction with Access Health Connecticut – 2015

Medicaid customers are more likely than QHP customers to be very or extremely satisfied with Access Health CT. These results parallel what was found regarding *satisfaction with the enrollment process* (56% QHP and 69% Medicaid) in the 2014 survey.

As expected, Leavers report significantly lower satisfaction than current customers – either QHP or Medicaid.



Base: QHP (609); Medicaid (232); Leavers (301)

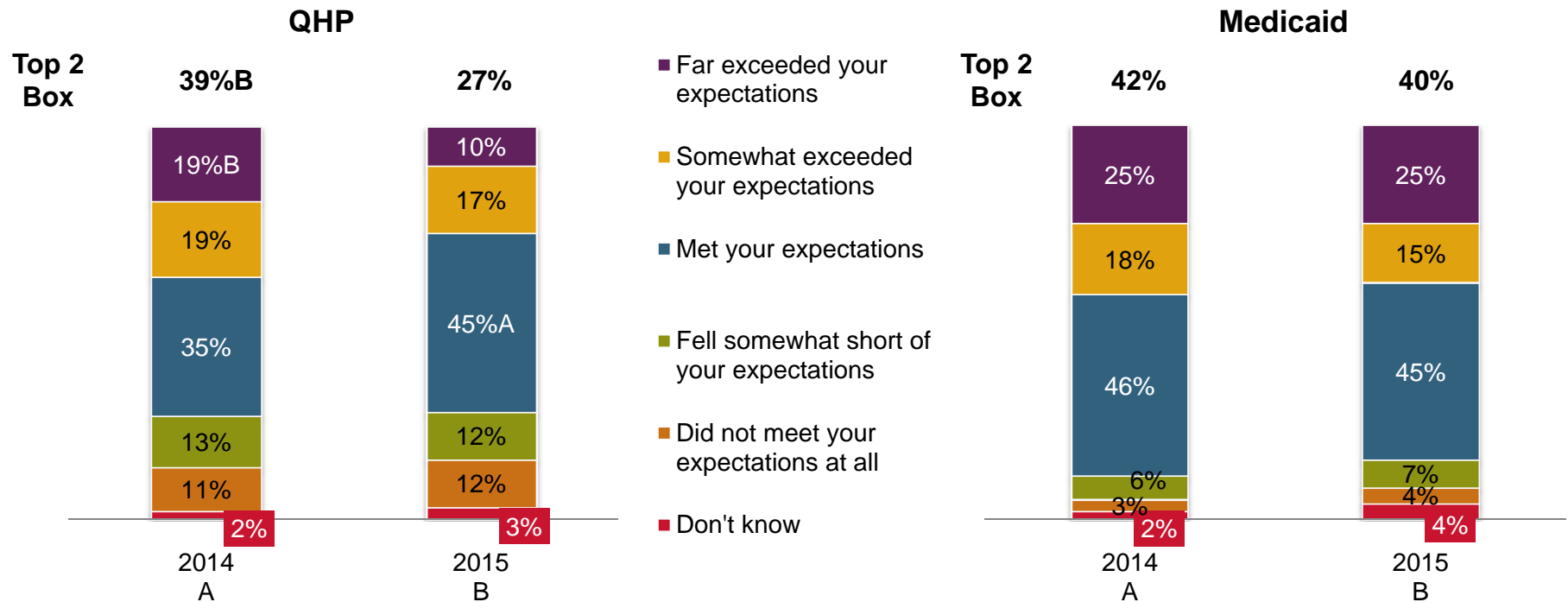
Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval

Q1. Overall, how satisfied [[IF NEW ENROLLEE OR RENEWAL]] [are you] [[IF LEAVER]] [were you] with Access Health Connecticut? Would you say you are/were...?



# Expectations Exceeded – 2014 vs. 2015

**QHP customers are less likely to say Access Health CT exceeded their expectations in 2015 compared to 2014 (27% vs. 39%). Medicaid customers held mostly steady, with about 4 in 10 saying Access Health CT exceeded their expectations.**



Base: QHP (2014-735; 2015-609); Medicaid (2014-628; 2015-232)  
 Aa/Bb = Statistically significant at the 95%/90% Confidence Interval  
 Q30. How well has Access Health Connecticut met your expectations? Would you say Access Health Connecticut...



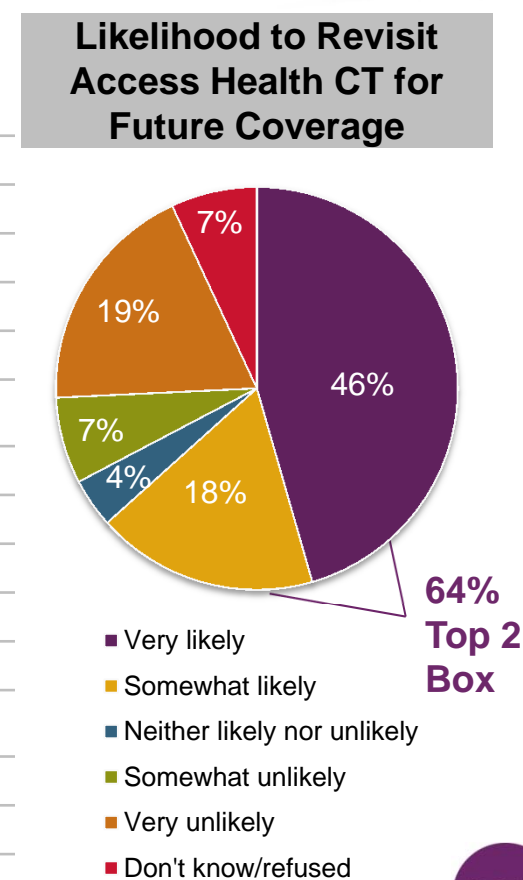
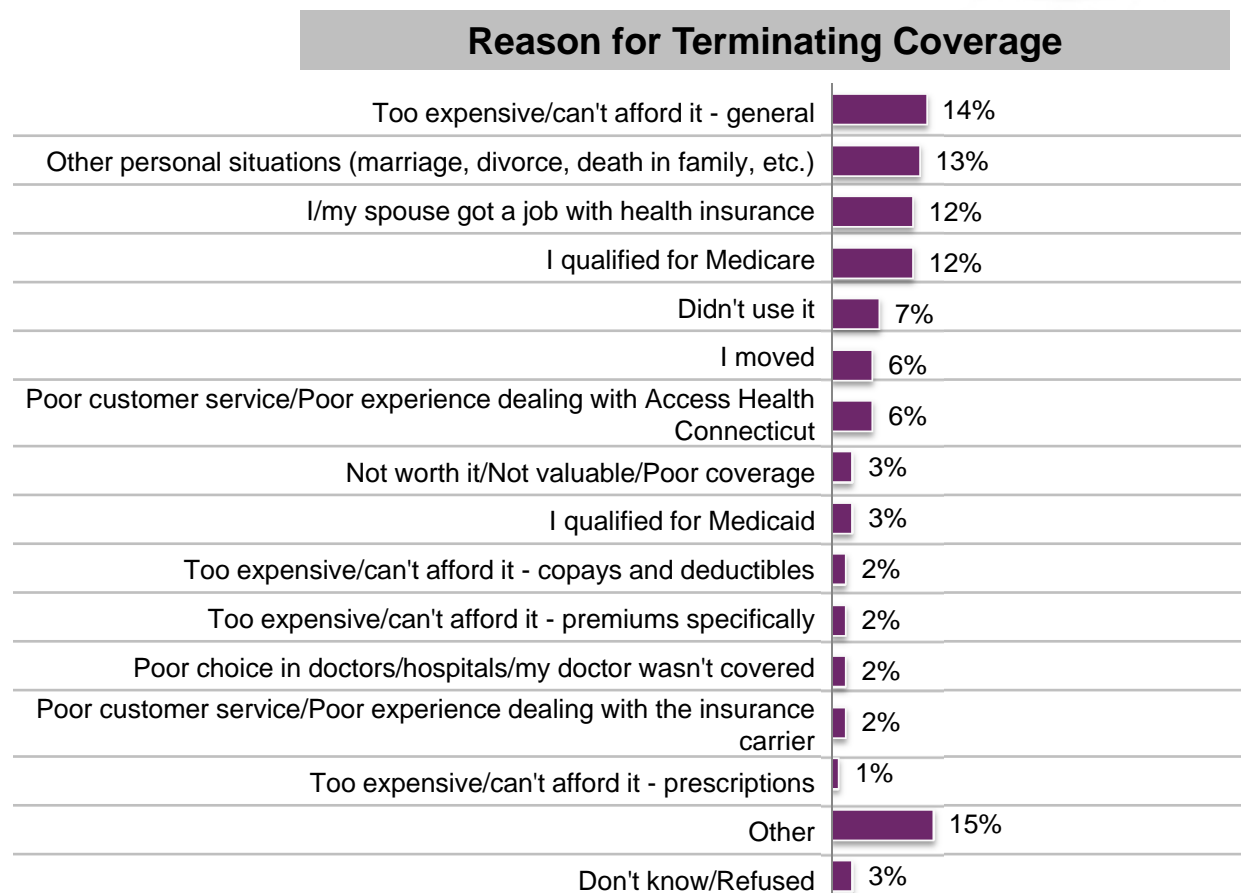
## Leaver Behavior



# Reasons for Terminating Coverage & Likelihood to Repurchase – Leavers

Expense, personal situations, job attainment and Medicaid qualification are the most often cited reasons for terminating coverage.

Of those who terminated coverage, 64% would consider obtaining future coverage through Access Health CT.



Base: Leavers (301)

Q5. Why did you discontinue your health insurance coverage through Access Health Connecticut?

Q6. If your situation were to change in the future and you were once again in need of health insurance coverage, how likely would you be to obtain it through Access Health Connecticut?

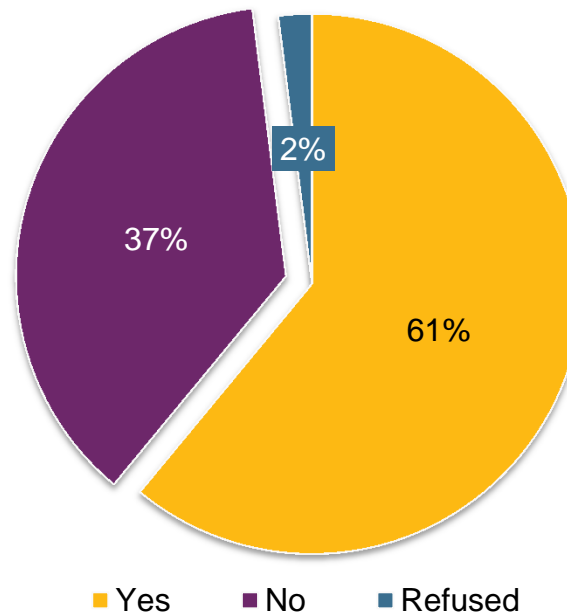


## Other Health Insurance Source – Leavers

About 6 in 10 of those who have ended their coverage through Access Health CT (“Leavers”) have insurance through some other source. This means roughly 4 in 10 (37%) are currently without coverage.

### Leavers

Currently Have Health Insurance with Another Source



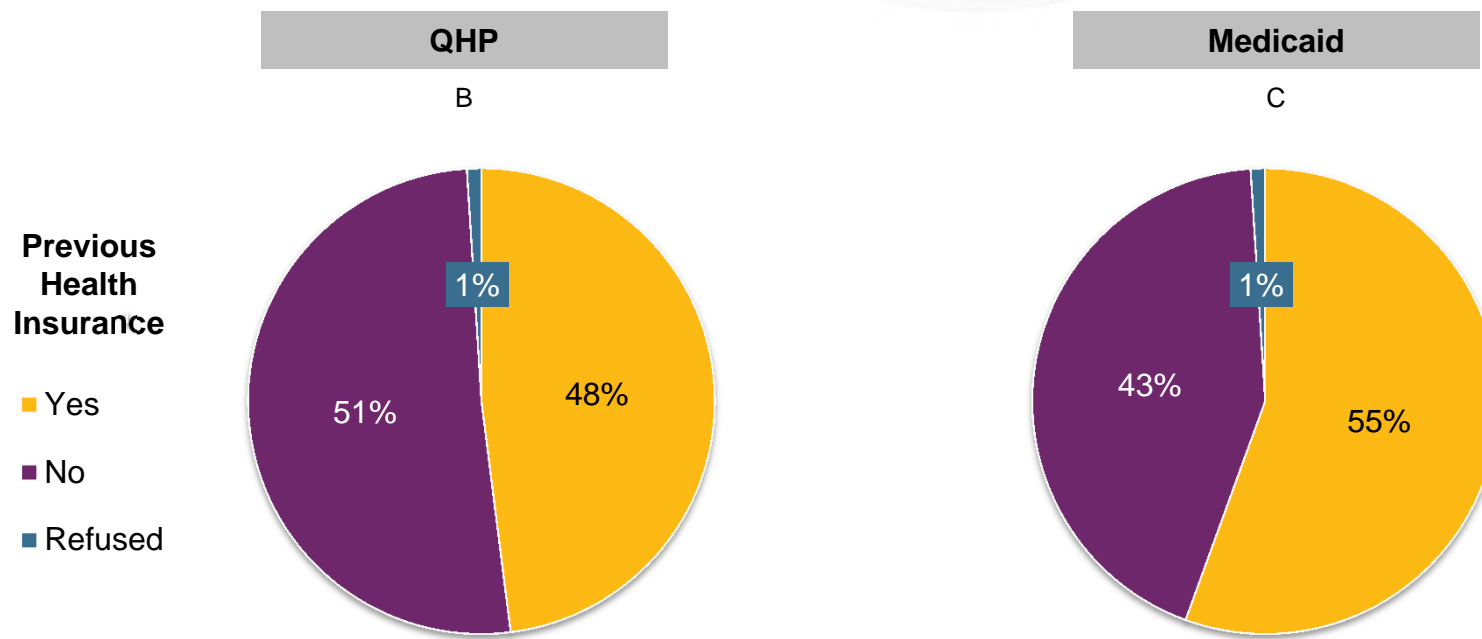


## Prior Health Insurance Status



# Prior Health Insurance Status – “Year Two” (2015) New Enrollees

Looking at “year two” new enrollees, 5 in 10 among QHP and 4 in 10 among Medicaid did not have health insurance prior to enrolling for coverage via Access Health CT.



Base: QHP (217); Medicaid (67)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q12. Prior to signing up for health insurance through Access Health Connecticut, did you or anyone in your household have health insurance through another source in the past year such as your employer, your spouse's employer, a union, Medicaid or Husky Health, etc?



# Prior Health Insurance Status – New Enrollees 2014 vs. 2015

A significantly higher percentage (51% in 2015 vs. 43% in 2014) of QHP new enrollees did not have health insurance coverage prior to enrolling through Access Health CT. Conversely, the percentage of uninsured Medicaid new enrollees without prior coverage declined between 2014 and 2015 (62% to 43%, respectively).

	QHP		Medicaid	
	2014 (Year One New Enrollees)	2015 (Year Two New Enrollees)	2014 (Year One New Enrollees)	2015 (Year Two New Enrollees)
	A	B	C	D
<i>Base:</i>	3,015	217	3,000	67
<u>Previous Health Insurance – New Enrollees</u>				
Yes	56%BC	48%	37%	55%C
No	43%	51%A	62%AD	43%
Refused	1%	0%	1%a	1%

# Prior Health Insurance Source – New Enrollees 2014 vs. 2015

Year two enrollment was successful in signing up the parents of children who were previously covered under a different source – both among QHP and Medicaid enrollees.

QHP enrollees are increasingly coming to the Exchange after ending coverage through a current or previous employer.

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
<i>Base: New Enrollee Who Signed Up In Past Year</i>	1,696	105	1,110	37
<u>Who Previously Had Health Insurance</u>				
Yourself	72%C	69%	62%	58%
Spouse/Live-in Partner	26%C	27%	13%	20%
Child/Children	19%	29%A	24%A	46%bC
Other relative	14%	13%	20%A	11%
Someone else	5%	4%	7%	3%
Refused	0%	2%	0%	9%
<i>Base: Had Health Insurance Through Another Source In Past Year</i>	1,686	302	1,103	88
<u>Source of Previous Insurance</u>				
Your employer or your spouse's employer	48%	54%aD	46%D	30%
Purchased on your own	29%C	26%	10%	6%
Medicaid or Medicare (Husky, Charter Oak, etc.)	13%	13%	29%A	41%BC
Government (federal, state, military)	5%B	3%	9%A	9%B
A union	2%	4%a	2%	2%
Through an association (AARP, etc.)	1%	0%	1%	1%
Some other source	7%	7%	8%	12%

Aa/Bb, Cc/Dd, Aa/Cc, Bb/Dd = Statistically significant at the 95%/90% Confidence Interval

Q12A. You mentioned you or someone else in your household previously had health insurance in the past year. Which of the following people in your household previously had health insurance?

Q14. From which of the following sources was your or your family's prior health insurance coverage provided through?



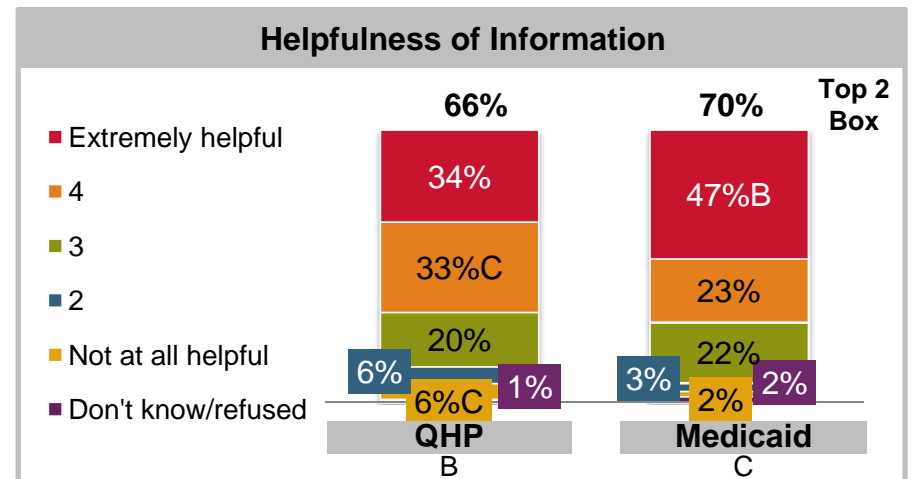
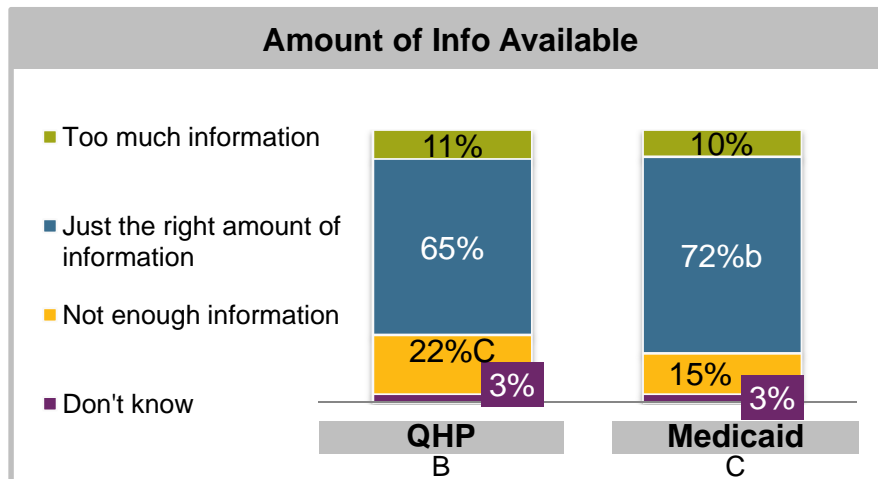
## Information Sources & Enrollment Channel



# Information – Amount Available and Helpfulness

The majority of both QHP and Medicaid customers say there was “just the right amount of information” available during the sign-up or renewal process. However of the two, QHP customers are more likely than Medicaid customers to say there was not enough information available.

Medicaid customers were more likely to find the available information “extremely” helpful.



Base: QHP (609); Medicaid (232)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q18. Thinking about all the information available to you during your process, would you say it was...?

Q19. Using a scale of 1 to 5, where “1” means “Not at all helpful” and “5” means “Extremely helpful”, how would you rate the information you used during your process?



# Amount of Information Available – 2014 vs. 2015

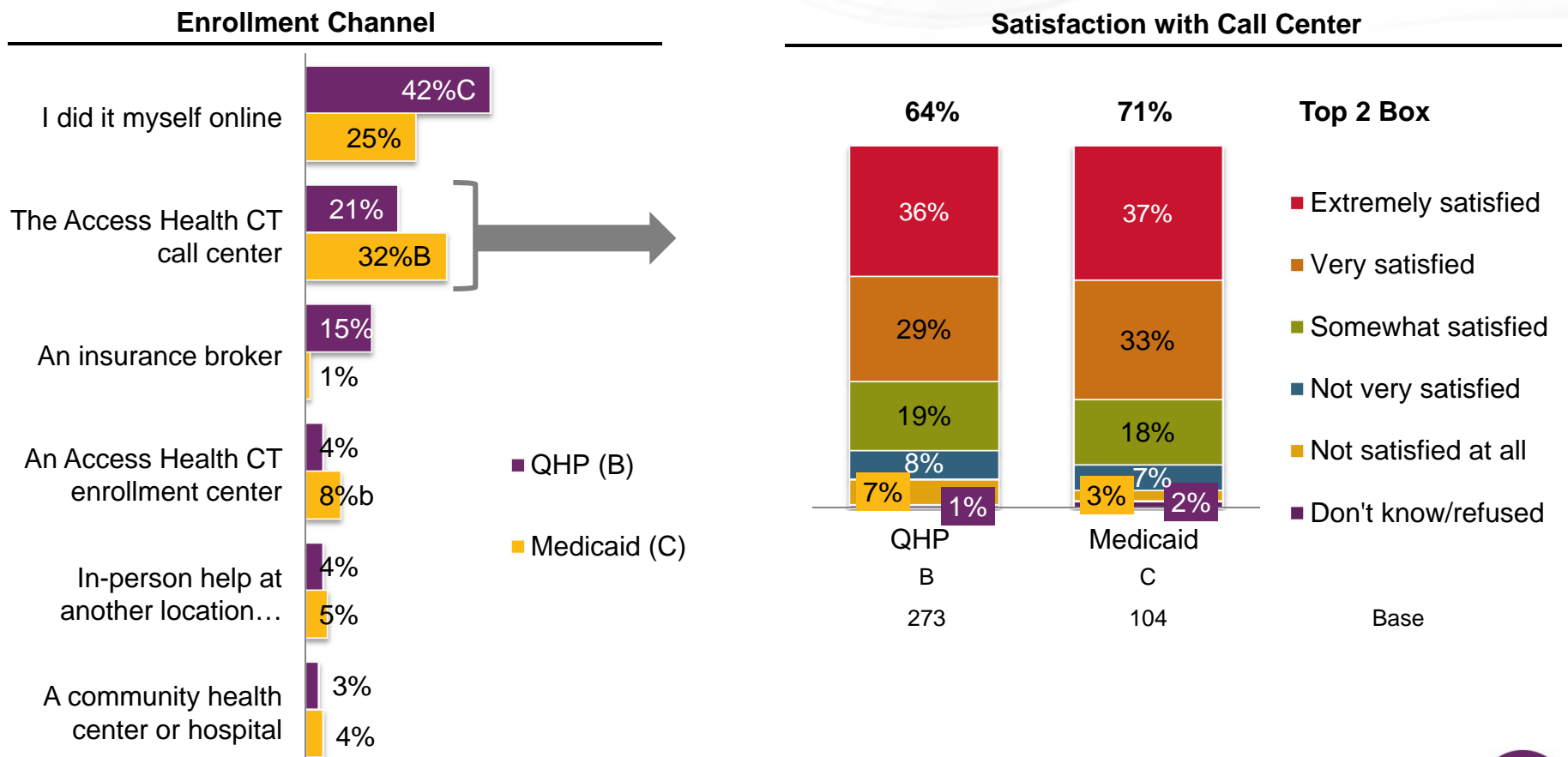
Perceptions regarding the amount of information available are fairly consistent year over year, with a slight decline among QHP customers who said there was “not enough information”.

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
<i>Base : New Enrollee Or Renewal</i>	735	609	628	232
<u>Amount of Information Available</u>				
Too much information	10%	11%	10%	10%
Just the right amount of information	62%	65%	75%A	72%b
Not enough information	27%BC	22%D	15%	15%
Don't know/refused	1%	3%a	1%	3%C

# Enrollment Channel – 2015

QHP customers preferred a “DIY” online method of enrollment, whereas Medicaid customers’ preferred method was the call center. Enrollment centers were twice as popular among Medicaid customers than among QHP customers.

Among those who contacted the call center for information, the majority (two-thirds or more) were satisfied.



Base: QHP (609); Medicaid (232)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q2. Through which of the following ways did you enroll for health insurance through Access Health Connecticut?

Q17(4). Using a scale of 1 to 5, “1” meaning “Not satisfied at all” and “5” meaning “Extremely satisfied,” please indicate how satisfied you were with the following sources of information regarding Access Health Connecticut.

# Enrollment Channel – 2014 vs. 2015

Significantly fewer Medicaid customers completed enrollment online or via a community health center/hospital in 2015 compared to 2014. Nearly a third used the call center to enroll in 2015, up from a quarter in 2014.

Fewer customers (both QHP and Medicaid) completed their enrollment or renewal via an enrollment center in 2015 than in 2014.

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
Base :	3,015	609	3,000	232
Enrolled online by myself	45%C	42%D	40%D	25%
The Access Health CT call center	18%	21%	24%A	32%BC
An insurance broker	15%C	15%	3%	1%
An Access Health CT enrollment center	9%B	4%	12%AD	8%b
An Access Health CT navigator or in-person assister	8%	-	9%	-
A community health center or hospital	6%B	3%	11%AD	4%
An enrollment event	3%	-	3%	-
In-person help at another location such as a library, the Department of Labor, or a community center	-	4%	-	5%
None of the above/Don't know/Refused	2%	11%	3%	25%B

# Satisfaction with Call Center as Information Source – 2014 vs. 2015

While the majority of QHP and Medicaid customers maintain high satisfaction levels with the call center, watch for slippage in terms of those who were “extremely” satisfied.

Among Medicaid customers in particular, there was a dramatic shift between those who were “extremely” vs. “very” satisfied – and a significant increase in those who say they were not very satisfied.

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
<i>Base (those who used the call center as a source of information):</i>	337	273	309	104
<u>Top 2 Box</u>	60%	64%	78%	71%
Extremely satisfied	38%	36%	55%D	37%
Very satisfied	22%	29%a	22%	33%C
Somewhat satisfied	20%	19%	13%	18%
Not very satisfied	8%	8%	3%	7%c
Not satisfied at all	10%	7%	5%	3%



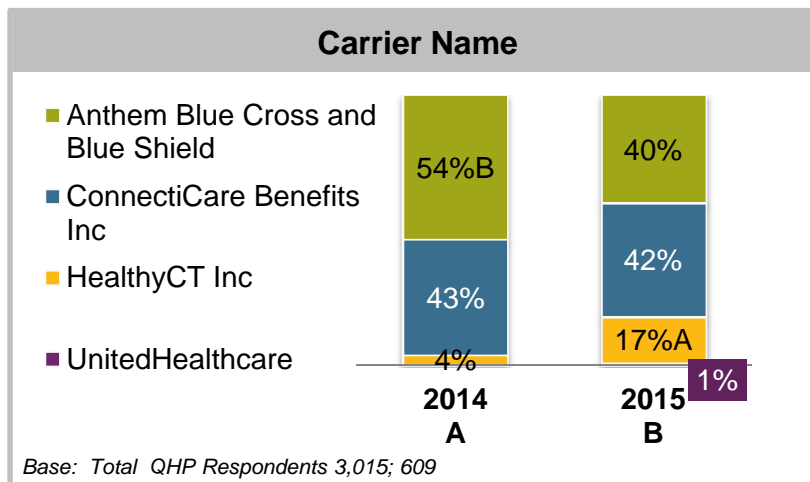
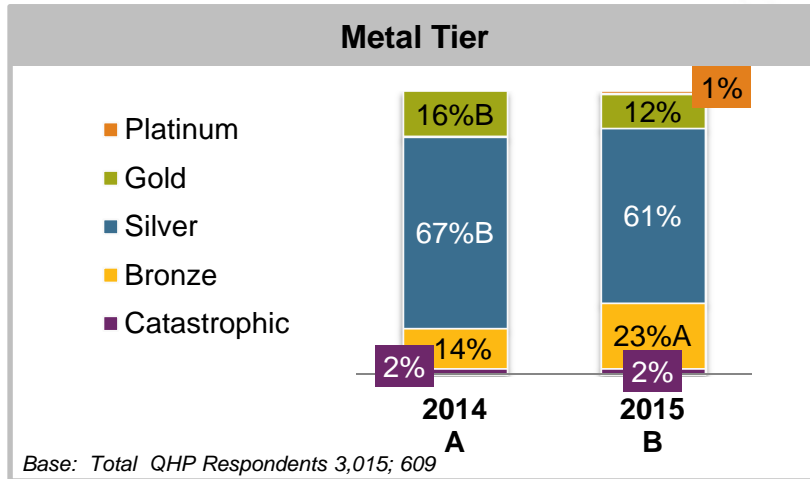


## Metal Tier & Carrier



# Metal Tier and Carrier – QHP Only

An increasing proportion of QHP customers have a Bronze plan in 2015. At 42%, ConnectiCare is nearly equal with Anthem in terms of enrollee share.



Aa/Bb = Statistically significant at the 95%/90% Confidence Interval  
 R7. Metal Level  
 R12. Carrier Name



# Carrier Satisfaction, Interaction, Touchpoints & Likelihood to Switch

As was the case in 2014, Medicaid customers continue to be more satisfied with their carrier than QHP customers. However, the share of Medicaid customers who report not having carrier interaction has grown from 3 in 10 in 2014, to 4 in 10 in 2015. Furthermore, fewer in both groups report receiving their health insurance card in the mail in 2015 vs. 2014.

Overall, QHP customers are engaging with their carrier to a greater extent than Medicaid. Only 2 in 10 QHP customers report not having carrier interaction in 2015.

	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
<b>Carrier Satisfaction</b> (Base: named insurance carrier)	719	571	594	220
Extremely/Very Satisfied	58%	57%	76%A	73%B
<b>Carrier Interaction</b> (Base: named insurance carrier)	719	571	594	220
Yes	84%BC	78%D	67%D	56%
No	15%	21%A	32%A	41%BC
Don't Know/refused	0%	1%	1%	3%BC
<b>Carrier Touchpoints</b> (Base: had contact with carrier)	607	447	399	123
Received my health insurance card in the mail	75%bC	70%D	67%D	51%
Received general plan information in the mail	69%	77%A	65%	72%
Received a bill for premiums	69%BC	56%D	8%	6%
Received an explanation of benefits statement in the mail	65%BC	58%D	45%	38%
Spoke with a customer service representative	50%C	54%D	39%	44%
Received general plan information through email	44%BC	33%D	18%	16%
Don't Know/refused	1%	1%	2%	3%

Aa/Bb, Cc/Dd, Aa/Cc, Bb/Dd = Statistically significant at the 95%/90% Confidence Interval

Q25. How satisfied are you with the carrier you selected for your insurance plan? Would you say you are...?

Q23. Since signing up for an insurance plan with [INSERT RESPONSE FROM Q22A], have you had any contact with or received any information from the carrier?

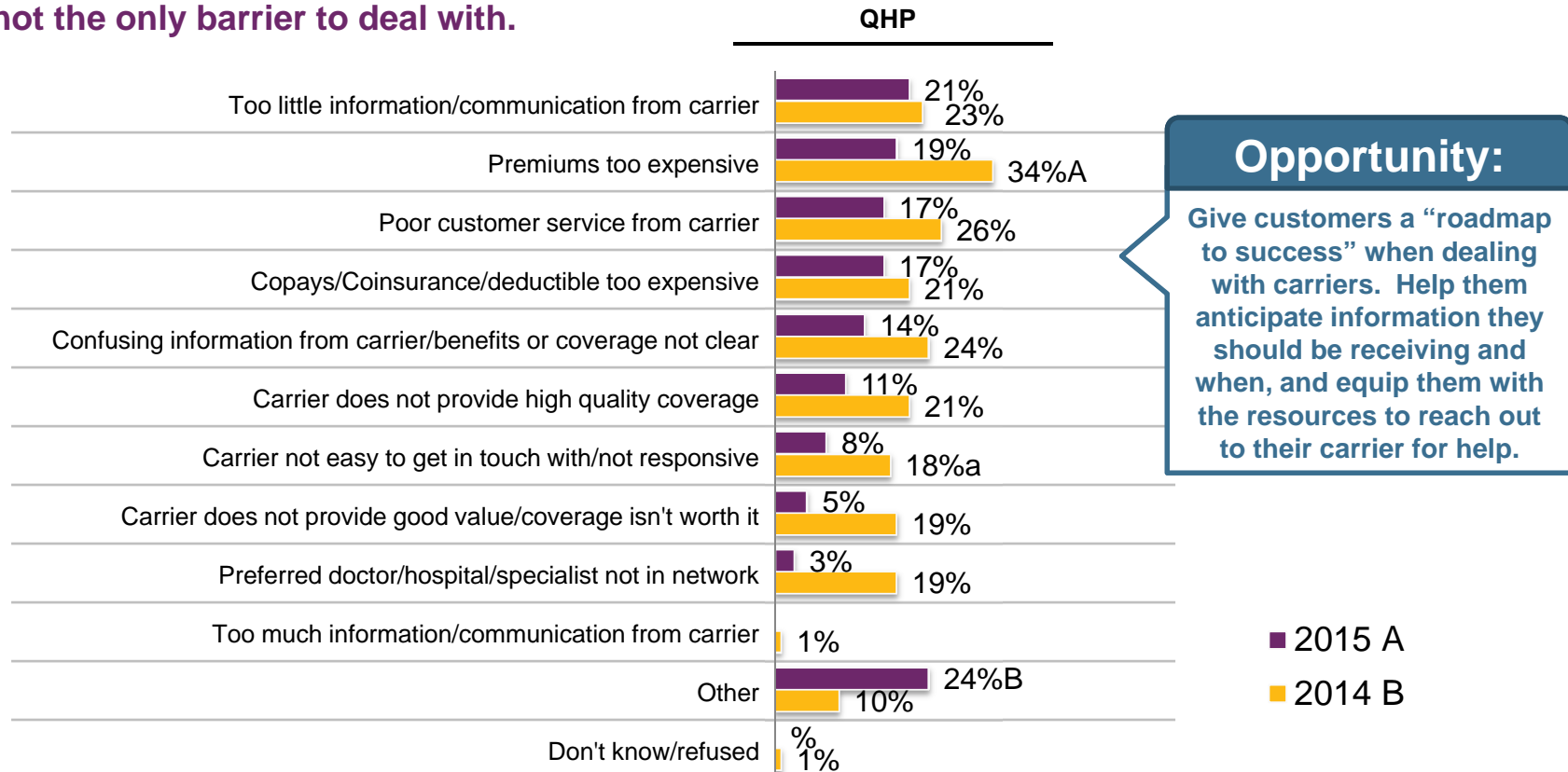
Q24. You mentioned you've had contact with or received information from your insurance carrier since signing up. Which of the following types of communication have you had with your insurance carrier?



# Reasons for Carrier Dissatisfaction

Among the small subset of QHP customers who indicate they are not very/not at all satisfied with their carrier (about 11%), the top reasons cited in 2015 are “too little information/communication”, “premiums too expensive”, “poor customer service” and “copays/coinsurance/deductible too expensive”.

While price sensitivity can be challenging to overcome, the share of customers citing “premiums too expensive” has declined from 2014 to 2015. With about 4 in 10 dissatisfied customers indicating customer service and/or communication issues with their carrier, it’s clear expense is not the only barrier to deal with.



Aa/Bb = Statistically significant at the 95%/90% Confidence Interval  
 Base: 2015 (63), 2014 (735)  
 Q26. Why are you not very/not satisfied at all with your carrier?

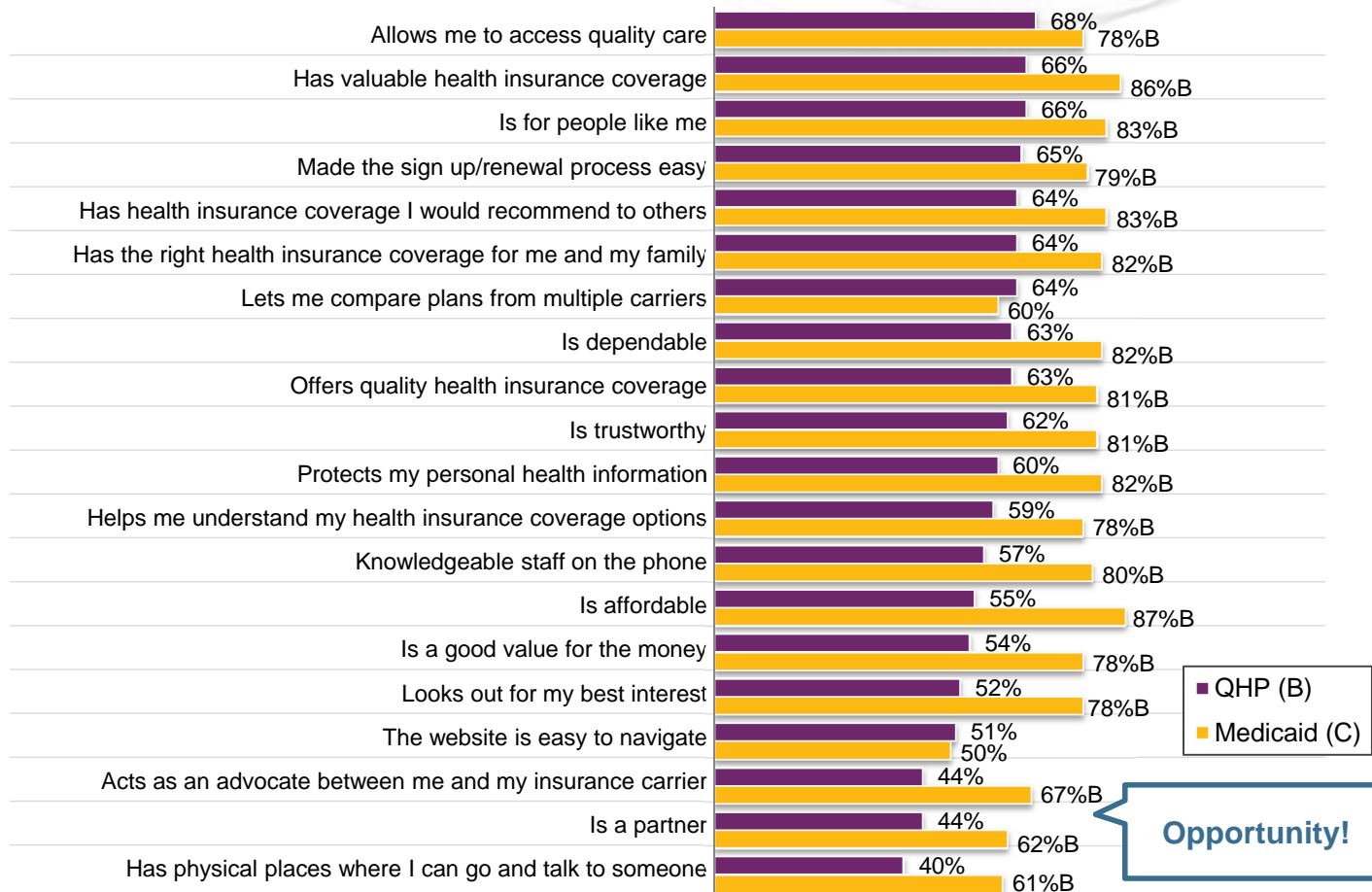


## Imagery and Price Perceptions



# Access Health CT Imagery

Overall, Medicaid customers have much more positive perceptions of Access Health CT than QHP customers. Specifically, perceptions of affordability, value, looking out for individuals' best interest, and having knowledgeable staff on the phone are areas of focus when messaging to QHP customers. With low ratings and wide gaps compared to Medicaid customers, advocacy relating to the carrier and partnership also represent a critical opportunity area.



Base: QHP (609); Medicaid (232)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q27. Please tell me how much you agree that the following statements describe Access Health Connecticut, by using a scale of 1 to 5, with "1" meaning "Does not describe at all" and "5" meaning "Describes extremely well". The higher the number, the more the statement describes Access Health Connecticut.

# Access Health CT Imagery – 2014 vs. 2015

Website navigability declined from 2014 to 2015. However, ease of sign-up/renewal improved significantly among QHP customers, and value perceptions improved among Medicaid customers.

% Describes Extremely/Very Well	QHP		Medicaid	
	2014	2015	2014	2015
	A	B	C	D
Made the sign up renewal process easy	58%	65%A	73%A	79%Bc
Allows me to access quality care	-	68%	-	78%B
Is for people like me	67%	66%	81%A	83%B
Has valuable health insurance coverage	65%	66%	78%A	86%BC
Has the right health insurance coverage for me and my family	-	64%	-	82%B
Has health insurance coverage I would recommend to others	63%	64%	80%A	83%B
Lets me compare plans from multiple carriers	64%c	64%	59%	60%
Is dependable	-	63%	-	82%B
Offers quality health insurance coverage	-	63%	-	81%B
Is trustworthy	65%	62%	78%A	81%B
Protects my personal health information	-	60%	-	82%B
Helps me understand my health insurance coverage options	61%	59%	73%A	78%B
Knowledgeable staff on the phone	-	57%	-	80%B
Is affordable	-	55%	-	87%B
Is a good value for the money	-	54%	-	78%B
Looks out for my best interest	-	52%	-	78%B
The website is easy to navigate	56%b	51%	60%aD	50%
Is a partner	-	44%	-	62%B
Acts as an advocate between me and my insurance carrier	41%	44%	61%A	67%Bc
Has physical places where I can go and talk to someone	-	40%	-	61%B

Base: QHP (2014 - 735; 2015 - 609) Medicaid (2014 - 628; 2015 - 232)  
Aa/Bb, Cc/Dd, Aa/Cc, Bb/Dd = Statistically significant at the 95%/90% Confidence Interval  
Q27. How much you agree that the following statements describe Access Health Connecticut.

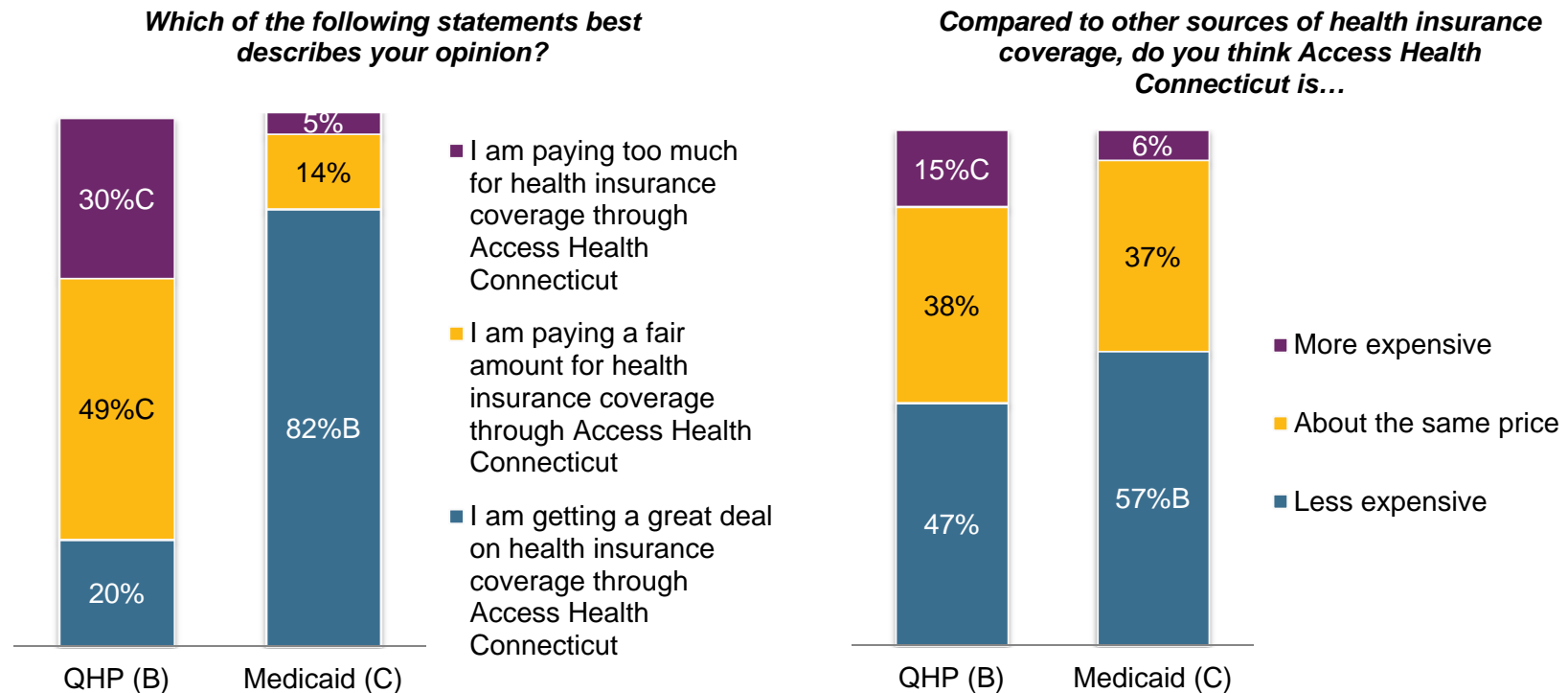




# Perceptions of Price

Nearly 7 in 10 QHP customers feel they are paying a fair amount or getting a great deal on health insurance coverage through Access Health CT. That leaves 3 in 10 who think they are paying too much. Despite this, only half of those who think they are paying too much (15%) say the insurance coverage through Access Health CT is more expensive than other sources.

The majority (82%) of Medicaid customers recognize they are getting a great deal on their health insurance coverage.



Base: QHP (609); Medicaid (232)

Bb/Cc = Statistically significant at the 95%/90% Confidence Interval

Q28. Which of the following statements best describes your opinion?

Q29. Compared to other sources of health insurance coverage, do you think Access Health Connecticut is...





## Re-Enrollment

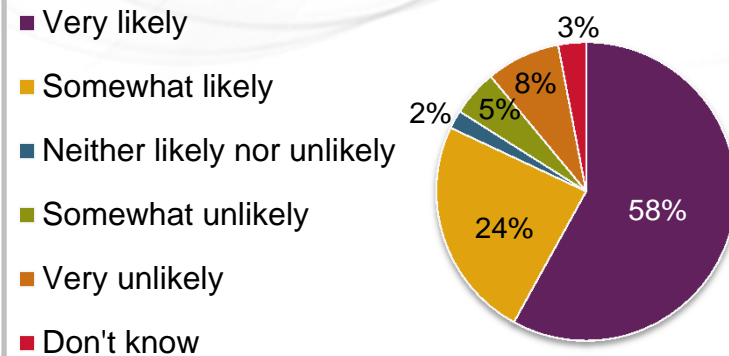


# Re-Enrollment Likelihood and Barriers (QHP only)

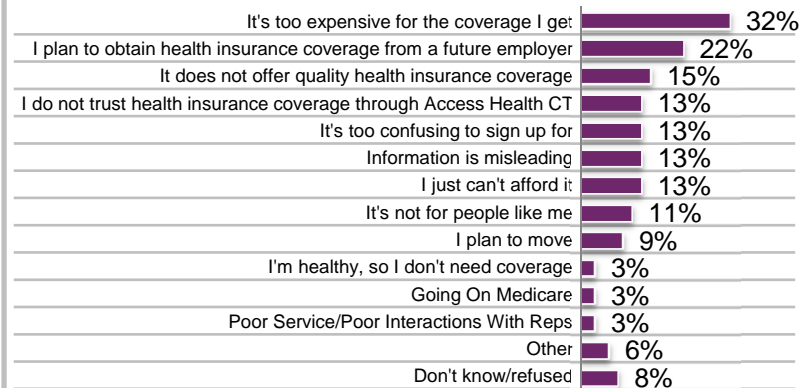
**82%** of QHP customers say they are very or somewhat likely to re-enroll for health insurance through Access Health CT at the end of the year.

Among the small subset (approximately 13%) of QHP customers who say they are somewhat or very unlikely to re-enroll, the most frequently cited reason is expense-related.

**Likelihood To Re-enroll**



**Barriers for Unlikely Re-Enrollment**



Base: QHP enrollees who are somewhat/very unlikely to re-enroll (79)

Base: QHP (609)

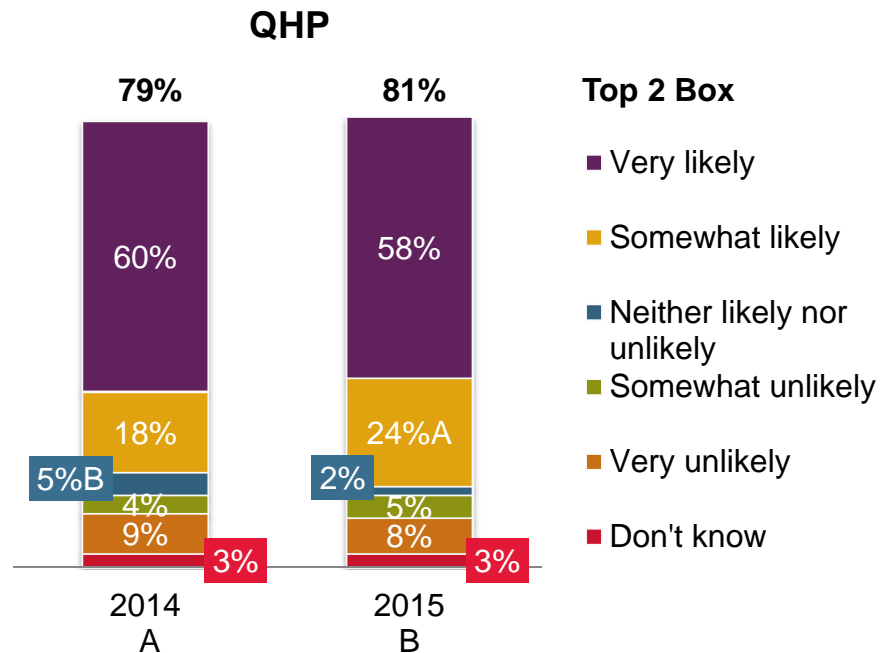
Q31. How likely are you to re-enroll for health insurance through Access Health Connecticut at the end of the year?

Q32. Which of the following, if any, are reasons why you are with Access Health Connecticut in the future for health insurance coverage?

# Re-Enrollment Likelihood and Barriers (QHP only) – 2014 vs. 2015

Re-enrollment likelihood stays consistent with 2014 ratings, with 8 in 10 saying they are somewhat or very likely to re-enroll. However, there was a significant increase in those who say they are “somewhat likely” to re-enroll.

While fewer QHP customers cite “not for people like me” as a barrier to enrollment, there was a directional increase in those who cited expense or confusion as barriers in 2015 compared to 2014.



## Barriers for Unlikely Re-Enrollment – QHP

	2014	2015
	A	B
It's too expensive for the coverage I get	28%	32%
Have other insurance/through work	24%	-
It's not for people like me	23% <sup>b</sup>	11%
It does not offer quality health insurance coverage	20%	15%
Information is misleading	15%	13%
I do not trust health insurance coverage through Access Health CT	14%	13%
I just can't afford it	10%	13%
It's too confusing to sign up for	9%	13%
I'm healthy, so I don't need coverage	4%	3%
Other	8%	6%
Don't know/refused	6%	8%

Aa/Bb = Statistically significant at the 95%/90% Confidence Interval

Base: QHP: 2014 (606; 80), 2015 (609; 79)

Q31. How likely are you to re-enroll for health insurance through Access Health Connecticut at the end of the year?

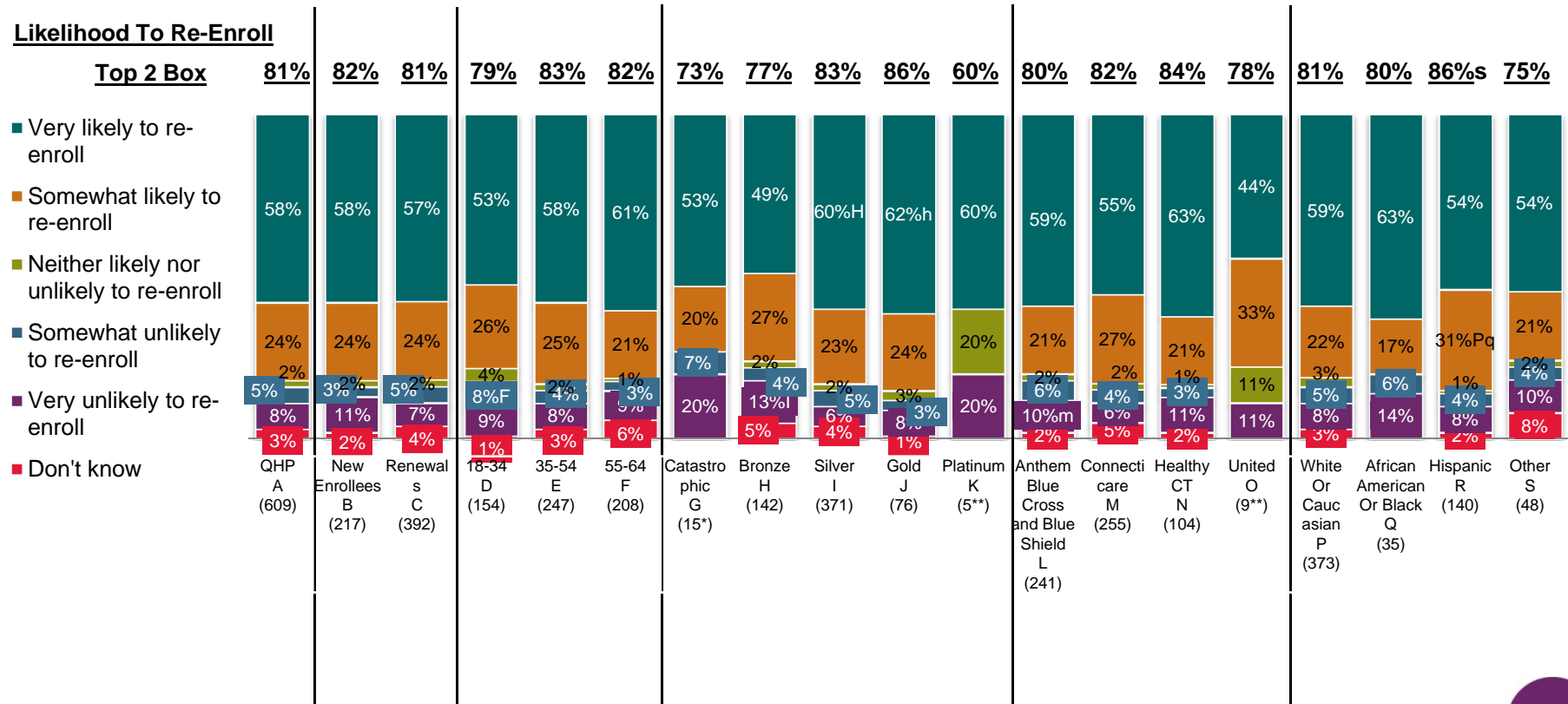
Q32. Which of the following, if any, are reasons why you are with Access Health Connecticut in the future for health insurance coverage?



# Re-Enrollment Intent – QHP

Re-enrollment intent is very consistent across new enrollees and renewals, as well as across age groups within the QHP population.

There is some directional differentiation based on metal tier, with Silver and Gold plan participants most likely to re-enroll. Similarly, Hispanics indicate a slightly higher propensity to renew.

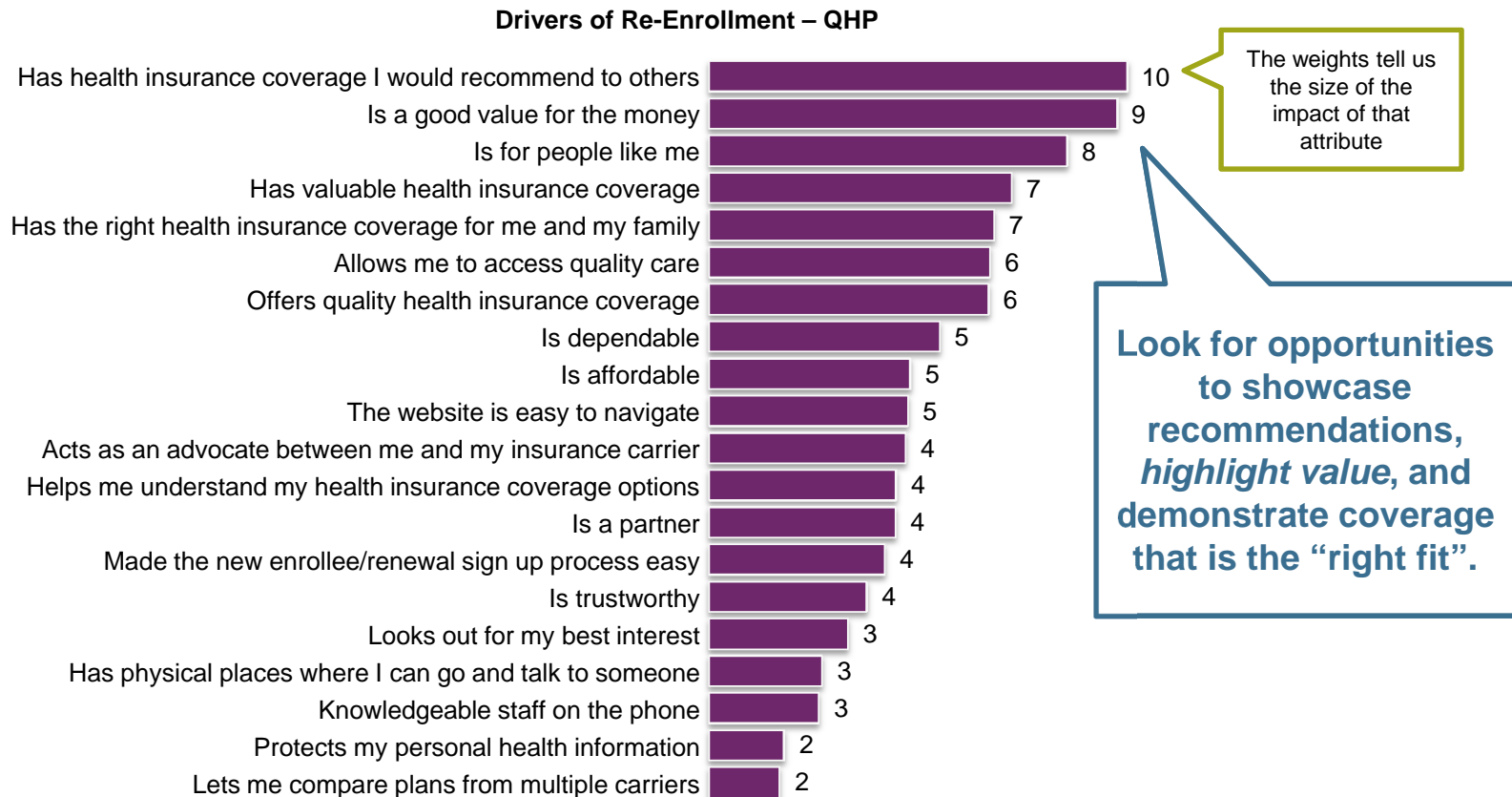


Bb/Cc, Dd/Ee/Ff, Gg/Hh/Ii/Jj/Kk, Ll/Mm/Nn/Oo, Pp/Qq/Rr/Ss = Statistically significant at the 95%/90% Confidence Interval  
 Caution: \*small base size, \*\*extremely small base size  
 Q31. How likely are you to re-enroll for health insurance through Access Health Connecticut at the end of the year?

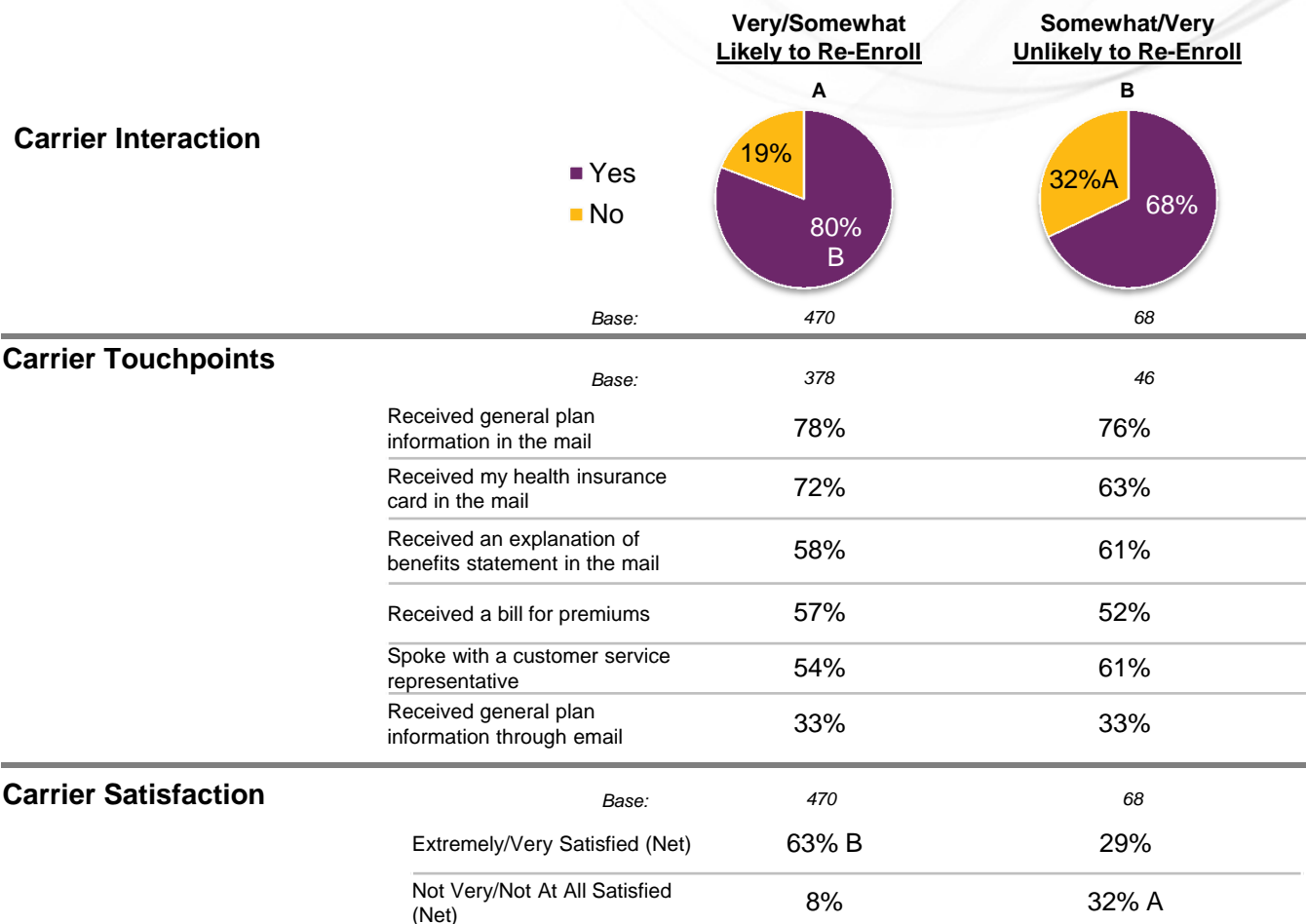
# Re-Enrollment Drivers (QHP only)

Having coverage that they would recommend to others, offers a good value for the money, and is “right for me” are key drivers of re-enrollment.

While website navigability and the sign-up or renewal process are entry points to a good customer experience, our results demonstrate the need to ramp up value perceptions beyond basic functionality.



# Those who are most likely to re-enroll are more likely to interact and feel satisfied with their carrier.



Aa/Bb=Statistically significant at the 95%/90% Confidence Interval

Q23. Since signing up for an insurance plan with [INSERT RESPONSE FROM Q22A], have you had any contact with or received any information from the carrier?

Q24. You mentioned you've had contact with or received information from your insurance carrier since signing up. Which of the following types of communication have you had with your insurance carrier?

Q25. How satisfied are you with the carrier you selected for your insurance plan? Would you say you are...?



# Perceptions of Price Varies Based on Re-Enrollment Intent

Nearly 6 in 10 of those least likely to re-enroll think they are paying too much for their coverage, and 4 out of 10 think Access Health CT is more expensive than other health insurance sources.

As we saw in our Drivers Analysis, demonstrating value in a way that is personally relatable is key in driving re-enrollment.

	Very/ Somewhat Likely to Re-Enroll	Somewhat/ Very Unlikely to Re-Enroll
	A	B
Base:	496	79
<u>Perceptions Of Price</u>		
I am paying too much for health insurance coverage through Access Health Connecticut	25%	57% A
I am paying a fair amount for health insurance coverage through Access Health Connecticut	53% B	32%
I am getting a great deal on health insurance coverage through Access Health Connecticut	22% B	11%
<u>Perceptions Of Price Comparative</u>		
More expensive	11%	39% A
About the same price	38%	37%
Less expensive	51% B	24%

Aa/Bb = Statistically significant at the 95%/90% Confidence Interval  
 Q28. Which of the following statements best describes your opinion?  
 Q29. Compared to other sources of health insurance coverage, do you think Access Health Connecticut is...



# Access Health CT Imagery Varies Greatly Based on Re-Enrollment Intent

It's not surprising that those who indicate the strongest likelihood of re-enrolling have more positive perceptions of Access Health CT than those who are not likely to re-enroll. Efforts to close some of the larger gaps in perceptions may help secure stronger re-enrollment numbers.

Value, value, value! Demonstrating value in the coverage they pay for is key in closing re-enrollment gaps.

	Very/Somewhat Likely to Re-Enroll A	Somewhat/Very Unlikely to Re-Enroll B	Gap
Allows me to access quality care	75% B	39%	36 pts
Has valuable health insurance coverage	73% B	34%	39 pts
Is for people like me	72% B	37%	35 pts
Has health insurance coverage I would recommend to others	72% B	28%	44 pts
Offers quality health insurance coverage	70% B	33%	37 pts
Has the right health insurance coverage for me and my family	70% B	35%	35 pts
Made the sign up renewal process easy	70% B	39%	31 pts
Is trustworthy	69% B	37%	32 pts
Is dependable	69% B	34%	35 pts
Lets me compare plans from multiple carriers	68% B	46%	22 pts
Protects my personal health information	66% B	35%	31 pts
Helps me understand my health insurance coverage options	65% B	34%	31 pts
Knowledgeable staff on the phone	62% B	35%	27 pts
Is a good value for the money	61% B	23%	38 pts
Is affordable	61% B	32%	29 pts
Looks out for my best interest	57% B	28%	29 pts
The website is easy to navigate	55% B	32%	23 pts
Is a partner	50% B	19%	31 pts
Acts as an advocate between me and my insurance carrier	49% B	22%	27 pts
Has physical places where I can go and talk to someone	45% B	20%	25 pts

Base: Very/Somewhat Likely to Re-Enroll (496); Somewhat/Very Unlikely to Re-Enroll (79)

Aa/Bb = Statistically significant at the 95%/90% Confidence Interval

Q27. Please tell me how much you agree that the following statements describe Access Health Connecticut, by using a scale of 1 to 5, with "1" meaning "Does not describe at all" and "5" meaning "Describes extremely well". The higher the number, the more the statement describes Access Health Connecticut.





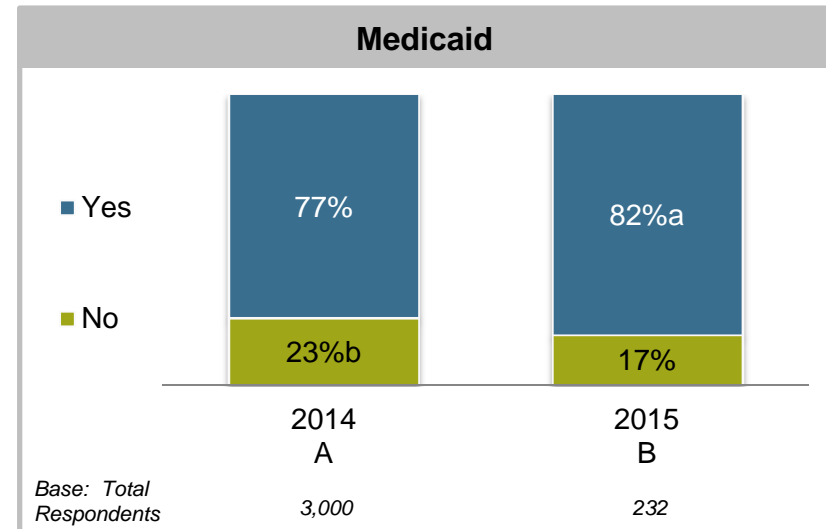
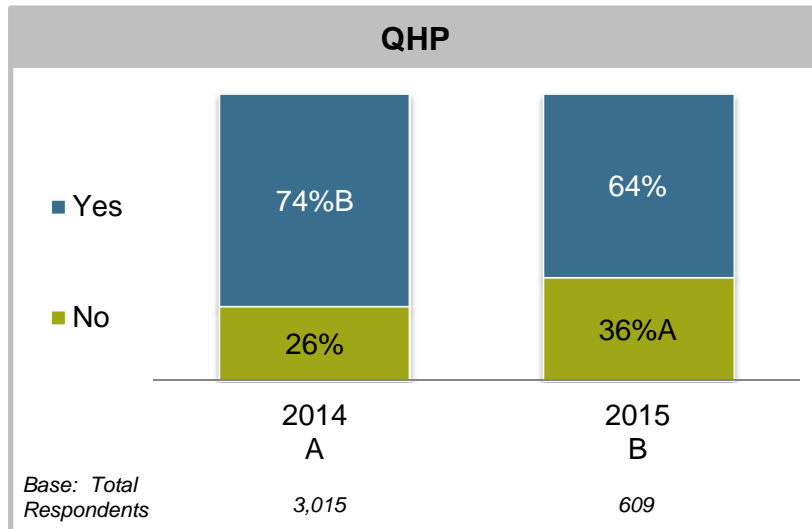


## Health Engagement Overview



# Health Insurance Usage – 2014 vs. 2015

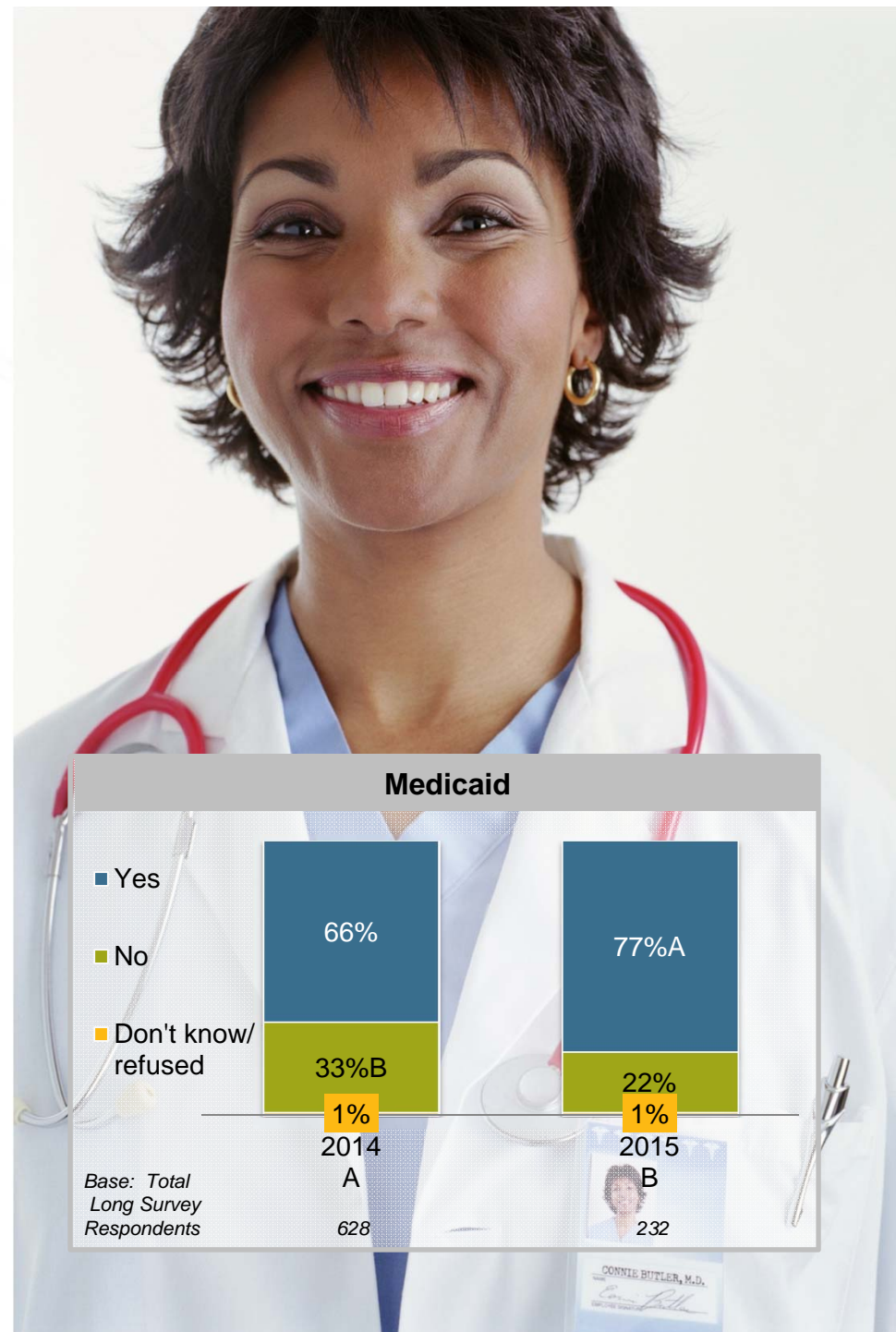
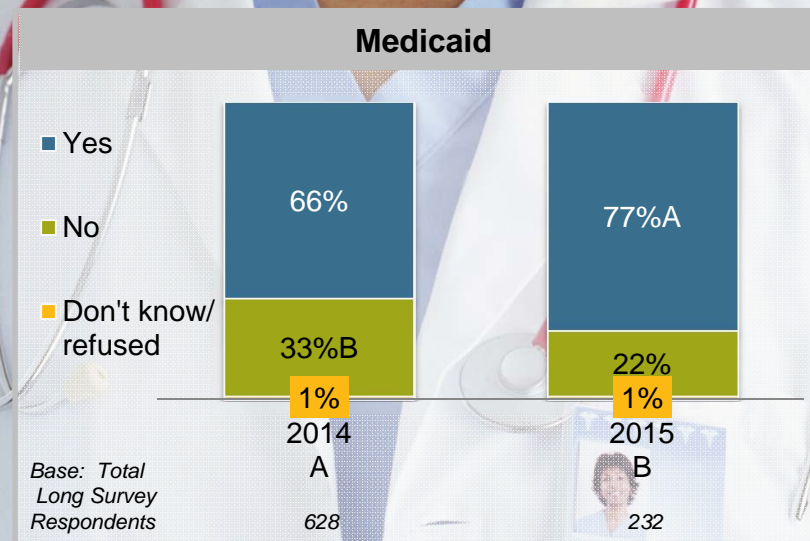
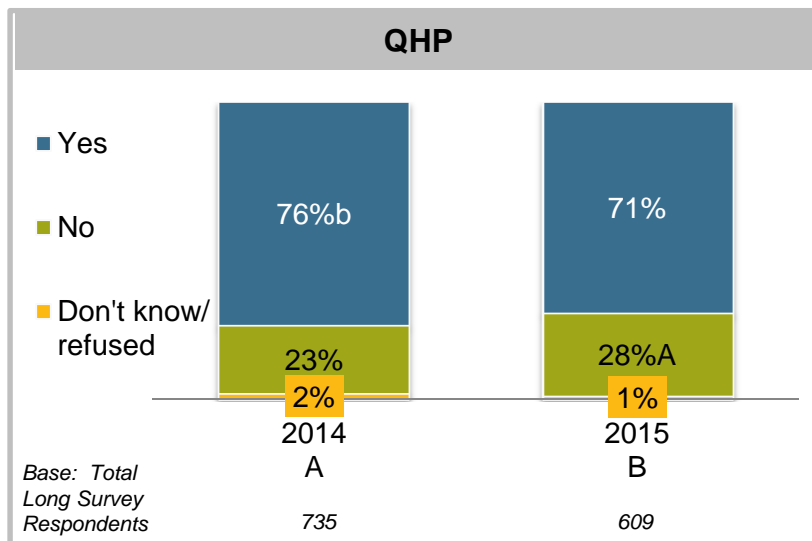
At the time of the survey, fewer QHP customers had used their insurance coverage in 2015 vs. 2014 (64% vs. 74%, respectively), whereas Medicaid customers in 2015 were more likely to have used their insurance coverage (82% vs. 77%).



# Primary Care Physician 2014 vs. 2015

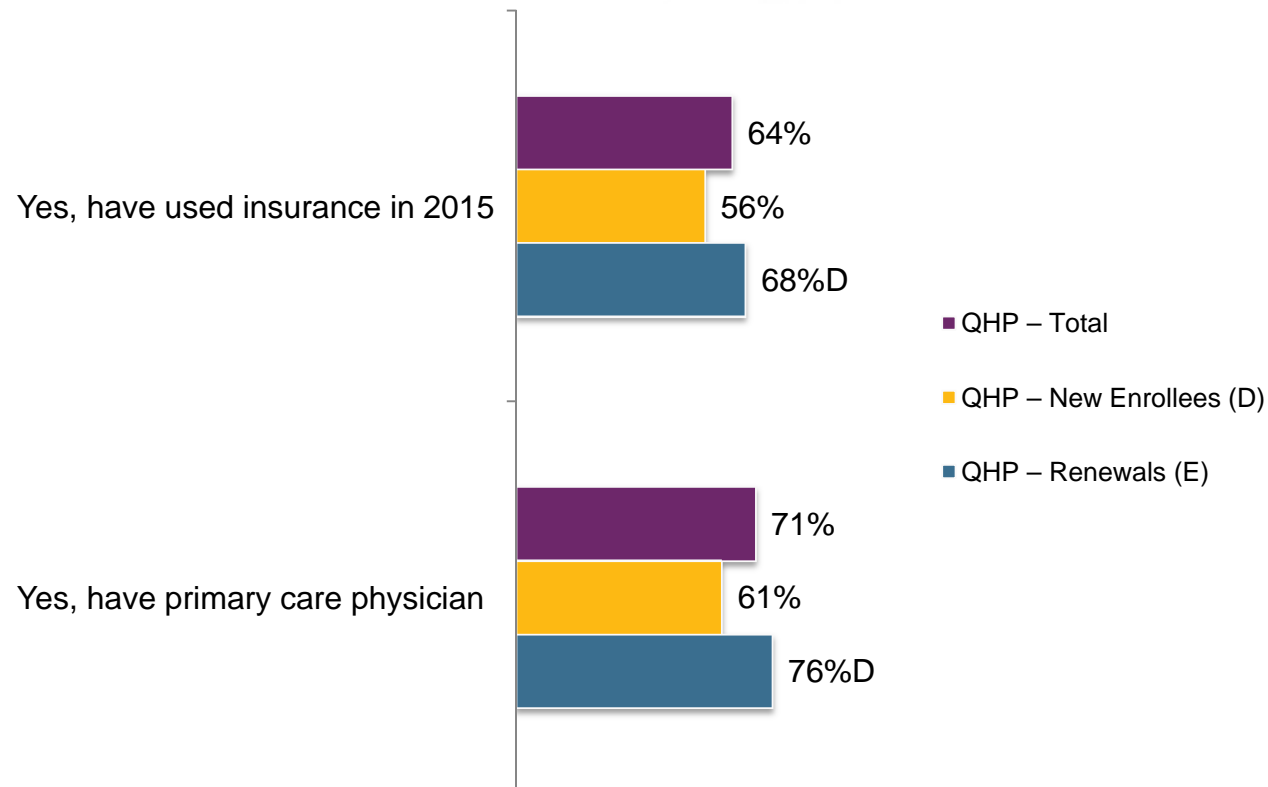
Fewer QHP customers report having a primary care physician in 2015 compared to 2014 (71% vs. 76%).

Again, Medicaid customers show the opposite trend with an increasing percentage indicating they have a primary care physician in 2015 compared to 2014 (77% vs. 66%).



# Health Engagement – 2015 – QHP New Enrollees vs. Renewals

QHP renewal customers are more likely to have used their insurance and have a primary care physician (PCP). Encouraging new enrollees to use their insurance quickly and find a PCP may help to instill lasting value perceptions.



Base: QHP – Total (609); QHP – New Enrollees (217); QHP – Renewals (392)

Dd/Ee = Statistically significant at the 95%/90% Confidence Interval

Q3. Have you used your health insurance in 2015 – such as for doctors visits, hospitalizations, health screenings, etc.?

QD2. Do you currently have a primary care physician?



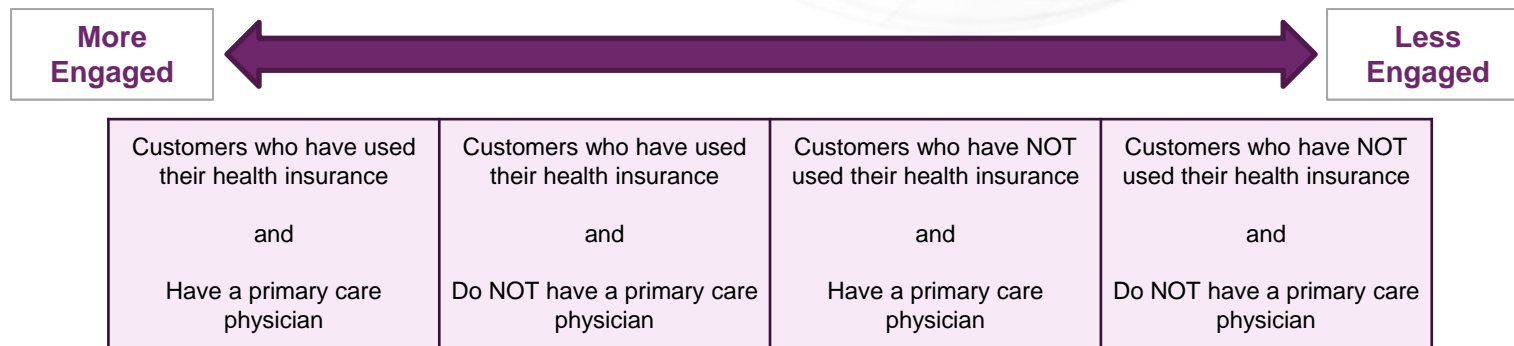


## Health Engagement – QHP Drill Down



# Summary of QHP Engagement

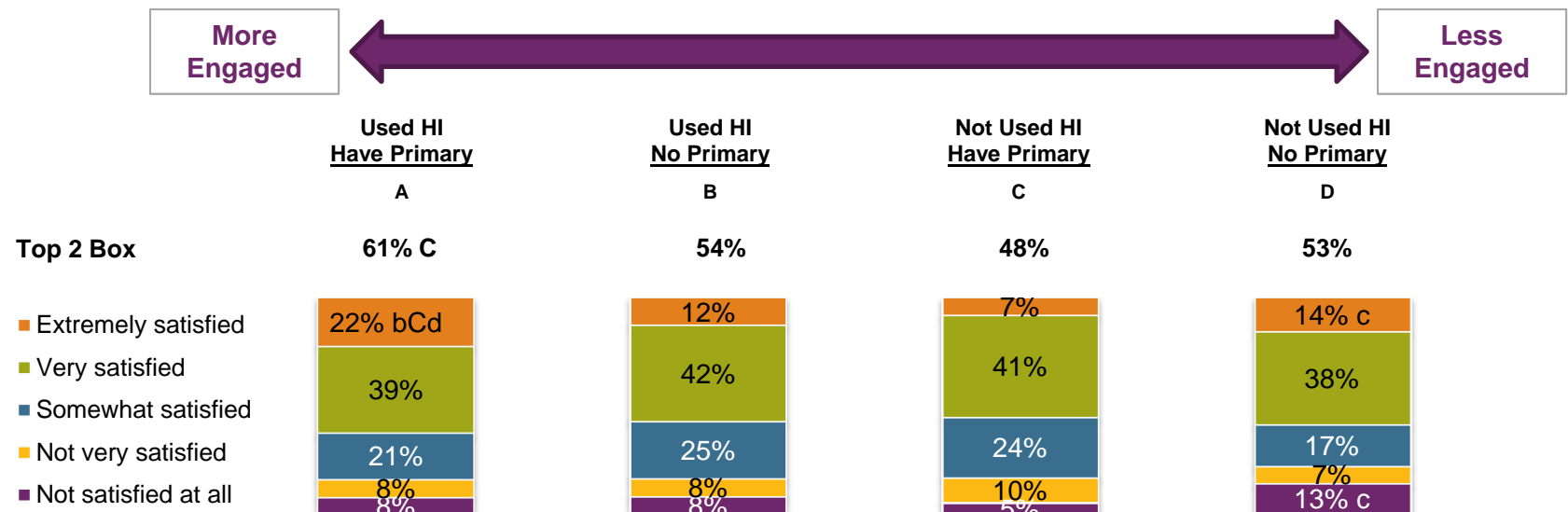
This section looks at differences among QHP customers along the “engagement continuum”. The continuum is defined as follows:



- Those who are the most engaged tend to be older, white, married, and have a bachelor’s degree or more.
- Encouraging engagement among all populations will enhance satisfaction, imagery associations with Access Health CT, carrier interaction, and increase likelihood of renewal.

# QHP Engagement – Satisfaction with Access Health CT

Those who are the most engaged report the highest levels of satisfaction with Access Health CT, whereas the least engaged are more likely to say they are “not satisfied at all”.







Base: QHP Used HI, Have Primary (322); QHP Used HI, No Primary (65); QHP Not Used HI, Have Primary (110); QHP Not Used HI, No Primary (112)

Aa/Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval

Q1. Overall, how satisfied [[IF NEW ENROLLEE OR RENEWAL]] [are you] [[IF LEAVER]] [were you] with Access Health Connecticut? Would you say you are/were...?

# Lesser engaged QHP customers are more likely to have Bronze tier plans or plans through HealthyCT.



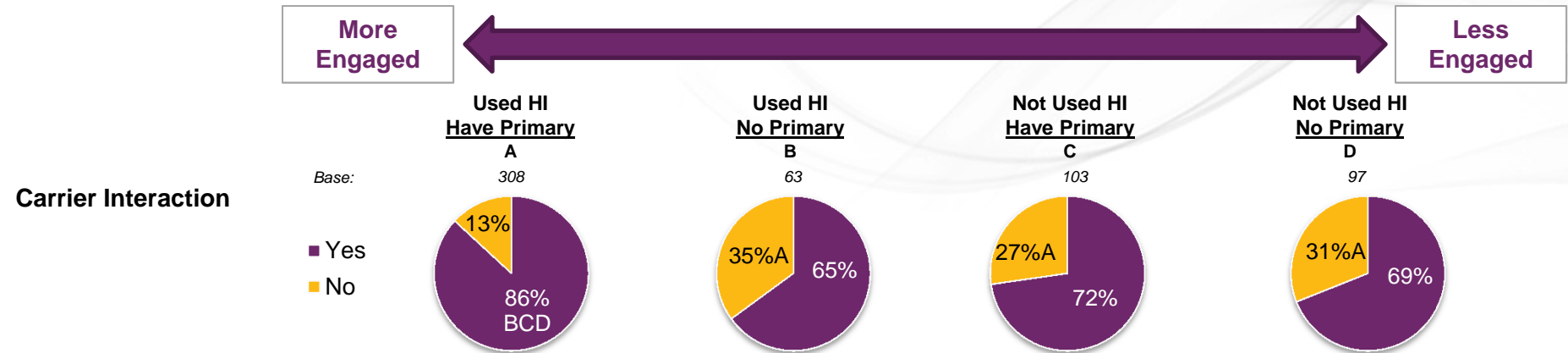
Metal Tier	Used HI Have Primary	Used HI No Primary	Not Used HI Have Primary	Not Used HI No Primary
	A	B	C	D
Catastrophic	1%	5%	3%	4%
Bronze	16%	29% A	31% A	35% A
Silver	63%	57%	60%	58%
Gold	19% C	6%	6%	3%
Platinum	1%	3%		
Base:	322	65	110	112
<b>Carrier Name</b>				
 Anthem Blue Cross and Blue Shield	43% b	31%	39%	36%
 ConnectiCare Benefits Inc	43%	49%	39%	37%
 HCT YOUR HEALTH — YOUR PLAN. HealthyCT Inc	12%	20% a	19% a	28% A
 UnitedHealthcare UnitedHealthcare	2%	-	3%	-

Aa/Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval  
 QR7. Metal Tier  
 QR12. Carrier





# Highly engaged QHP customers are more likely to have carrier contact and high carrier satisfaction.



**Carrier Touchpoints**

Base:	265	41	74	67
Received general plan information in the mail	75%	80%	78%	81%
Received my health insurance card in the mail	70%	66%	68%	76%
Spoke with a customer service representative	61% CD	59% cD	42%	37%
Received an explanation of benefits statement in the mail	61% c	59%	49%	57%
Received a bill for premiums	59%	49%	53%	52%
Received general plan information through email	32%	29%	35%	34%

**Carrier Satisfaction**

Base:	308	63	103	97
Extremely/Very Satisfied (Net)	61% C	57%	47%	53%
Not Very/Not At All Satisfied (Net)	9%	14%	13%	13%

Aa/Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval

Q23. Since signing up for an insurance plan with [INSERT RESPONSE FROM Q22A], have you had any contact with or received any information from the carrier?

Q24. You mentioned you've had contact with or received information from your insurance carrier since signing up. Which of the following types of communication have you had with your insurance carrier?

Q25. How satisfied are you with the carrier you selected for your insurance plan? Would you say you are...?



# QHP Engagement – Access Health CT Imagery

The most highly engaged customers tend to have better perceptions of Access Health CT. However, those who have used their insurance but have no PCP are least likely to recommend their coverage to others. Those who have a PCP but have not used their insurance are least likely to feel their coverage is right for them/their family.



	Used HI Have Primary	Used HI No Primary	Not Used HI Have Primary	Not Used HI No Primary
	A	B	C	D
Base:	322	65	110	112
<b>Describes Extremely/Very Well (Net)</b>				
Allows me to access quality care	75% bCD	65%	55%	63%
Has valuable health insurance coverage	72% CD	63%	57%	60%
Has the right health insurance coverage for me and my family	70% C	62% c	48%	63% C
Has health insurance coverage I would recommend to others	70% BC	48%	57%	63% B
Is for people like me	69% c	65%	60%	64%
Offers quality health insurance coverage	68% Cd	60%	55%	59%
Is trustworthy	66% bc	55%	57%	59%
Helps me understand my health insurance coverage options	63% C	60%	52%	56%
Is a good value for the money	57% C	58% c	44%	53%
Made the sign up renewal process easy	66%	65%	59%	65%
Is dependable	65%	60%	60%	60%
Lets me compare plans from multiple carriers	65%	62%	64%	64%
Protects my personal health information	59%	69% c	56%	63%
Knowledgeable staff on the phone	57%	57%	57%	56%
Is affordable	55%	54%	53%	60%
Looks out for my best interest	52%	51%	51%	54%
The website is easy to navigate	51%	54%	47%	52%
Is a partner	45%	45%	42%	44%
Acts as an advocate between me and my insurance carrier	43%	48%	39%	52% ac
Has physical places where I can go and talk to someone	39%	45%	36%	46%

Aa/Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval

Q27. Please tell me how much you agree that the following statements describe Access Health Connecticut, by using a scale of 1 to 5, with "1" meaning "Does not describe at all" and "5" meaning "Describes extremely well".

# QHP Engagement – Perceptions of Price

Customers who have used their insurance but do not have a PCP show the greatest price sensitivity, with 4 in 10 saying they are paying too much for their coverage, and nearly a quarter saying Access Health CT is more expensive compared to other sources of health insurance.



	Used HI Have Primary	Used HI No Primary	Not Used HI Have Primary	Not Used HI No Primary
	A	B	C	D
<i>Base:</i>	322	65	110	112
<b>Perceptions of Price</b>				
I am paying too much for health insurance coverage through Access Health Connecticut	28%	38% a	34%	30%
I am paying a fair amount for health insurance coverage through Access Health Connecticut	50%	42%	51%	49%
I am getting a great deal on health insurance coverage through Access Health Connecticut	22%	20%	15%	21%
<b>Perceptions of Price Comparative</b>				
More expensive	13%	23% A	15%	14%
About the same price	40%	29%	38%	39%
Less expensive	47%	48%	46%	46%

Aa/Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval  
 Q28. Which of the following statements best describes your opinion?  
 Q29. Compared to other sources of health insurance coverage, do you think Access Health Connecticut is...

# QHP Engagement – Expectations and Re-Enrollment

Despite their high engagement, a quarter of QHP customers who have used their insurance and have a PCP say Access Health CT fell somewhat short or did not meet their expectations – a similar proportion as those who are the least engaged.

Still, the most engaged customers are more likely to re-enroll than those who are least engaged. Encourage customers to use their insurance in order to derive value from it.



	Used HI Have Primary	Used HI No Primary	Not Used HI Have Primary	Not Used HI No Primary
	A	B	C	D
<i>Base:</i>	322	65	110	112
<b>Access Health Connecticut Expectations Met</b>				
Top 2 Box - Far/Somewhat Exceeded Your Expectations (Net)	30%	20%	26%	26%
Bottom 2 Box - Fell Somewhat Short/Did Not Meet Your Expectations (Net)	25%	26%	19%	27%
<b>Likelihood to Re-Enroll</b>				
Top 2 Box - Very Likely/Somewhat Likely To Re-Enroll (Net)	84% d	80%	80%	77%
Bottom 2 Box - Somewhat Unlikely/Very Unlikely To Re-Enroll (Net)	11%	12%	15%	18% A

Aa/Bb/Cc/Dd = Statistically significant at the 95%/90% Confidence Interval

Q30. How well has Access Health Connecticut met your expectations? Would you say Access Health Connecticut...

Q31. How likely are you to re-enroll for health insurance through Access Health Connecticut at the end of the year?





# Thank you!

**Courtney Brown**  
Senior Account Director

**Chris Barnes**  
Chief Client Strategy Officer



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# CID Rate Review Process



# 2016 Rates

Presented to AHCT  
By CID Actuary Paul Lombardo, A.S.A., M.A.A.A.  
September 17, 2015

# The Actuarial Process

## WHAT THE CID ACTUARY DOES

Tests the reliability of assumptions an insurer uses when calculating rates

## WHAT WE REVIEW AND TEST

**Actual experience** (claims & premiums) compared to insurer assumptions when developing historical premiums & claims

- ▶ If actual experience is better than expected = downward pressure on rates
- ▶ If actual experience is worse than expected = upward pressure on rates

**Projected trend:** Impact of increased medical costs & demand for services

- ▶ Actual unit cost by broad category (inpatient, outpatient, professional, Rx)
- ▶ Utilization of services by broad category (inpatient, outpatient, professional, Rx)
- ▶ Network contracting impact

(cont'd)





# The Actuarial Process

## WHAT WE REVIEW AND TEST

### Reinsurance & Risk Adjustment

- ▶ Assumptions compared to historical results\*

Insurer business plans for consistency with rate-setting process

Any changes in actuarial assumptions for soundness

Claim lag triangles to test for reserve assumptions

*\*Federal Reinsurance Program is discontinued effective 1/1/17*



# Timeline

- ▶ 22 filings from 16 carriers were filed by 4/30/15 (Time Ins. withdrew)
- ▶ Filings posted simultaneously 5/7/15 per ACA
- ▶ Public comment period: 30 days or until filing closed
- ▶ CID communication with carriers continued through process, was posted
- ▶ Carriers permitted to submit changes no later than 6/25/15\*
- ▶ 3 rate hearings conducted by CID 7/27/15\*\*
- ▶ Final decisions made 8/27/15 and shared with all carriers
- ▶ Final decisions posted simultaneously 8/29/15 per ACA
- ▶ Carriers from hearings filed recalculated rates 9/3/15
- ▶ Open enrollment change from 10/1 to 11/1 moved posting to end of August

\* *Changes after 6/25 allowed only at the Department's request*

\*\* *Anthem, ConnectiCare, Golden Rule all in individual market*



# CID Changes to Filings

- ▶ Reduced annual trend for most filings based on historical unit cost, utilization data in filing
- ▶ Disallowed morbidity loads if credible 2014 experience available
- ▶ Based risk adjustments on 6/30/15 CCIO report for CT
- ▶ Disallowed changes to pricing assumptions unless actuarially justified
- ▶ Significantly reduced costs for removal of age limit on infertility mandate to 25 cents per member/per month



# Rate Filings Results – On Exchange

## Individual

Company	Original Avg. Request	Original Range	Revised Avg. Request	Revised Range	Approved Avg. Request	Approved Range	Covered Lives
Anthem *	6.70%	3.6% to 11.1%	4.70%	1.7% to 9.0%	2.4%	-2.7% to 6.94%	55,000
CTCare Benefits Inc.	2.00%	-3.8% to 6.8%	0.70%	-5.1% to 5.4%	-1.30%	-7.0% to 3.3%	39,850
HealthyCT	13.96%	0.7% to 22.3%	3.43%	-13.6% to 10.3%	7.20%	-10.5% to 14.3%	23,485
UnitedHealthcare	12.40%	7.1% to 22.0%	11.40%	6.2% to 20.9%	5.50%	0.5% to 14.5%	1,686

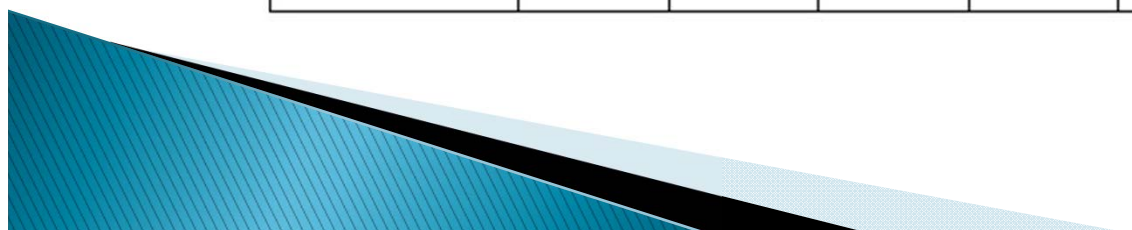
## Small Group

Company	Original Avg. Request	Original Range	Revised Avg. Request	Revised Range	Approved Avg. Request	Approved Range	Covered Lives
Anthem	-7.15%	-23.5% to 5.43%	-9.15%	-25.1% to 3.2%	-9.90%	-26.0% to 2.4%	40,000
HealthyCT	6.01%	-2.5% to 20.2%	0.88%	-6.0% to 10.5%	4.80%	-1.0% to 14.8%	6,139
UnitedHealthcare	1.20%	1.20%	11.30%	11.30%	0.20%	0.20%	229

# Rate Filings Results – Off Exchange

## Individual

Company	Original Avg. Request	Original Range	Revised Avg. Request	Revised Range	Approved Avg. Request	Approved Range	Covered Lives
Aetna Life	5.60%	4.2% to 8.2%	5.60%	4.2% to 8.2%	1.40%	0.0% to 3.8%	7,291
CelticIns.	15.95%	15.95%	15.95%	15.95%	15.95%	15.95%	0
Cigna	14.27%	7.9% to 30.1%	14.27%	7.9% to 30.1%	9.55%	3.4% to 24.7%	660
CTCare Inc.	5.20%	5.20%	5.10%	5.10%	5.10%	5.10%	435
CTCare Ins. Co.*	10.10%	5.9% to 14.5%	9.80%	5.6% to 14.3%	8.5%	4.4% to 12.9%	34,400
Golden Rule*	18.50%	10.2% to 24.2%	18.50%	10.2% to 24.2%	1.1%	-5.9% to 6.01%	3,414
UnitedHealthcare	32.90%	12.6% to 41.9%	32.90%	12.6% to 41.9%	21.70%	3.2% to 30.0%	712



# Rate Filings Results – Off Exchange

## Small Group

Company	Covered Lives	Original Range	Revised Avg. Request	Revised Range	Approved Avg. Request	Approved Range	Covered Lives
Aetna	0.10%	-1.0% to 6.6%	-2.60%	-3.7% to 3.7%	-3.80%	-4.9% to 2.5%	40,381
CTCare Inc.	8.60%	8.5% to 9.3%	8.00%	7.8% to 8.7%	2.50%	2.50%	48
CTCare Ins. Co.	5.60%	-2.7% to 10.5%	2.20%	-5.8% to 7.0%	-0.50%	-8.2% to 4.3%	47,883
Harvard Pilgrim	7.20%	6.1% to 8.9%	4.60%	3.5% to 6.2%	4.60%	3.5% to 6.2%	3,360
HPHC Ins.	4.30%	-2.1% to 7.1%	1.70%	-4.5% to 4.4%	1.70%	-4.5% to 4.4%	6,240
Oxford Health Plans	0.50%	0.50%	1.60%	1.60%	1.60%	1.60%	3,450
Oxford Health Ins.	1.20%	1.20%	0.20%	0.20%	0.20%	0.20%	25,682

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# Wakely Review of 2016 Rates





# Access Health CT

## 2016 Rate Review and Analysis

### September 17, 2015 Presentation

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# Introduction

- Wakely was retained by Access Health CT to perform the following services related to 2016 rates and rate filings
  - Rate Filing Review: Review of initial and final health insurance rate filings for carriers on the exchange; submit public comments to CID on initial filings
  - Consumer Impact Analysis: Summarize rate changes before and after federal subsidies by rating area and plan type
  - Rate Outlier Analysis: Perform a rate outlier analysis to assess the variance in rates by rating area and metal level
- Wakely relied on rate filings, templates, plan cross-walks and individual market enrollment data, provided by AHCT; results are subject to change
- See Wakely's full report for additional details and a complete listing of disclosures, limitations and reliances

# Individual Market Plan Selections and Price Sensitivity

Metal Level	Distribution by Metal		% of Enrollees in Lowest Cost Plan in Metal Level	
	2014	2015	2014	2015
Platinum	N/A	1%	N/A	100%
Gold	16%	16%	28%	7%
Silver	64%	59%	62%	43%
Bronze	17%	22%	45%	36%
Catastrophic	3%	2%	72%	68%

- Some enrollment shift from Silver to Bronze in 2015.
- More than a third of enrollees are selecting the lowest cost plans available at the Silver and Bronze levels.
- Fewer enrollees are in the lowest cost plans in each metal level in 2015 than in 2014. This may be due to inertia as enrollees auto-renewed in 2015 rather than shopped for new plans.

## Comparison of 2015 & 2016 Plan Offerings

- The number of plan offerings is decreasing by one in the individual market and increasing by two in the SHOP

	Individual Market		SHOP	
	2015	2016	2015	2016
Platinum	1	1	0	3
Gold	11	12	5	5
Silver	11	10	6	8
Bronze	15	14	10	7
Catastrophic	3	3	N/A	N/A
Total	41	40	21	23

# Final Rate Changes

- Before subsidies, rate changes are as follows:
  - Individual market: Average 2.4% rate increase weighted by 2015 AHCT enrollment; changes vary by plan and rating area combination from an 11% decrease to an 18% increase
  - Small group market: Changes vary by plan and rating area combination from a 15% decrease to a 16% increase
  - Rate changes are consistent across areas for most plans
- See Appendix A for more information

# Proposed and Final Rate Filings

## Individual Market:

Carrier	Initial Filing		Revised Filing		Final Filing	
	Average Change	Range by Plan	Average Change	Range by Plan	Average Change	Range by Plan
Anthem	6.7%	3.6% to 11.1%	4.7%	1.7% to 9.0%	2.4%	-2.7% to 6.9%
Connecticare	2.0%	-3.8% to 6.8%	0.7%	-5.1% to 5.4%	-1.3%	-7.0% to 3.3%
Healthy CT	14.0%	0.7% to 22.3%	3.4%	-13.6% to 10.3%	7.2%	-10.5% to 14.3%
United	12.4%	7.1% to 22.0%	11.4%	6.2% to 20.9%	5.5%	0.5% to 14.5%

## Small Group Market:

Carrier	Initial Filing		Revised Filing		Final Filing	
	Average Change	Range by Plan	Average Change	Range by Plan	Average Change	Range by Plan
Anthem	-7.1%	-23.5% to 5.4%	-9.2%	-25.1% to 3.2%	-9.9%	-26.0% to 2.4%
Healthy CT	6.0%	-2.5% to 20.2%	0.9%	-6.0% to 10.5%	4.8%	-1.0% to 14.8%
United	1.2%	1.2%	11.3%	11.3%	0.2%	0.2%

Source: <http://www.ct.gov/cid/lib/cid/ratechart.pdf>

Note: Range by Plan may include some off-Exchange plans

# Rate Filing Observations

- Final rates for all carriers were lower than initially proposed
  - Carriers proposed revisions and CID required changes that generally further reduced rates
- Many of Wakely's comments were addressed in revised and final filings
- Carriers reported mixed expected impact of the small group market expansion to include groups of 51 – 100 employees
  - Anthem adjusted rates by -0.7% to reflect small group market expansion
  - HealthyCT noted an expected unfavorable impact to morbidity in 2016, followed by favorable impact in 2017; no adjustment was made to 2016 rates
  - United included an adjustment of -2.4%
- Annual assumed medical trends in final filings range from 6.9% to 8.0%
- Only one carrier (HealthyCT) was identified as having reported efforts to implement new cost control measures
- See Appendix B for potential state initiatives for controlling cost

# Relative Rates – Individual Market

- Fairfield is highest cost area and Hartford/Litchfield are lowest cost
- Anthem and ConnectiCare generally have the lowest rates in all areas of the state, replacing HealthyCT as the lowest cost some areas
- HealthyCT rates are all close to the average
- United generally has the highest rates
- Rate position changes may impact market share by carrier

Carrier	Current Market Share
Anthem	37.4%
ConnectiCare (CBI)	43.0%
HealthyCT (HCT)	16.9%
UnitedHealthcare	2.7%

# Relative Rates – SHOP

- Fairfield is the highest cost area and Litchfield is the lowest
- Anthem has the lowest cost Bronze and Silver offering in most areas of the state
- United has the highest standard plan rates in all areas and at all metal levels
- Small group rates are generally higher than individual rates, partially due to the reinsurance payments that are only available for individual market plans



# Change in Benchmark Plan and Premium

- The second lowest cost silver (benchmark) plan carrier is changing in half of the counties
- Benchmark premium changes vary by county from -1.3% to 5.4%

County	Enrollment Distribution by County	Benchmark Premium Change	2015 Benchmark Plan		2016 Benchmark Plan	
			Issuer	Plan Name	Issuer	Plan Name
Fairfield	30.9%	0.3%	HealthyCT	CO-OPTIONS Enhanced Silver, a Multi-State Plan	CBI	Silver Choice POS
Hartford	22.5%	-1.3%	CBI	Silver Select POS	CBI	Silver Choice POS
Litchfield	6.8%	5.4%	HealthyCT	CO-OPTIONS Enhanced Silver, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan
Middlesex	4.9%	-1.3%	CBI	Silver Select POS	CBI	Silver Choice POS
New Haven	21.8%	-1.3%	HealthyCT	CO-OPTIONS Enhanced Silver, a Multi-State Plan	CBI	Silver Choice POS
New London	7.0%	3.0%	Anthem	Silver PPO Pathway X, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan
Tolland	3.3%	3.7%	HealthyCT	CO-OPTIONS Enhanced Silver, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan
Windham	2.7%	3.0%	Anthem	Silver PPO Pathway X, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan

# Impact for Hypothetical Household

- The next slide illustrates the change in the benchmark premium and premium subsidy amounts by county for a single adult, age 26 (turning 27 in 2016) with household income of 200% FPL
- Key take-aways include
  - Subsidies for this hypothetical household are increasing the most in Litchfield and are remaining flat in Hartford, Middlesex and New Haven
  - The average subsidy change across all areas of the state is 3% for this household scenario
  - Benchmark premium increases are higher here than in the prior slide due to the impact of aging
- Impact will vary by household scenario (see Appendix C for an additional hypothetical household)

# Change in Benchmark Premiums/Subsidies for Hypothetical Household

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).

County	Enrollment Distribution by County	Monthly Benchmark Premium (Before Tax Credit)				Monthly Premium Subsidy			
		2015	2016	\$ Change	% Change	2015	2016	\$ Change	% Change
Fairfield	30.9%	\$310	\$321	\$11	4%	\$185	\$191	\$6	3%
Hartford	22.5%	\$258	\$260	\$3	1%	\$131	\$132	\$0	0%
Litchfield	6.8%	\$262	\$282	\$20	8%	\$138	\$156	\$18	13%
Middlesex	4.9%	\$280	\$283	\$3	1%	\$154	\$154	\$1	0%
New Haven	21.8%	\$288	\$293	\$5	2%	\$164	\$164	\$0	0%
New London	7.0%	\$268	\$282	\$14	5%	\$144	\$156	\$12	8%
Tolland	3.3%	\$266	\$282	\$15	6%	\$142	\$156	\$14	10%
Windham	2.7%	\$268	\$282	\$14	5%	\$144	\$156	\$12	8%
<b>TOTAL</b>	100%	<b>\$283</b>	<b>\$292</b>	<b>\$9</b>	<b>3%</b>	<b>\$158</b>	<b>\$163</b>	<b>\$5</b>	<b>3%</b>

# Rate Impact for Enrollees in Lowest Cost Silver Plan

- The following slide shows the rate impact before and after subsidies for the lowest cost Silver plan in each county for our hypothetical household
- The first panel of numbers shows the monthly rate change before subsidies for the 2015 lowest cost Silver plan compared to the 2016 plan members are auto-renewed into
- The second panel of numbers shows the after-subsidy monthly rate change for the 2015 lowest cost Silver plan compared to the 2016 plan members are auto-renewed into
- The third panel of numbers shows the monthly after-subsidy rate change for the 2015 lowest cost Silver plan compared to the 2016 lowest cost Silver plan assuming the individual moves to that plan if it is different from their current plan (plan name is in the third column)
  - The lowest cost Silver plan is changing in Fairfield, Litchfield, New Haven and Tolland, creating savings opportunities
- Results will vary for different household scenarios, see Appendix C for more information

# Lowest Cost Silver Impact for Hypothetical Household

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).

County	Lowest Cost Silver Plan		Lowest Silver Before Tax Credit - Auto Renew			Lowest Silver After Tax Credit - Auto Renew			Lowest Silver After Tax Credit - Switch to 2016 Lowest		
	2015	2016	2015	2016	Change	2015	2016	Change	2015	2016	Change
Fairfield	HealthyCT, Silver Enhanced Standard PPO	CBI, Silver Standard POS	\$306	\$338	11%	\$120	\$147	22%	\$120	\$128	6%
Hartford	CBI, Silver Standard POS	CBI, Silver Standard POS	\$257	\$259	1%	\$126	\$128	2%	\$126	\$128	2%
Litchfield	HealthyCT, Silver Enhanced Standard PPO	Anthem, Silver PPO Standard Pathway X	\$259	\$286	10%	\$121	\$130	7%	\$121	\$122	1%
Middlesex	CBI, Silver Standard POS	CBI, Silver Standard POS	\$280	\$282	1%	\$126	\$128	2%	\$126	\$128	2%
New Haven	HealthyCT, Silver Enhanced Standard PPO	CBI, Silver Standard POS	\$284	\$314	10%	\$121	\$150	24%	\$121	\$128	6%
New London	Anthem, Silver PPO Standard Pathway X	Anthem, Silver PPO Standard Pathway X	\$268	\$278	4%	\$123	\$122	-1%	\$123	\$122	-1%
Tolland	HealthyCT, Silver Enhanced Standard PPO	Anthem, Silver PPO Standard Pathway X	\$263	\$291	10%	\$121	\$134	11%	\$121	\$122	1%
Windham	Anthem, Silver PPO Standard Pathway X	Anthem, Silver PPO Standard Pathway X	\$268	\$278	4%	\$123	\$122	-1%	\$123	\$122	-1%

# Average Impact for Hypothetical Household

- The next slide illustrates the change in average premium by area (weighted by AHCT enrollment by plan in each area) before and after subsidy for the same hypothetical household
- Premium changes are based on auto-renewal into the plan based on mappings provided by AHCT
- Averages represent the impact if all enrollees in the county had the same household characteristics as our example
- Key take-aways include
  - Litchfield enrollees (for this hypothetical household) will experience a 2% decrease in rates after subsidies because subsidies are increasing by more than the average premium
  - New Haven enrollees (for this hypothetical household) experience the highest average premium increase after subsidies of 12%
- Impact will vary by household scenario, see Appendix C for an additional household scenario and more information

# Average Premium Changes Before and After Subsidies for Hypothetical Household

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014). Premiums are weighted by 2015 enrollment in all plans within a county.

County	Enrollment Distr. By County	Change in Subsidy	Wtd Avg Premium Before Subsidy			Wtd Avg Premium After Subsidy		
			2015	2016	Change	2015	2016	Change
Fairfield	30.9%	\$6	\$302	\$319	6%	\$119	\$131	10%
Hartford	22.5%	\$0	\$246	\$253	3%	\$117	\$124	6%
Litchfield	6.8%	\$18	\$255	\$271	6%	\$119	\$117	-2%
Middlesex	4.9%	\$1	\$267	\$275	3%	\$116	\$124	7%
New Haven	21.8%	\$0	\$274	\$288	5%	\$113	\$127	12%
New London	7.0%	\$12	\$256	\$268	5%	\$115	\$115	0%
Tolland	3.3%	\$14	\$255	\$269	5%	\$116	\$117	0%
Windham	2.7%	\$12	\$257	\$269	5%	\$114	\$115	1%
<b>TOTAL</b>	<b>100%</b>	<b>\$5</b>	<b>\$273</b>	<b>\$286</b>	<b>5%</b>	<b>\$117</b>	<b>\$125</b>	<b>7%</b>

Questions?



# Appendix A

## 2016 Rate Changes

## Appendix A

### Background

- Rate changes in this section reflect premium changes from 2015 to 2016 based on carrier plan mappings provided to Wakely by AHCT
- Weighted averages are based on enrollment by plan and county provided to Wakely by AHCT (individual market only)

## Appendix A

# Individual Market Observations

- The weighted average rate change for AHCT enrollees (before premium subsidies) is 2.4%
- Rate changes across all plan and area combinations range from an 11% decrease to an 18% increase
- By metal level, rate changes are highest on average for Gold plans (4.6%) and lowest for Catastrophic plans (-0.5%)
- Average increase for Silver (the most heavily enrolled level) is 1.7%
- By county, rate changes are highest on average for Litchfield (3.8%) and lowest for Hartford (0.5%)
- By carrier, rate changes are highest for HealthyCT (7.4%) and lowest for ConnectiCare (-0.5%)
- For any given plan, rate changes are fairly consistent across the counties, except for United Healthcare which has the highest rate changes in Litchfield, Fairfield and New Haven and the lowest rate changes in Middlesex and New London

## Appendix A

## Summary of Individual Rate Changes-by Metal Tier

County	Metric	Issuer				
		Anthem	ConnectiCare	HealthyCT	UnitedHealthcare	Total
Platinum	Min	NA	0.9%	NA	NA	<b>0.9%</b>
	Max	NA	0.9%	NA	NA	<b>0.9%</b>
	Wtd Avg	NA	0.9%	NA	NA	<b>0.9%</b>
Gold	Min	-2.3%	2.7%	6.5%	-9.3%	<b>-9.3%</b>
	Max	5.2%	3.3%	8.8%	18.1%	<b>18.1%</b>
	Wtd Avg	3.6%	2.9%	7.6%	13.0%	<b>4.6%</b>
Silver	Min	1.6%	-1.6%	7.9%	-8.1%	<b>-8.1%</b>
	Max	2.9%	-1.4%	11.4%	5.1%	<b>11.4%</b>
	Wtd Avg	1.9%	-1.4%	8.3%	2.0%	<b>1.7%</b>
Bronze	Min	-0.2%	-6.2%	0.1%	-5.7%	<b>-6.2%</b>
	Max	6.9%	1.7%	4.0%	9.6%	<b>9.6%</b>
	Wtd Avg	4.2%	0.6%	2.2%	4.3%	<b>2.4%</b>
Catastrophic	Min	3.0%	-7.0%	-10.5%	NA	<b>-10.5%</b>
	Max	3.0%	-7.0%	-10.5%	NA	<b>3.0%</b>
	Wtd Avg	3.0%	-7.0%	-10.5%	NA	<b>-0.5%</b>
Total	Min	<b>-2.3%</b>	<b>-7.0%</b>	<b>-10.5%</b>	<b>-9.3%</b>	<b>-10.5%</b>
	Max	<b>6.9%</b>	<b>3.3%</b>	<b>11.4%</b>	<b>18.1%</b>	<b>18.1%</b>
	Wtd Avg	<b>2.8%</b>	<b>-0.5%</b>	<b>7.4%</b>	<b>7.1%</b>	<b>2.4%</b>

## Appendix A

## Summary of Individual Rate Changes - by County

County	Metric	Issuer				
		Anthem	ConnectiCare	HealthyCT	UnitedHealthcare	Total
Fairfield	Min	-2.3%	-7.0%	-10.5%	1.0%	<b>-10.5%</b>
	Max	6.9%	3.3%	0.0%	15.0%	<b>15.0%</b>
	Wtd Avg	3.0%	-0.4%	7.5%	7.7%	<b>3.2%</b>
Hartford	Min	-2.3%	-7.0%	-10.5%	-2.7%	<b>-10.5%</b>
	Max	6.9%	3.3%	11.3%	10.9%	<b>11.3%</b>
	Wtd Avg	2.9%	-0.6%	6.0%	3.0%	<b>0.5%</b>
Litchfield	Min	-2.3%	-7.0%	-10.5%	3.7%	<b>-10.5%</b>
	Max	6.9%	3.3%	11.3%	18.1%	<b>18.1%</b>
	Wtd Avg	2.7%	0.1%	7.4%	9.3%	<b>3.8%</b>
Middlesex	Min	-2.3%	-7.0%	-10.5%	-9.3%	<b>-10.5%</b>
	Max	6.9%	3.3%	11.3%	3.4%	<b>11.3%</b>
	Wtd Avg	2.9%	-0.5%	6.0%	-3.2%	<b>0.6%</b>
NewHaven	Min	-2.3%	-7.0%	-10.5%	-0.4%	<b>-10.5%</b>
	Max	6.9%	3.3%	11.3%	13.4%	<b>13.4%</b>
	Wtd Avg	2.7%	-0.5%	7.6%	6.6%	<b>2.6%</b>
NewLondon	Min	-2.3%	-7.0%	-10.5%	-9.3%	<b>-10.5%</b>
	Max	6.9%	3.3%	11.3%	3.4%	<b>11.3%</b>
	Wtd Avg	2.5%	-0.2%	5.1%	-4.6%	<b>2.2%</b>
Tolland	Min	-2.3%	-7.0%	-10.5%	-4.7%	<b>-10.5%</b>
	Max	6.9%	3.3%	11.3%	8.6%	<b>11.3%</b>
	Wtd Avg	2.5%	0.2%	7.4%	0.7%	<b>3.1%</b>

## Appendix A

### Observations - SHOP

- Rate changes across all plan and area combinations range from a 15% decrease to a 16% increase
- Rate changes are fairly consistent across the counties, except for Anthem plans for which rates are decreasing rates by the greatest amount in Hartford, Middlesex and New Haven
- Rate changes vary considerably by plan within each metal level

## Appendix A

## Summary of SHOP Rate Changes

Metal Level	Carrier	2015 Plan Name	2016 Plan Name	Min	Max	Fairfield	Hartford	Litchfield	Middlesex	New Haven	New London	Tolland	Windham
Gold	Anthem	Anthem Gold Standard Pathway X PPO	Anthem Gold Standard Pathway X PPO	-3%	0%	0%	-3%	0%	-3%	-3%	0%	0%	0%
Gold	Anthem	Anthem Gold Pathway X HMO Plus	Anthem Gold Pathway X HMO Plus	-4%	-1%	-1%	-4%	-1%	-4%	-4%	-1%	-1%	-1%
Gold	HCT	HealthyCT Gold Preferred Standard PPO	HealthyCT Gold Preferred Standard SG PPO	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
Gold	UHC	UnitedHealthcare Standard Gold POS	UnitedHealthcare Gold Standard Choice Plus POS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Gold	UHC	UnitedHealthcare Gold Choice Plus POS	UnitedHealthcare Gold Choice Plus POS	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Silver	Anthem	Anthem Silver Standard Pathway X PPO	Anthem Silver Standard Pathway X PPO	-1%	3%	3%	-1%	3%	0%	0%	3%	3%	3%
Silver	HCT	HealthyCT Silver Enhanced Standard PPO	HealthyCT Silver Enhanced Standard SG PPO	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
Silver	HCT	HealthyCT Silver Enhanced HSA 1	HealthyCT Silver Enhanced Standard SG HSA	16%	16%	16%	16%	16%	16%	16%	16%	16%	16%
Silver	UHC	UnitedHealthcare Standard Silver POS	UnitedHealthcare Silver Standard Choice Plus POS	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%	-5%
Silver	UHC	UnitedHealthcare Silver Choice Plus HSA	UnitedHealthcare Silver Choice Plus HSA	-8%	-8%	-8%	-8%	-8%	-8%	-8%	-8%	-8%	-8%
Silver	UHC	UnitedHealthcare Silver Choice Plus Advanced POS	UnitedHealthcare Silver Choice Plus Advanced POS	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
Bronze	Anthem	Anthem Bronze Standard Pathway X PPO	Anthem Bronze Standard Pathway X PPO	-5%	-1%	-1%	-5%	-2%	-5%	-5%	-2%	-2%	-2%
Bronze	Anthem	Anthem Bronze Standard Pathway X PPO w HSA	Anthem Bronze Standard Pathway X PPO w HSA	-15%	-12%	-12%	-15%	-12%	-15%	-15%	-12%	-12%	-12%
Bronze	Anthem	Anthem Bronze Pathway X HMO Plus w HSA	Anthem Bronze Pathway X HMO Plus w HSA	0%	3%	3%	0%	3%	0%	0%	3%	3%	3%
Bronze	HCT	HealthyCT Bronze Basic Standard PPO	HealthyCT Bronze Basic Standard SG PPO	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Bronze	HCT	HealthyCT Bronze Basic Standard HSA	HealthyCT Bronze Basic Standard SG HSA	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%
Bronze	UHC	UnitedHealthcare Standard Bronze POS	UnitedHealthcare Bronze Standard Choice Plus POS	-7%	-7%	-7%	-7%	-7%	-7%	-7%	-7%	-7%	-7%
Bronze	UHC	UnitedHealthcare Standard Bronze HSA	UnitedHealthcare Bronze Standard Choice Plus HSA	-9%	-9%	-9%	-9%	-9%	-9%	-9%	-9%	-9%	-9%

# Appendix B

## Approaches to Reducing Rates



## Appendix B

# Examples of Approaches to Reduce Rates

- Examples of approaches states have taken or are considering to impact rates include
  - All-payer rate setting for hospital services (MD)
  - Promoting delivery system reform (e.g., ACOs, provider risk sharing)
  - Setting growth caps in rates and/or provider reimbursements (MA/RI)
  - Consumer driven plan design approaches
  - Increased competition / competitive bidding / active purchasing (CA)
  - Regulatory support for narrow networks
  - State loss ratio requirements
  - State-specific reinsurance program (OR)
  - Other data driven strategies (i.e., to identify and address cost drivers)
- It is important to note that lowering rates in the individual market will have little impact on subsidized enrollees who pay a fixed amount, based on income, toward the Second Lowest Cost Silver plan

# Appendix C

## Consumer Impact Analysis

## Appendix C

# Background

- This section outlines the premium changes to consumers in the individual market after reflecting federal premium subsidies
- Impacts are calculated based on carrier plan mappings provided to Wakely by AHCT
- Weighted averages are based on enrollment by plan and county provided to Wakely by AHCT

## Appendix C

# Background

- Premium impact for individuals and households vary based on:
  - Member age(s)
  - The number of family members
  - Geographic region
  - Eligibility for subsidies, i.e. advanced premium tax credit (“APTC”)
  - Income and household size
  - Plan selection

## Subsidy Calculation

- Subsidy eligible households receive a premium subsidy that is equal to difference between
  - The full premium for the second lowest cost silver (benchmark) plan available for the covered family members
  - A portion of their household income as defined on the next slide

## Appendix C

# Subsidy Calculation

Income % Poverty	Income Range in Dollars for a single individual in 48 states + DC		Premium Cap Max % of Income for 2nd Lowest Silver	
	2015 benefit year	2016 benefit year	2015	2016
Under 133%	Less than \$15,521	Less than \$15,654	2.01%	2.03%
133% - 150%	\$15,521 - \$17,505	\$15,654 - \$17,655	3.02% - 4.02%	3.05% - 4.07%
150% - 200%	\$17,505 - \$23,340	\$17,655 - \$23,540	4.02% - 6.34%	4.07% - 6.41%
200% - 250%	\$23,340 - \$29,175	\$23,540 - \$29,425	6.34% - 8.10%	6.41% - 8.18%
250% - 300%	\$29,175 - \$35,010	\$29,425 - \$35,310	8.10% - 9.56%	8.18% - 9.66%
300% - 400%	\$35,010 - \$46,680	\$35,310 - \$47,080	9.56%	9.66%
Over 400%	More than \$46,680	More than \$47,080	No Cap	No Cap

Sources: <http://aspe.hhs.gov/prior-hhs-poverty-guidelines-and-federal-register-references> AB2  
and <http://www.irs.gov/pub/irs-drop/rp-14-62.pdf>

## Slide 110

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**AB2**

I did not update the source - we updated the table ourselves this year - not sure there is a source to cite

Aree Bly, 9/11/2015

## Consumer Premiums

- Benchmark plan: Subsidy eligible households pay up to the defined % of income for the Essential Health Benefits (EHB) portion of benchmark premium
- Non-Benchmark plan: Consumers pay the amount above, plus/minus the difference between their selected plan and the benchmark
- Advanced payment (APTC): federal government pays APTC directly to carrier, reducing consumer premium



## Drivers of After Subsidy Rate Changes

- Change in Second Lowest Silver plan/premium
- Change in plan premium relative to Second Lowest Silver premium
- Change in income, household size
- Updates to FPL
- Consumer stays in same plan or shops

## Appendix C

# Change in Benchmark Plan and Subsidies

- The next slide illustrates the change in the benchmark (second lowest cost silver plan) by county for an age 21 individual, assuming no aging
- Key observations include:
  - The benchmark carrier is changing in four of the eight counties
  - Benchmark premium changes vary by county from -1.3% to 5.4%
  - Litchfield has the highest rate increase / subsidy increase
  - Benchmark premium is decreasing in Hartford, Middlesex and New Haven

## Appendix C

# Change in Benchmark Plan

			2015 Benchmark Plan		2016 Benchmark Plan	
County	2015 Enrollment in County	Benchmark Premium Change	Issuer	Plan Name	Issuer	Plan Name
Fairfield	29,969	0.3%	HealthyCT	CO-Options Enhanced Silver, a Multi-State Plan	CBI	Silver Choice POS
Hartford	21,793	-1.3%	CBI	Silver Select POS	CBI	Silver Choice POS
Litchfield	6,600	5.4%	HealthyCT	CO-Options Enhanced Silver, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan
Middlesex	4,785	-1.3%	CBI	Silver Select POS	CBI	Silver Choice POS
New Haven	21,090	-1.3%	HealthyCT	CO-Options Enhanced Silver, a Multi-State Plan	CBI	Silver Choice POS
New London	6,774	3.0%	Anthem	Silver PPO Pathway X, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan
Tolland	3,227	3.7%	HealthyCT	CO-Options Enhanced Silver, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan
Windham	2,633	3.0%	Anthem	Silver PPO Pathway X, a Multi-State Plan	Anthem	Silver PPO Pathway X, a Multi-State Plan

## Appendix C

## Change in Benchmark Premium and Subsidies – Sample Households

- The next two slides illustrate the change in the benchmark premium and premium subsidy amounts by county for two hypothetical households assuming auto-renewal
- Results for other household scenarios will vary
- Key observations for sample household 1 include
  - Benchmark premiums are increasing by 3% on average, ranging by county from 1% to 8%
  - Average subsidies for this household are increasing by 3% across all counties and range from 0% to 13% by county
  - Litchfield has the highest rate increase / subsidy increase

## Appendix C

# Change in Benchmark Premiums/Subsidies – Sample Household 1

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).

County	Enrollment Distribution by County	Monthly Benchmark Premium (Before Tax Credit)				Monthly Premium Subsidy			
		2015	2016	\$ Change	% Change	2015	2016	\$ Change	% Change
Fairfield	30.9%	\$310	\$321	\$11	4%	\$185	\$191	\$6	3%
Hartford	22.5%	\$258	\$260	\$3	1%	\$131	\$132	\$0	0%
Litchfield	6.8%	\$262	\$282	\$20	8%	\$138	\$156	\$18	13%
Middlesex	4.9%	\$280	\$283	\$3	1%	\$154	\$154	\$1	0%
New Haven	21.8%	\$288	\$293	\$5	2%	\$164	\$164	\$0	0%
New London	7.0%	\$268	\$282	\$14	5%	\$144	\$156	\$12	8%
Tolland	3.3%	\$266	\$282	\$15	6%	\$142	\$156	\$14	10%
Windham	2.7%	\$268	\$282	\$14	5%	\$144	\$156	\$12	8%
<b>TOTAL</b>	100%	<b>\$283</b>	<b>\$292</b>	<b>\$9</b>	<b>3%</b>	<b>\$158</b>	<b>\$163</b>	<b>\$5</b>	<b>3%</b>

## Appendix C

# Change in Benchmark Premiums/Subsidies – Sample Household 2

For family of four with income of 350% FPL, adults age 36 (37 in 2016) and two children under age 21

County	Enrollment Distribution by County	Monthly Benchmark Premium (Before Tax Credit)				Monthly Premium Subsidy			
		2015	2016	\$ Change	% Change	2015	2016	\$ Change	% Change
Fairfield	30.9%	\$1,128	\$1,146	\$18	2%	\$460	\$449	-\$11	-2%
Hartford	22.5%	\$939	\$931	-\$8	-1%	\$263	\$237	-\$26	-10%
Litchfield	6.8%	\$955	\$1,008	\$53	6%	\$287	\$325	\$38	13%
Middlesex	4.9%	\$1,020	\$1,012	-\$8	-1%	\$344	\$317	-\$27	-8%
New Haven	21.8%	\$1,049	\$1,049	-\$1	0%	\$381	\$353	-\$28	-7%
New London	7.0%	\$976	\$1,008	\$32	3%	\$309	\$325	\$15	5%
Tolland	3.3%	\$971	\$1,008	\$37	4%	\$303	\$325	\$22	7%
Windham	2.7%	\$976	\$1,008	\$32	3%	\$309	\$325	\$15	5%
<b>TOTAL</b>	100%	<b>\$1,031</b>	<b>\$1,042</b>	<b>\$11</b>	<b>3%</b>	<b>\$361</b>	<b>\$349</b>	<b>-\$12</b>	<b>-3%</b>

## Appendix C

# Weighted Average Premium Changes - Sample Households

- The following slides show the change in average premium by area (weighted by AHCT enrollment by plan in each area) before and after subsidy for two different household scenarios (defined at the top of each page)
- Averages are weighted by enrollment based on 2015 distribution by county and plan provided by AHCT
- The table shows rate changes before and after subsidy assuming the household auto-renews in 2016 based on its 2015 plan
- Averages represent the impact if all enrollees in the county had the same household characteristics as the example
- Impact will vary for other household scenarios

## Appendix C

# Weighted Average Premium Changes – Sample Household 1

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).  
Premiums are weighted by 2015 enrollment in all plans within a county.

County	Enrollment Distr. By County	Change in Subsidy	Wtd Avg Premium Before Subsidy			Wtd Avg Premium After Subsidy		
			2015	2016	Change	2015	2016	Change
Fairfield	30.9%	\$6	\$302	\$319	6%	\$119	\$131	10%
Hartford	22.5%	\$0	\$246	\$253	3%	\$117	\$124	6%
Litchfield	6.8%	\$18	\$255	\$271	6%	\$119	\$117	-2%
Middlesex	4.9%	\$1	\$267	\$275	3%	\$116	\$124	7%
New Haven	21.8%	\$0	\$274	\$288	5%	\$113	\$127	12%
New London	7.0%	\$12	\$256	\$268	5%	\$115	\$115	0%
Tolland	3.3%	\$14	\$255	\$269	5%	\$116	\$117	0%
Windham	2.7%	\$12	\$257	\$269	5%	\$114	\$115	1%
<b>TOTAL</b>	<b>100%</b>	<b>\$5</b>	<b>\$273</b>	<b>\$286</b>	<b>5%</b>	<b>\$117</b>	<b>\$125</b>	<b>7%</b>



## Appendix C

# Weighted Average Premium Changes – Sample Household 2

For family of four with income of 350% FPL, adults age 36 (37 in 2016) and two children under age 21. Premiums are weighted by 2015 enrollment in all plans within a county.

County	Enrollment For County	Change in Subsidy	Wtd Avg Premium Before Subsidy			Wtd Avg Premium After Subsidy		
			2015	2016	Change	2015	2016	Change
Fairfield	30.9%	-\$11	\$1,101	\$1,142	4%	\$647	\$698	8%
Hartford	22.5%	-\$26	\$897	\$905	1%	\$638	\$672	5%
Litchfield	6.8%	\$38	\$929	\$969	4%	\$647	\$649	0%
Middlesex	4.9%	-\$27	\$972	\$984	1%	\$634	\$672	6%
New Haven	21.8%	-\$28	\$1,000	\$1,030	3%	\$625	\$683	9%
New London	7.0%	\$15	\$934	\$959	3%	\$630	\$639	2%
Tolland	3.3%	\$22	\$929	\$961	4%	\$633	\$645	2%
Windham	2.7%	\$15	\$935	\$963	3%	\$630	\$642	2%
<b>TOTAL</b>	<b>100%</b>	<b>-\$12</b>	<b>\$993</b>	<b>\$1,021</b>	<b>3%</b>	<b>\$637</b>	<b>\$677</b>	<b>6%</b>

## Appendix C

# After Subsidy Rate Impact – Sample Households

- The following slides show rate impact before and after subsidies for the lowest cost silver and lowest cost bronze plans in each county for our two sample households
- The first panel of numbers shows the monthly rate change before subsidies for the 2015 lowest cost plan compared to the 2016 plan members are auto-renewed into
- The second panel of numbers shows the after-subsidy monthly rate change for the 2015 lowest cost plan compared to the 2016 plan members are auto-renewed into
- The third panel of numbers shows the monthly after-subsidy rate change for the 2015 lowest cost plan compared to the 2016 lowest plan assuming the individual moves to that plan (plan name is in the third column)
  - The lowest cost Silver plan is changing in Fairfield, Litchfield, New Haven and Tolland, creating savings opportunities by switching plans
- Results will vary for other household scenarios

## Appendix C

# Lowest Cost Silver Impact - Sample Household 1

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).

County	Lowest Cost Silver Plan		Lowest Silver Before Tax Credit - Auto Renew			Lowest Silver After Tax Credit - Auto Renew			Lowest Silver After Tax Credit - Switch to 2016 Lowest		
	2015	2016	2015	2016	Change	2015	2016	Change	2015	2016	Change
Fairfield	HealthyCT, Silver Enhanced Standard PPO	CBI, Silver Standard POS	\$306	\$338	11%	\$120	\$147	22%	\$120	\$128	6%
Hartford	CBI, Silver Standard POS	CBI, Silver Standard POS	\$257	\$259	1%	\$126	\$128	2%	\$126	\$128	2%
Litchfield	HealthyCT, Silver Enhanced Standard PPO	Anthem, Silver PPO Standard Pathway X	\$259	\$286	10%	\$121	\$130	7%	\$121	\$122	1%
Middlesex	CBI, Silver Standard POS	CBI, Silver Standard POS	\$280	\$282	1%	\$126	\$128	2%	\$126	\$128	2%
New Haven	HealthyCT, Silver Enhanced Standard PPO	CBI, Silver Standard POS	\$284	\$314	10%	\$121	\$150	24%	\$121	\$128	6%
New London	Anthem, Silver PPO Standard Pathway X	Anthem, Silver PPO Standard Pathway X	\$268	\$278	4%	\$123	\$122	-1%	\$123	\$122	-1%
Tolland	HealthyCT, Silver Enhanced Standard PPO	Anthem, Silver PPO Standard Pathway X	\$263	\$291	10%	\$121	\$134	11%	\$121	\$122	1%
Windham	Anthem, Silver PPO Standard Pathway X	Anthem, Silver PPO Standard Pathway X	\$268	\$278	4%	\$123	\$122	-1%	\$123	\$122	-1%

## Appendix C

# Lowest Cost Silver Impact - Sample Household 2

For family of four with income of 350% FPL, adults age 36 (37 in 2016) and two children under age 21.

County	Lowest Cost Silver Plan		Lowest Silver Before Tax Credit - Auto Renew			Lowest Silver After Tax Credit - Auto Renew			Lowest Silver After Tax Credit - Switch to 2016 Lowest		
	2015	2016	2015	2016	Change	2015	2016	Change	2015	2016	Change
Fairfield	HealthyCT, Silver Enhanced Standard PPO	CBI, Silver Standard POS	\$1,114	\$1,208	8%	\$654	\$759	16%	\$654	\$692	6%
Hartford	CBI, Silver Standard POS	CBI, Silver Standard POS	\$937	\$927	-1%	\$674	\$690	2%	\$674	\$690	2%
Litchfield	HealthyCT, Silver Enhanced Standard PPO	Anthem, Silver PPO Standard Pathway X	\$943	\$1,022	8%	\$656	\$697	6%	\$656	\$670	2%
Middlesex	CBI, Silver Standard POS	CBI, Silver Standard POS	\$1,018	\$1,008	-1%	\$675	\$691	2%	\$675	\$691	2%
New Haven	HealthyCT, Silver Enhanced Standard PPO	CBI, Silver Standard POS	\$1,036	\$1,123	8%	\$655	\$769	17%	\$655	\$691	6%
New London	Anthem, Silver PPO Standard Pathway X	Anthem, Silver PPO Standard Pathway X	\$975	\$995	2%	\$666	\$670	1%	\$666	\$670	1%
Tolland	HealthyCT, Silver Enhanced Standard PPO	Anthem, Silver PPO Standard Pathway X	\$959	\$1,039	8%	\$656	\$714	9%	\$656	\$670	2%
Windham	Anthem, Silver PPO Standard Pathway X	Anthem, Silver PPO Standard Pathway X	\$975	\$995	2%	\$666	\$670	1%	\$666	\$670	1%

## Appendix C

# Lowest Cost Bronze Impact - Sample Household 1

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).

County	Lowest Cost Bronze Plan		Lowest Bronze Before Tax Credit - Auto-Renew			Lowest Bronze After Tax Credit - Auto Renew			Lowest Bronze After Tax Credit - Switch to 2016 Lowest		
	2015	2016	2015	2016	Change	2015	2016	Change	2015	2016	Change
Fairfield	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$193	\$201	4%	\$7	\$10	29%	\$7	\$10	29%
Hartford	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$157	\$163	4%	\$25	\$31	24%	\$25	\$31	24%
Litchfield	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$173	\$180	4%	\$35	\$24	-32%	\$35	\$24	-32%
Middlesex	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$170	\$177	4%	\$17	\$23	38%	\$17	\$23	38%
New Haven	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$177	\$184	4%	\$13	\$19	54%	\$13	\$19	54%
New London	Anthem, Bronze HMO Pathway X Enhanced for HSA	CBI, Bronze Select POS HSA	\$179	\$195	9%	\$34	\$39	14%	\$34	\$31	-8%
Tolland	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$178	\$185	4%	\$35	\$29	-19%	\$35	\$29	-19%
Windham	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$178	\$185	4%	\$33	\$29	-14%	\$33	\$29	-14%

## Appendix C

# Lowest Cost Bronze Impact - Sample Household 2

For family of four with income of 350% FPL, adults age 36 (37 in 2016) and two children under age 21.

County	Lowest Cost Bronze Plan		Lowest Bronze Before Tax Credit - Auto-Renew			Lowest Bronze After Tax Credit - Auto Renew			Lowest Bronze After Tax Credit - Switch to 2016 Lowest		
	2015	2016	2015	2016	Change	2015	2016	Change	2015	2016	Change
Fairfield	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$703	\$718	2%	\$243	\$268	10%	\$243	\$268	10%
Hartford	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$571	\$583	2%	\$308	\$346	12%	\$308	\$346	12%
Litchfield	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$630	\$643	2%	\$343	\$319	-7%	\$343	\$319	-7%
Middlesex	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$621	\$634	2%	\$277	\$317	14%	\$277	\$317	14%
New Haven	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$643	\$657	2%	\$262	\$303	16%	\$262	\$303	16%
New London	Anthem, Bronze HMO Pathway X Enhanced for HSA	CBI, Bronze Select POS HSA	\$650	\$698	7%	\$341	\$374	10%	\$341	\$346	2%
Tolland	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$647	\$660	2%	\$344	\$336	-2%	\$344	\$336	-2%
Windham	CBI, Bronze Select POS HSA	CBI, Bronze Select POS HSA	\$647	\$660	2%	\$337	\$336	0%	\$337	\$336	0%

## Appendix C

# Weighted Average Premium Change by County and Metal Tier – Sample Households

- The following slides show average premium changes by county and metal tier before and after subsidies for two different household scenarios (defined at the top of each page)
  - Averages are weighted by enrollment based on 2015 distribution by county and plan provided by AHCT
- Assumes the household auto-renews in 2016 based on its 2015 plan.
- Counties with higher increases in benchmark plan rates have lower after subsidy rate increases.

## Appendix C

# Weighted Average Premium Change by County and Metal Tier – Household 1

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).  
Premiums are weighted by 2015 enrollment in all plans within a county and metal tier.

		Platinum			Gold		
County	% Change in Benchmark Premium (no aging)	2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium	2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium
Fairfield	0.3%	367	3%	3%	5,281	8%	13%
Hartford	-1.3%	363	3%	5%	3,222	6%	10%
Litchfield	5.4%	49	3%	-3%	1,214	8%	3%
Middlesex	-1.3%	61	3%	5%	709	6%	11%
New Haven	-1.3%	261	3%	6%	3,132	7%	14%
New London	3.0%	58	3%	0%	942	6%	4%
Tolland	3.7%	42	3%	-1%	548	7%	4%
Windham	3.0%	20	3%	0%	421	7%	5%
<b>TOTAL</b>	<b>0.2%</b>	<b>1,221</b>	<b>3%</b>	<b>4%</b>	<b>15,469</b>	<b>7%</b>	<b>11%</b>



## Appendix C

# Weighted Average Premium Change by County and Metal Tier – Household 1

For single age 26 year old (27 in 2016) with income of 200% FPL (approximately \$23,340 in 2014).  
Premiums are weighted by 2015 enrollment in all plans within a county and metal tier.

County	% Change in Benchmark Premium (no aging)	Silver			Bronze		
		2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium	2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium
Fairfield	0.3%	17,044	4%	5%	6,896	5%	14%
Hartford	-1.3%	13,162	1%	2%	4,648	4%	17%
Litchfield	5.4%	3,873	6%	-2%	1,360	6%	-17%
Middlesex	-1.3%	2,832	1%	2%	1,109	4%	18%
New Haven	-1.3%	12,920	4%	8%	4,410	5%	29%
New London	3.0%	4,113	4%	0%	1,551	6%	-2%
Tolland	3.7%	1,797	6%	1%	760	5%	-10%
Windham	3.0%	1,554	5%	0%	605	5%	-6%
<b>TOTAL</b>	<b>0.2%</b>	<b>57,295</b>	<b>3%</b>	<b>4%</b>	<b>21,339</b>	<b>5%</b>	<b>13%</b>

## Appendix C

# Weighted Average Premium Change by County and Metal Tier – Household 2

For family of four with income of 350% FPL, adults age 36 (37 in 2016) and two children under age 21. Premiums are weighted by 2015 enrollment in all plans within a county and metal tier.

		Platinum			Gold		
County	% Change in Benchmark Premium (no aging)	2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium	2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium
Fairfield	0.3%	367	1%	3%	5,281	6%	10%
Hartford	-1.3%	363	1%	4%	3,222	4%	8%
Litchfield	5.4%	49	1%	-2%	1,214	6%	3%
Middlesex	-1.3%	61	1%	4%	709	4%	9%
New Haven	-1.3%	261	1%	5%	3,132	5%	11%
New London	3.0%	58	1%	0%	942	4%	4%
Tolland	3.7%	42	1%	0%	548	5%	4%
Windham	3.0%	20	1%	0%	421	5%	5%
<b>TOTAL</b>	<b>0.2%</b>	<b>1,221</b>	<b>1%</b>	<b>3%</b>	<b>15,469</b>	<b>5%</b>	<b>9%</b>

## Appendix C

# Weighted Average Premium Change by County and Metal Tier – Household 2

For family of four with income of 350% FPL, adults age 36 (37 in 2016) and two children under age 21. Premiums are weighted by 2015 enrollment in all plans within a county and metal tier.

County	% Change in Benchmark Premium (no aging)	Silver			Bronze		
		2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium	2015 Enrollment in Metal & County	Before Subsidy Premium	After Subsidy Premium
Fairfield	0.3%	17,044	2%	5%	6,896	3%	10%
Hartford	-1.3%	13,162	-1%	3%	4,648	2%	11%
Litchfield	5.4%	3,873	4%	0%	1,360	4%	-3%
Middlesex	-1.3%	2,832	-1%	3%	1,109	2%	11%
New Haven	-1.3%	12,920	2%	7%	4,410	3%	15%
New London	3.0%	4,113	2%	1%	1,551	4%	3%
Tolland	3.7%	1,797	4%	2%	760	3%	0%
Windham	3.0%	1,554	3%	2%	605	3%	1%
<b>TOTAL</b>	<b>0.2%</b>	<b>57,295</b>	<b>1%</b>	<b>4%</b>	<b>21,339</b>	<b>3%</b>	<b>9%</b>

## Simplified AHCT Example

- Ted is 26, single, lives in Fairfield and has an annual income of roughly \$23,340, or 200% FPL
  - Subsidy calculation is based on household contribution of 6.3% of income, or \$124 / month toward the 2<sup>nd</sup> lowest cost silver plan (benchmark)

## Simplified AHCT Example

- Ted wanted to enroll in a low cost silver plan in 2015 so he could get cost sharing reductions
  - Monthly rates for the two lowest cost options (before subsidy) were \$306 and \$310, both HealthyCT plans
  - Monthly subsidy is \$185 ( $\$310 - \$124$ )
  - After subsidy monthly costs are \$120 and \$124 for the two HealthyCT plans
  - Ted picks the lowest cost plan

## Appendix C

## Simplified AHCT Example - 2015

		Lowest Silver 2015	2nd Lowest Silver 2015
		HealthyCT	HealthyCT
<b>Rates Before Subsidy</b>	<b>2015</b>	\$306	\$310
<b>Subsidy</b>	<b>2015</b>	\$185	
<b>Rates After Subsidy</b>	<b>2015</b>	\$120	\$124

## Example - Changes for 2016

- The two lowest cost silver plans are now offered by CBI
  - Both are higher than the 2015 lowest cost silver plans, but below the renewal rates for the HealthyCT plans
- Benchmark plan changes from HealthyCT to CBI
- Benchmark monthly premium changes from \$310 in 2015 to \$321 in 2016
- Subsidy goes up by roughly \$6 / month

## Example - Changes for 2016

- The HealthyCT plan Ted enrolled in is no longer the lowest cost silver plan, so he must “buy-up” from the benchmark if he wants this HealthyCT plan
- Monthly rate for Ted’s plan increases \$26 from \$120 to \$147
- Ted’s lowest cost option for 2016 is a CBI plan for \$128 / month



## Appendix C

# Example - Changes for 2016

		Lowest Silver 2015	2nd Lowest Silver 2015	Lowest Silver 2016	2nd Lowest Silver 2016
		HealthyCT	HealthyCT	CBI	CBI
Rates Before Subsidy	2015	\$306	\$310	N/A	N/A
	2016	\$338	\$353	\$319	\$321
	\$ Increase	\$32	\$43	N/A	N/A
	% Increase	11%	14%	N/A	N/A
Subsidy	2015	\$185		\$185	
	2016	\$191		\$191	
	\$ Increase	\$6		\$6	
	% Increase	3%		3%	
Rates After Subsidy	2015	\$120	\$124	N/A	N/A
	2016	\$147	\$162	\$128	\$129
	\$ Increase	\$26	\$37	N/A	N/A
	% Increase	22%	30%	N/A	N/A

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# Strategy Committee

# Metrics

Metric	Measure	Frequency
Call Center User Satisfaction	<i>Satisfaction with call center help</i>	Weekly/Monthly
Website User Satisfaction	<i>Value of website information</i>	Monthly
Net Promoter Score	<i>Success of consumer experience, measured by recommending AHCT to others</i>	Once a year (during annual survey)
Member Retention	<i>Re-enrolled members during Open Enrollment</i>	Annually
Open Enrollment Goal	<i>QHP customers vs. membership goal</i>	Annually
Staff Diversity	<i>Male/Female ratio and ethnicity percentages</i>	Quarterly
Turnover of High Performers	<i>Employee Turnover rate</i>	Annually
Budget vs. Actual	<i>Operating within 5% of targets</i>	Monthly
Exchange Solutions: Potential Customers Actively Prospected and Sold	<i>Customers prospected and sold services, actual vs. plan</i>	Quarterly
SHOP: Total Quotes, New Groups, Renewal Retention and Membership	<i>Number of quotes, new groups, retention rate, and membership, actual vs. plan</i>	Quarterly
APCD: Vendor Implementation, Process Management and Analytics	<i>Achievement of goals for data collection and reporting</i>	Quarterly

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## Adjournment