



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

**Connecticut Health Insurance Exchange
Board of Directors Regular Meeting**

Legislative Office Building
Room 2A
Hartford, CT

Thursday, September 18, 2014

Meeting Minutes

Members Present:

Lieutenant Governor Nancy Wyman (Chair); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Deputy Commissioner Anne Melissa Dowling, Connecticut Insurance Department (CID); Kathleen Brennan, Deputy Commissioner, Department of Social Services (DSS); Maura Carley; Paul Philpott; Grant Ritter; Robert Tessier; and Commissioner Patricia Rehmer, Department of Mental Health and Addiction Services

Members Absent: Commissioner Jewel Mullen, Department of Public Health (DPH); Vicki Veltri (Vice-Chair); Robert Scalettar, MD

Members Participating by Telephone: Cecelia Woods

Other Participants:

Health Insurance Exchange (HIX) Staff: James Wadleigh, Virginia Lamb, James Michel, Peter Nichol, Julie Lyons, Jason Madrak, Steven Sigal and Edith Lortie

DSS Staff: Kristin Dowty; CID Staff: Paul Lombardo; Chris Bach and Julia Lerche (Wakely Consulting) and Chris Barnes (The PERT Group)

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

A. Call to Order and Introductions

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

B. Public Comment

Chris Landon provided a public comment.

Kevin Galvin provided a public comment.

David Glidden provided a public comment.

Lt. Governor Wyman read a public comment provided by Arlene Murphy.

C. Review and Approval of Minutes

Lt. Governor Wyman requested a motion to approve the minutes from the **June 19, 2014** Regular Meeting.

Kathleen Brennan, Deputy Commissioner, DSS, requested that the last paragraph on page 2, Section E (“Operations Update”) of the minutes of the June 19, 2014 Regular Meeting be amended and replaced with the following language: “Commissioner Bremby sought to clarify the statement in the Operations Report, under ‘Printing/ Scanning/ Data Entry,’ that the biggest challenge faced in reducing the number of documents needing to be entered into the DSS Eligibility Management System by Xerox workers is the defective PDFs received from the Access Health CT module of the CT integrated eligibility system. This is the root cause of the backlog being reported.”

Motion was made by Grant Ritter to approve the minutes, as amended, by Deputy Commissioner Brennan. Motion was seconded by Secretary Barnes. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to approve the minutes from the **August 21, 2014** Special Meeting. Motion was made by Robert Tessier and seconded by Grant Ritter. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to approve the minutes from the **August 22, 2014** Special Meeting. Motion was made by Robert Tessier and seconded by Grant Ritter. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to approve the minutes from the **August 27, 2014** Special Meeting. Motion was made by Robert Tessier and seconded by Grant Ritter. ***Motion passed unanimously.***

D. CEO Update

Acting CEO Jim Wadleigh provided an update on Access Health CT (AHCT) activities. Future board updates will focus on improved customer service, Open Enrollment (OE) readiness, the DSS/impaCT integration project and Exchange Solutions. AHCT has had limited feedback and guidance from the federal government regarding grant funding of the Navigator and In-person Assister (NIPA) program. A “Frequently Asked Questions” (FAQ) document is expected to be released, which would allow AHCT to apply for grant funding for the program. AHCT will offer a full shopping experience for dental insurance for 2015. A consumer communication program is being advanced in preparation for OE. Healthy Chats have begun. Connecticut has the only exchange, state or federal, that is offering automatic re-enrollment for Medicaid and Qualified Health Plan (QHP) customers. The Center for Consumer Information and Insurance Oversight (CCIIO) will be performing an OE readiness assessment over the coming weeks. AHCT held a press conference regarding the results of The PERT Group survey. Exchange Solutions has started generating revenue. The Project Management Institute has announced that AHCT is one of three finalists for the Global Project Management of the year award.

Robert Tessier requested additional details regarding renewals and the redetermination of Advance Premium Tax Credits (APTCs). Mr. Wadleigh replied that for those customers who have not had a change in life events, the system will automatically run through the new environment. A document will be sent to customers explaining auto-renewal with a summary of the carrier, plan, etc. Medicaid customers will be automatically re-determined. Jason Madrak, AHCT’s Chief Marketing Officer, added that there will be three different mailings to QHP customers regarding the renewal process. First, a step-by step guide will be sent before October 1. Second, a renewal notice will be sent on October 1 and, third, another renewal notice is scheduled for November 1. Kristin Dowty of DSS added that for Medicaid customers, mailings will be sent in advance for auto-renewal and customers will be asked to verify their information and/or provide any updated information. Consumers will be encouraged to renew and report changes online. Medicaid customers will be mailed a pre-

filled application and will be eligible for auto-renewal. Paul Philpott inquired about when the customer would receive information about any premium increases given that such information will likely impact the customer's choice whether to auto-renew in their existing plan or to change plans. He was advised this information would be provided in the renewal notice.

E. Operations Update

James Michel, Director of Operations, provided the operations update. Total membership is 283,114 members of which 16,838 members are insured in a Qualified Health Plan (QHP) without an APTC; 59,256 members are insured in a QHP with an APTC; and 207,020 members are covered through Medicaid. QHP membership remains stable and is expected to remain stable. Medicaid enrollment is continuously open and DSS's recent redetermination process has impacted Medicaid membership. Mr. Wadleigh commented that Connecticut is leading the country on the number of customers who continue to pay their premium.

F. IT Update

Peter Nichol, Director of IT, provided the IT update. AHCT's mobile application is gaining traction. Since its launch, there have been 4,500 mobile application downloads; 1,750 verification documents uploaded; 3,200 prescreens conducted; and 9,000 message views in the inbox. The "unsubsidized" mobile application is scheduled for release in November. A voter registration link in the mobile application, developed in collaboration with the Office of the Secretary of State, is forthcoming. The August 22 release of the Integrated Eligibility System included additional reporting, data warehouse and performance improvements. There was also a plan management release on September 5 with a second release scheduled for September 26. The November 7 IT release will include the addition of a new carrier to the system, IRS 1095 reporting, the ability to purchase dental coverage, and automated renewals for existing membership. The Federal Data Services Hub will be leveraged for auto-enrollment. Phase I testing has passed and work now moves to Phase II. AHCT is also working on improvements to the consumer portal.

Edith Lortie, AHCT Enterprise Architect, provided an introduction and demonstration of AHCT's new on-line virtual assistant, an avatar named "Tina." "Tina" will appear on AHCT's consumer portal before open enrollment and provide shopping, eligibility and enrollment guidance in English and Spanish.

G. Open Enrollment

Julie Lyons, Director of Plan Management provided the 2015 Open Enrollment update for Plan Management. The Small Business Healthy Options Programs (SHOP) is in a transition phase. The SHOP team is focused on administrative and operational processes to support both new and renewal business. Tracking systems are being put in place to track the life cycle of quotes and to document and resolve issues. The SHOP website is being redesigned. At the next board meeting, a strategic plan, an update on sales and membership, and a marketing plan will be presented. Lt. Governor Wyman asked that the SHOP subcommittee be convened. Ms. Lyons stated that a meeting is anticipated before the next board meeting. Ms. Lyons also reported on QHP certification. AHCT meets at least weekly with the carriers. Current focus is on benefit and plan designs and how this information will appear on the shopping portal. This year, carriers will be taking on a larger responsibility for the accuracy of their data. For 2015 stand-alone dental will be available as a full shopping experience. There have been several meetings with the dental carriers concerning electronic data submission and, at the next board meeting, there will be a demonstration on the dental shopping consumer portal.

Jason Madrak, Chief Marketing Officer provided an update on the Open Enrollment work stream status. AHCT staff continues to meet weekly to coordinate activity and drive progress. Recruitment has started for employees to work in the customer service centers. AHCT is finding qualified individuals who are multi-lingual and willing to accept a job for a period of only 90 days.

AHCT has been working with DSS and OHA on the community outreach strategy for 2015. Outreach will continue to be managed through multiple channels including the storefronts, mobile enrollment events, and engagement with community partners, such as federally qualified health centers (FQHC). This year's objectives include: (1) continuing to raise awareness about the benefits of accessing affordable health insurance amongst those who still do not have coverage; (2) reinforcing the benefits and opportunities for enrolling in coverage via AHCT for those who may already have coverage but may see a better value in an AHCT product; (3) communicating the value of AHCT standard plan designs for those currently enrolled through AHCT; and, (4) continuing to elevate consumer understanding of insurance products and educating residents on full utilization of their current coverage. Community outreach for the 90-day open enrollment period was developed in response to the following key factors: (1) individuals seeking coverage need trusted and familiar resources in their geography that are conveniently accessible via public transportation and in places that may already be frequenting for advice and services; (2) support resources need to be consistently available throughout the week with established hours at visible and/or public locations; (3) resources need access to scalable technology to facilitate enrollment; and (4) opportunities to engage in-person assistance for those unable to use online channels.

During the 90-day open enrollment period, AHCT, along with DSS and OHA, propose to work with community partners in areas with large remaining uninsured populations. These community partners include the Connecticut Library Association, Department of Labor, New Opportunities, the Hispanic Health Council, the Access Community Action Agency and United Community and Family Services. These organizations have already been contacted to discuss program elements and meetings have occurred with some of the organizations and conversations continue. Community outreach plans include: (1) promotion of the partner locations; (2) computer support; (3) collateral and signage providing a branded space; (4) rotating AHCT support staff into these locations; and (5) enrollment training and support for partner staff who wish to be certified. Mr. Tessier inquired whether 20 storefront staff and 20 additional staff covering the six proposed organizations on a rotating basis would be sufficient. Mr. Madrak replied that 20 or more locations at the community partner sites will be chosen in key cities. Employees, depending on volume, will be at those locations every day. Secretary Barnes asked if compared to last year, this is a more closely controlled effort with respect to Navigators and In-Person Assisters (NIPA)? Mr. Madrak replied yes. Secretary Barnes noted that last year there was a large group of human services professionals who were involved in assisting customers and asked about efforts to engage them for the upcoming open enrollment. Mr. Madrak noted that those organizations may still receive training to assist with enrollment and obtain educational materials. AHCT has also reached out to the top performing assisters from last year to explore their becoming part of the field services staff. The majority were unable to participate, because they already have full time employment.

Lt. Governor Wyman asked how the unions may contact AHCT to become active in open enrollment. Mr. Madrak encouraged them to do so. Deputy Commissioner Dowling encouraged the use of the library system noting that it is free and safe and offered to assist with reaching out to libraries. Commissioner Rehmer noted that there may be outreach opportunities through mental health organizations, especially private non-profits, and offered to reach out to those groups.

Mr. Madrak noted that beyond the 90-day open enrollment, there will be a need for continued community-based consumer support. In terms of funding, CMS may provide grant opportunities and AHCT would apply for

these funds for outreach, education and marketing programs. Because enrollment is predominantly Medicaid-eligible, funds would have a substantial Medicaid allocation and would require a symmetrical funding filing by DSS. Alternatively, DSS may be able to apply for an “operating advanced planning document award” that would support a year-round community based program. These funds would be used to secure full time personnel within OHA to coordinate and administer the program and to support community partners.

While the year-long program is not finalized yet, it is anticipated that the program would include 6 regional agencies performing consumer enrollment functions with 9 employees to lead consumer outreach efforts within these agencies. Twelve full-time staff would be hired to handle daily enrollment activities. An additional 12 agencies would be provided with funding for 12 full time enrollment assisters. Annual funding would be provided to support required supplies, printed materials, training and other items necessary for successful outreach efforts. Mr. Sigal noted that it is likely there would be a better opportunity for a sustainable program, if DSS applies for an operating advanced planning document award (APD). A new cost allocation based on membership achieved, for example, 80% - 90% DSS and 10% QHP would be required.

Ms. Carley inquired as to the income of those who remain uninsured. Mr. Madrak replied that AHCT is in the process of continuing its work with The PERT Group and it is getting more detailed profiles.

H. PERT Group Presentation

Chris Barnes of The PERT Group presented the results of Pert’s study of AHCT’s current enrollees. The Pert Group’s report (available [here](#)) and findings were discussed. Mr. Philpott asked if the data on page 27, related to re-enrollment likelihood-QHP, was bifurcated based on subsidy versus no subsidy. Mr. Barnes replied that it was. Mr. Philpott requested the bifurcated data. With respect to page 6, Mr. Philpott recommended that the Board discuss how it should act as an advocate beyond the enrollment period, particularly for QHP enrollees. Mr. Wadleigh added that the vision is for AHCT to become a trusted advisor and have touch points year round with consumers and to work with DSS and the carriers to advocate for customers.

I. Wakely Consulting

Steve Sigal, CFO, introduced Chris Bach and Julia Lerche from Wakely Consulting Group who provided a summary of Wakely’s independent review of the carriers’ 2015 Department of Insurance rate filings, which included Wakely’s rate review process, 2015 rate changes, consumer impact analysis and rate outlier analysis. (Wakely’s report is available [here](#).) Ms. Lerche explained that due to a change in the price of the benchmark health plan to which subsidy calculations are tied, some AHCT customers could experience an increase in premium. The impact will vary by county and by plan.

J. Connecticut Insurance Department 2014 Access Health CT Rate Review

Paul Lombardo, Connecticut Insurance Department (CID) Insurance Actuary, provided a summary of CID’s rate review of plans that will be offered through the Exchange in 2015. This analysis is available on CID’s website. Mr. Lombardo noted that there are two filings over which CID does not have statutory oversight -- HealthyCT small group and United Healthcare small group. There were significant changes between the rates requested by carriers and the rates that CID approved. A major driver of this was the impact of the temporary reinsurance program. It is expected that rates will fluctuate over the next few years. The reinsurance program will eventually expire resulting in costs being directly related to the carrier. Mr. Ritter asked if carriers, including self-insured, are paying into the reinsurance program. Mr. Lombardo confirmed that each carrier must pay \$5.25 per member per month and those rates will decline in 2015 and 2016.

K. Adjournment

Lt. Governor Wyman requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Grant Ritter. **Motion passed unanimously.** Meeting adjourned at 12:00 p.m.

*The next meeting will be held on October 16, 2014 at the
Legislative Office Building, Room 1D, Hartford, CT.*