



Connecticut's Health Insurance Marketplace

Board of Directors Meeting

September 19, 2013

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. By-Laws Revisions
- E. CEO Report
- F. Operations and Information Technology Update
- G. Independent Verifications and Validation Update
- H. Plan Management Update
- I. Operational Processes
- J. Marketing Update
- K. Strategy Committee Update
- L. Finance Update
- M. Adjournment



Connecticut's Health Insurance Marketplace

Welcome and Introductions



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Public Comment



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Review and Approval of Minutes



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Vote



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By-Laws Revisions



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Vote



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CEO Report



Connecticut's Health Insurance Marketplace

Operations and Information Technology Update

Operations and Information Technology Risk Update

PROGRAM SUMMARY: Yellow

Schedule Risks	Overall
Resource Risks	
Quality Risks	
Scope Risks	
Issues	

Schedule Risk: The agreed-upon or required schedule will not be met.

Resource Risk: Resources such as people, budget, equipment, or other limited assets are not leveraged efficiently and effectively to achieve program success.

Quality Risk: Product (deliverables/solution) of the program will not meet the intended requirements or needs.

Scope Risk: Objectives of the program are not well defined/understood and progress/completion can not be effectively measured.

Issues: Critical concerns that impact above risks and require Board guidance

Operations and Information Technology Update

SCHEDULE RISKS

Level	Risk Definition	Mitigation Approach	Resolution Date	Responsible Party
	Late emergence of federal government guidelines have required additional IT development and operation model revisions (e.g. - eligibility, role based security, etc.).	AHCT continues to work with systems integrator and DSS to assure necessary technology and processes are in place for 10/01/13 deployment.	09/23/13	AHCT COO
	The technical and environmental complexities and dependencies are impacting the timely availability of the environments for final deployment and performance tuning.	BEST, DSS and AHCT continue to closely monitor the progress of the required environmental deployments.	09/23/13	AHCT CIO
	SHOP and document intake vendors were on-boarded later than plan which has compressed the end-to-end testing schedule.	SHOP, their IT vendor, and the document intake vendor are preparing for end-to-end testing.	09/23/13	AHCT COO
	Late emergence of federal government guidelines related to required reporting will require additional manual effort for compliance.	AHCT to develop remediations for go-live and prioritize post go-live report development.	11/11/13	AHCT COO

Operations and Information Technology Update

RESOURCE RISKS

Level	Risk Definition	Mitigation Approach	Resolution Date	Responsible Party
	Key System Integrator project resources have left the project (e.g. - functional lead, testing, work flow, security, project management, and system functional areas). The onboarding of replacement resources has impacted project milestones. enterprise architecture	System Integrator has provided additional resources and System Integrator is providing daily updates to the AHCT senior leadership team.	Ongoing	AHCT CIO
	System Integrator has not provided adequate staffing plan to support post go-live issue resolution (security, enterprise architecture, workflow, eligibility, reporting, etc.).	AHCT is working with System Integrator to identify key roles and resources.	9/23/13	AHCT CIO

Operations and Information Technology Update

QUALITY RISKS

Level	Risk Definition	Mitigation Approach	Resolution Date	Responsible Party
	Systems Integration Testing defect resolution is not progressing at the planned rate. If this trend continues, the critical and serious defects may not be resolved in time for the Go/No Go decision on 09/23/13.	AHCT is working with the System Integrator to prioritize defect resolution and monitor progress on a daily basis.	09/23/13	AHCT CIO
	The planned dates for the finalization for the Federal Data Services Hub (FDSH) deployment has left little time for testing these critical services.	AHCT continues to monitor and escalate to the Connecticut CMS Technical Lead as appropriate. AHCT continues to evaluate alternatives if FDSH is unavailable.	09/23/13	AHCT CIO
	Data format inconsistencies between Federal data templates and AHCT are hindering QHP data uploads.	AHCT is using manual processes and technical tools to ensure carrier plan data submission meets template format per systems requirements.	09/23/13	AHCT COO
	Preliminary results from performance testing are not meeting AHCT minimum requirements.	Monitoring on a daily basis and following up with System Integrator.	9/23/13	AHCT CIO

Operations and Information Technology Update

SCOPE RISKS

Level	Risk Definition	Mitigation Approach	Resolution Date	Responsible Party
	AHCT's understanding of both the business rules (e.g. - recently received guidance from CMS) and solution design continue to evolve. AHCT continues to receive Change Requests to modify the system to assure compliance with the Affordable Care Act.	Documentation and implementation of processes and workarounds continue across AHCT, DSS and other parties. Change Requests continue to be prioritized and adjudicated.	9/23/13	AHCT COO

Contingency Planning and Recovery

Technology Area	Planned Implementation	Trigger Date	Contingency
Connection with the HUB	Verifications done through the Federal Data Services HUB	10/01/2013	Seek an exemption from CMS from the use-of-the-hub requirement for a fixed period of time and rely upon existing connections to SAVE, SSA citizenship match, etc.
Web Application	System developed to accept applications through web portal starting 10/01/2013	10/1/2013	Accept paper application and editable forms to be processed by ScanOptics starting 10/01/2013

Operations Update

- Overall – Across all workstreams
 - Many tasks are underway to be ready for 10/1
 - Operations: Full standup of gap remediation.
 - Plan Management: Loading of plan data and carrier check.
 - Legal and Policy: Carrier contracts signed.
 - Marketing: Completion of enrollment centers and media plans.
 - Finance: Reporting
 - Each area will speak to its progress during the board meeting.
- Operations
 - Department of Social Services (DSS) Integration : Addressed under Operational Processes Section
 - Operations Management: Addressed under Operational Processes Section
 - Reporting: Focusing efforts on stable platform and customer experience.
 - Human Resources: Safety and working environment stability.
 - Training: Over a thousand in process to complete before 10/1.
 - Customer Response Team (CRT): With call center standup, now focused on major questions and problems.
 - Call Center: Maximus went live on September 3rd.
 - SHOP – Small Employer Health Options Program: Testing with carriers is underway.



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Call Center Activity

AHCT Contact Center- Call Activity

Date	Offered	Answered	Average Call Length (in minutes)	Average Wait Time (in seconds)	Abandon Rate (over 20 seconds)	% Abandoned
3-Sep	53	51	7.6	13	0	0.00%
4-Sep	101	97	7.9	11	2	2.06%
5-Sep	88	85	8.5	11	0	0.00%
6-Sep	67	64	7.48	13	0	0.00%
7-Sep	10	10	9.33	20	0	0.00%
9-Sep	70	68	7.63	11	0	0.00%
10-Sep	78	75	9.43	11	1	1.33%
11-Sep	82	80	8.06	12	0	0.00%
12-Sep	84	82	8.35	11	0	0.00%
13-Sep	69	66	10.28	48	0	0.00%
14-Sep	21	19	5.4	11	1	5.26%
Total	723	687	8.18	16	4	0.57%

AHCT Contact Center- Call Activity

- Average = 66 Calls received/day
- Average call length = 8.18 minutes

Types of inquiries received by AHCT Contact Center

- “How much will health insurance cost for a family of 4?”
- Income/ Tax Questions – “We are thinking about filing taxes separately next year. How will that impact our eligibility?”
- “Will the plans offer catastrophic coverage?”
- “What about pregnant women, is maternity covered?”
- “My son has MS, will plans cover injections?”
- “How will the fines for not having insurance be levied, will they be prorated?”
- CT residents currently on COBRA calling in looking for cheaper alternatives through AHCT

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Information Technology Update

- On track for 10/1 implementation
- System Integration Testing – Takes place in Systems Test Environment
 - Completed
 - Successfully executed over 4,000 scripts
 - No Critical or Major defects remaining
- User Acceptance Testing – Takes place in User Acceptance Environment
 - Behind Schedule
 - Over one thousand scripts successfully executed
 - Small number of fixes remain – one construction build to take place week of September 16th
 - 834 transactions to Carriers almost finalized
 - End to End testing between ScanOptics, Sir Speedy and Xerox outstanding
- Performance Testing – Takes place in Pre-Production Environment
 - Behind Schedule
 - Volumes not meeting contract requirements
 - Team meets daily to prioritize execution
 - Final testing for 10/1 to be completed by 9/27

Information Technology Update

- End to End Testing – Takes place in Pre-Production Environment
 - On Schedule with Federal Data Services Hub
 - Completed testing for 7 of 8 services
 - Final walkthrough with CMS team on September 19th
- Infrastructure/Hosting Preparation - BEST
 - Behind Schedule
 - Pre-Production and Production environments' complexities are slowing readiness
 - Teams meeting at a minimum of twice daily to work through issues
 - Plan is to complete environments by September 25th
- Operational Readiness Review
 - Successfully completed on August 22nd and 23rd
 - Two day session that allowed AHCT to demonstrate our working systems to CMS/CCIIO
 - Reviewed Individual and Small Business online tools by walking through business scenarios
- Authority to Connect Status – Required to Go Live
 - On Schedule
 - Completed all IRS Security, CMS Security and Privacy documentation
 - Expect official notification from CMS week of September 23rd



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Independent Verification and Validation Update



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First Data Independent Verification & Validation Update

Today's Topics

- CMS Interactions
- On-site Visits
- Testing Activities

CMS Interactions

- Weekly Status Calls
 - Every Thursday
- Monthly Status Reports to CMS
 - Mid-month
- Operation Readiness Review Presentation
 - August 22nd.
- Blueprint Testing Conference Calls
 - On-going

On-Site Visits

- Maximus Call Center
 - Hartford
- Access Health CT Small Business
 - Broker/Employer/Employee Support
 - Broker/Employer/Employee Call Center
 - Stamford
- bswift
 - Web-based SHOP Application
 - Broker/Employer/Employee Call Center
 - Chicago

Testing Confirmation Activities

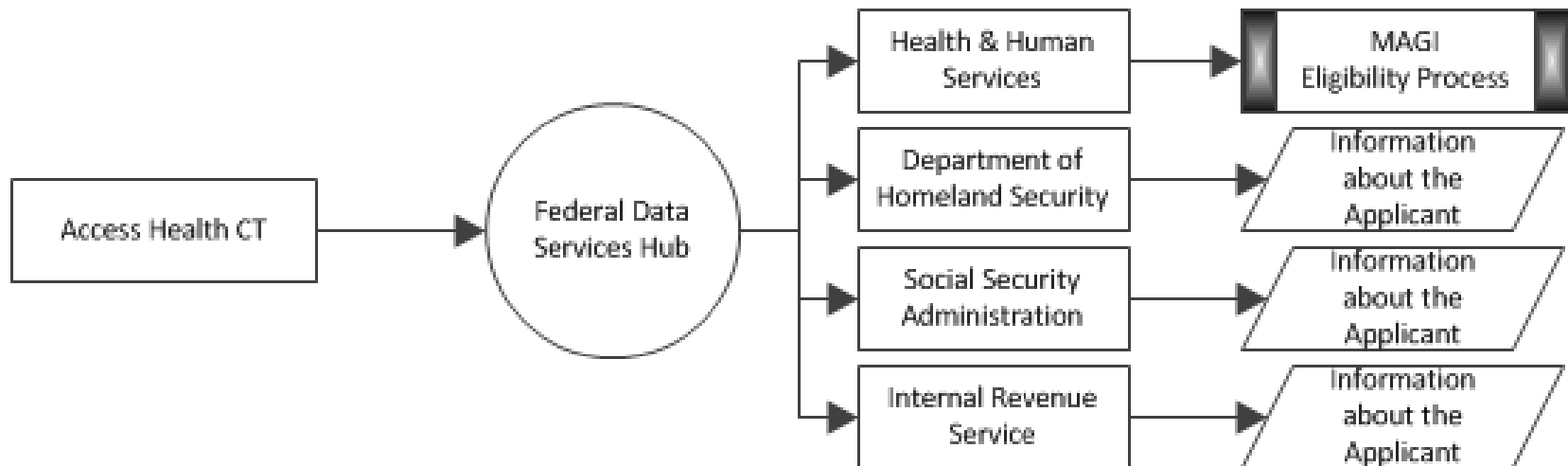
- System Integration
 - Completed
- User Acceptance
 - On-going
- Blueprint Scenario
 - Completed
- Performance/Stress
 - Scheduled shortly

IV&V Monitoring Efforts

- October 1st.
 - More testing is always appreciated
 - Performance/Stress
 - Security/Internet
- January 1st.
 - Federal Data Services Hub Reliability

Federal Data Services Hub Reliability

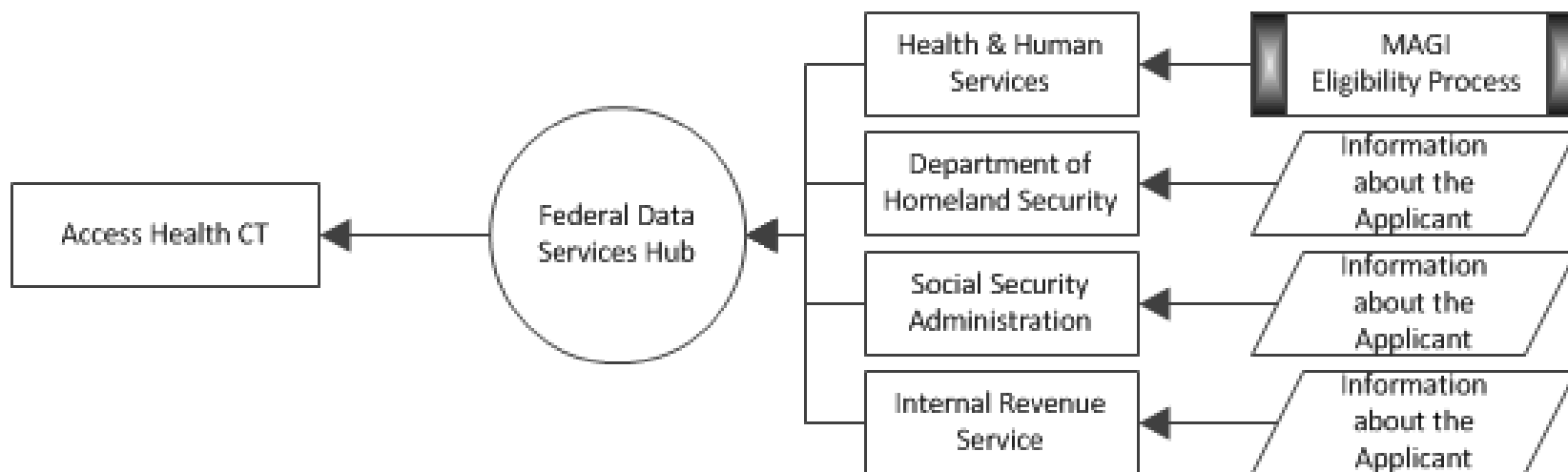
The outbound process; the Exchange passes application information to the hub; based on the services necessary, the hub passes the request to the appropriate agency's data repository.



There are 7 Federal Data Services used by Access Health CT.
The graphic doesn't show all agencies and/or their data repositories.

Federal Data Services Hub Reliability

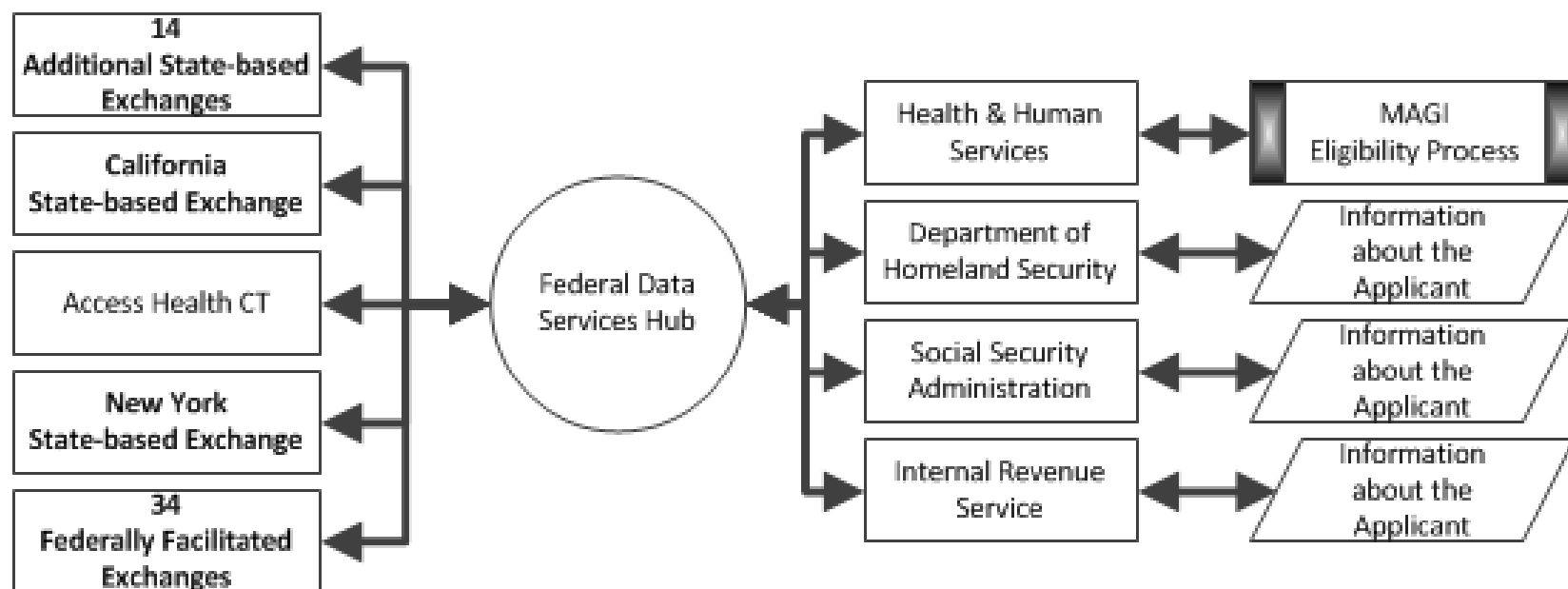
The inbound process; the respective agencies transmit a response back to the hub which in turn transmits the response back to the Exchange.



There are 7 Federal Data Services used by Access Health CT.
The graphic doesn't show all agencies and/or their data repositories.

Federal Data Services Hub Reliability

It is a reasonable concern that once Connecticut has to compete with 16 State-based Exchanges and 34 Federally Facilitated Exchanges, speed and reliability may suffer.

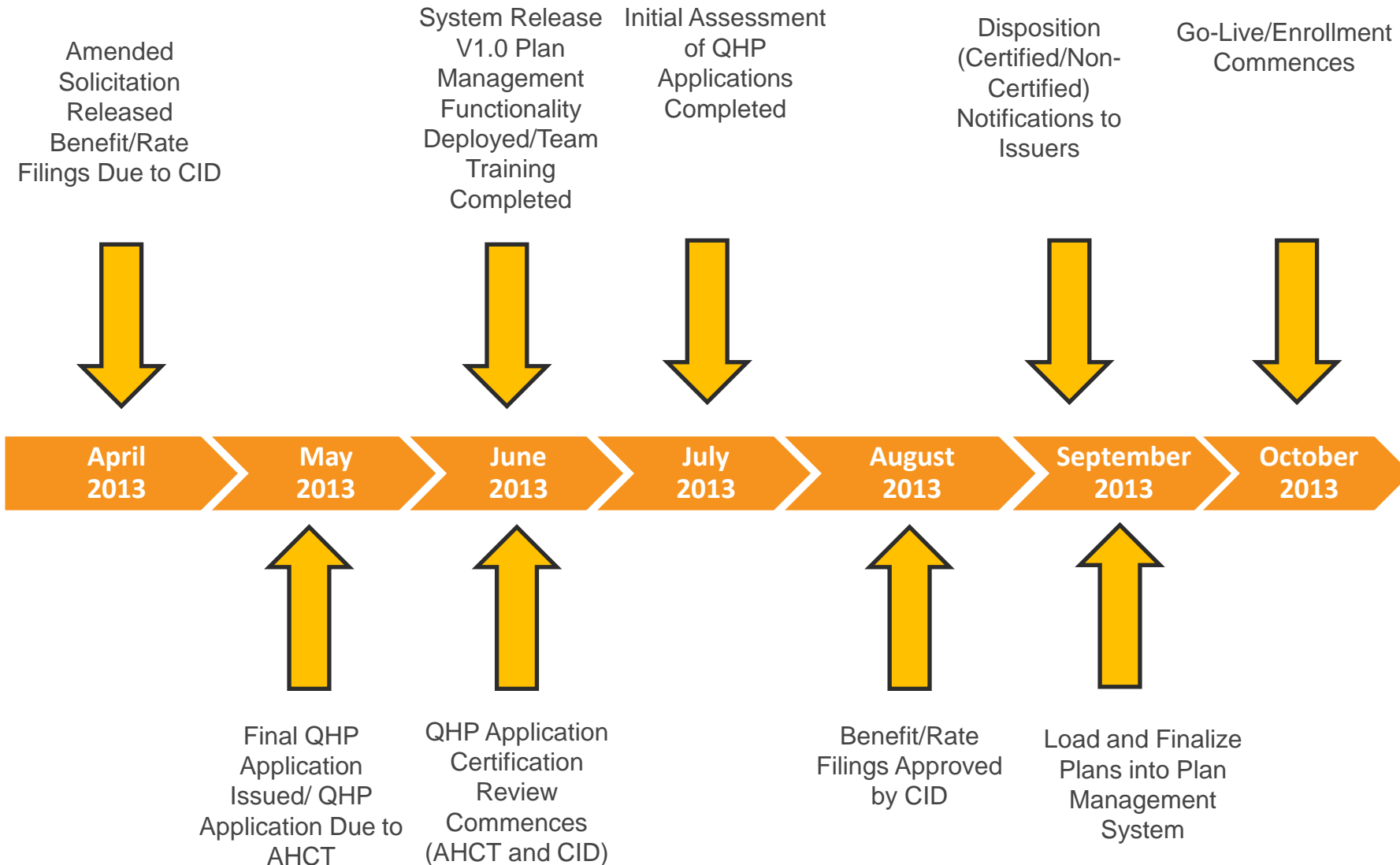




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Plan Management Update

Key Milestones and Accomplishments



Plan Management Update

- On track for 10/1 go live
- Remaining Issues
 - What we are doing
- Outstanding Items
 - ECP/Network Adequacy
 - Carrier Plan Preview
 - Carrier Contracts

Future Steps

- Monitoring Plan Compliance
- Benefit Exclusions and Limitations
- Plan Management system design changes
- Recertification and Decertification Processes
- Quality Metrics for Providers and Health Plans



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Operational Processes

No Wrong Door

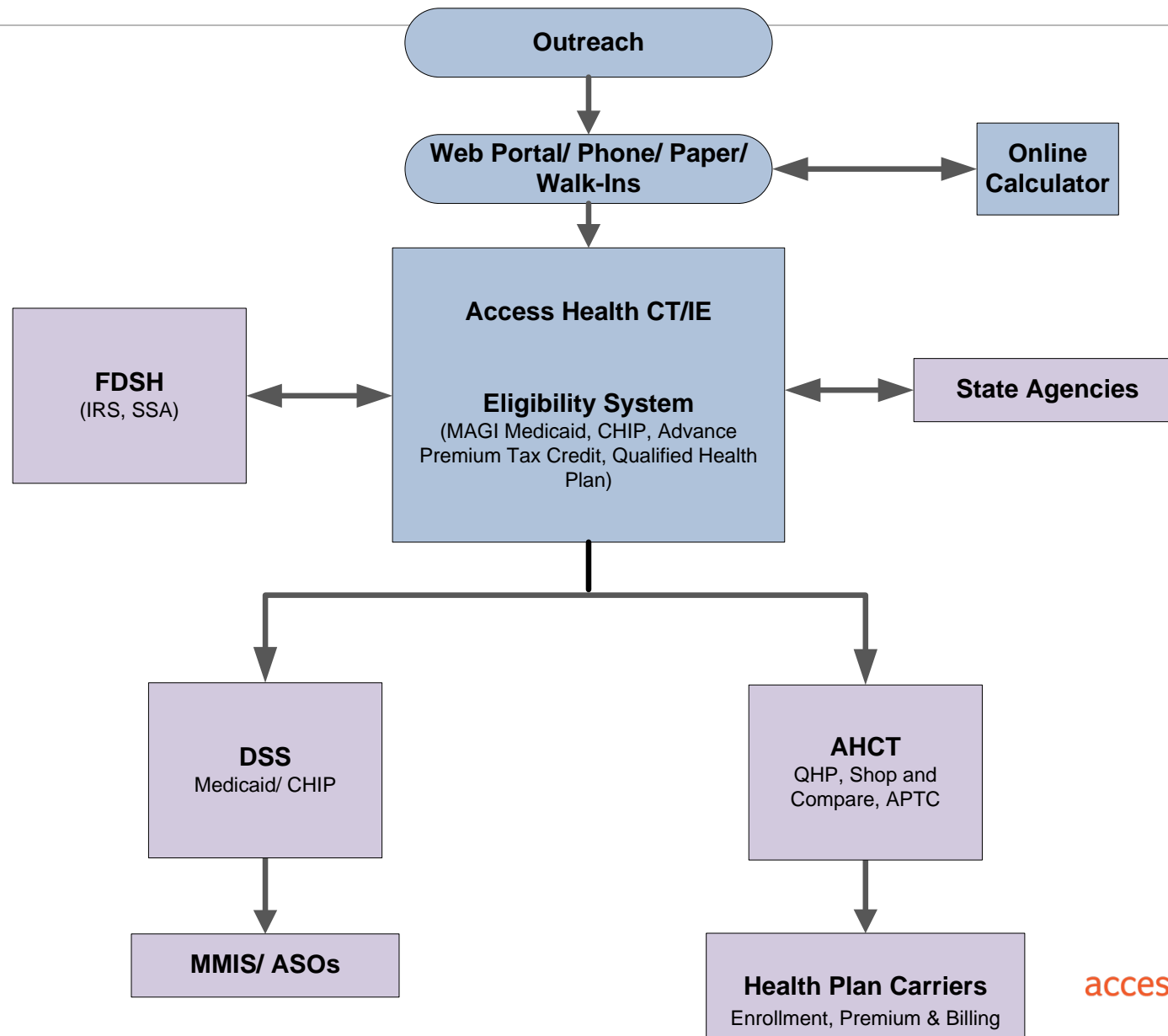
Agenda

- Telephone
- Paper (ScanOptics, XEROX)
- Walk in / Store Fronts
- Web Portal
- Receive PDF (interface to Medicaid/CHIP)
- Keyed into ConneXion/EMS by Xerox
- Changes in circumstances, periodic data matching
- Gaps Process
- Eligibility Appeals
- Individual Exemption Processing
- Model Office

Streamlined Operations - No Wrong Door (MAGI Medicaid/CHIP/APTC/QHP)

- AHCT, DSS and other partners have collaborated to build a new eligibility system and on-line application with a rules engine that is based on Modified Adjusted Gross Income (MAGI), a new income determination methodology based on tax filing rules mandated by the Affordable Care Act.
- MAGI methodology applies to the Advanced Premium Tax Credit (APTC) and Cost Share Reduction (CSR) programs as well as Medicaid and CHIP, essentially the HUSKY A, B and D programs:
 - pregnant women
 - children
 - parents/caretaker relative
 - lowest income population (currently known as low income adults)

Anatomy of “No Wrong Door” Environment

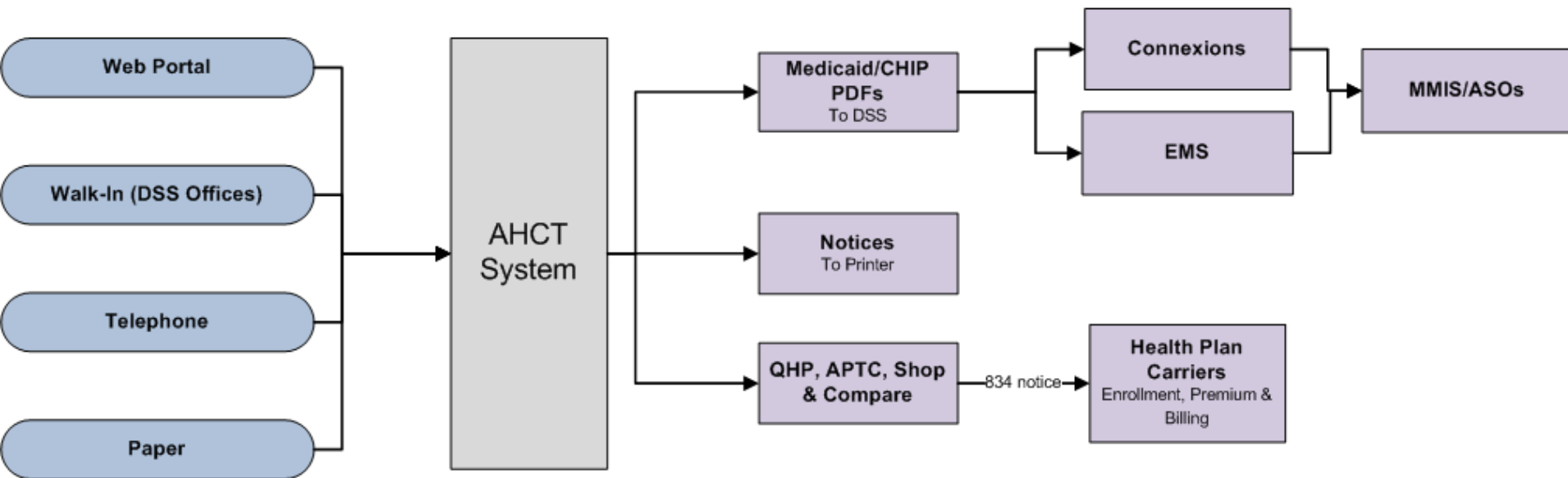


Process Workflow Introduction

- AHCT partners
 - State and Federal agencies (DSS, BEST, CID, OHA, CMS...)
 - Health Insurance Carriers
 - Customer Contact Center (Maximus)
 - Scanning Vendor (ScanOptics)
 - Printing Vendor (Sir Speedy)
 - Data Entry Vendor (Xerox)

Streamlined Application - No Wrong Door (Medicaid/CHIP)

Multiple Application Channels



DSS and AHCT Collaboration

- DSS and AHCT have formal agreements which allows for the sharing of data, costs, and the delegation of responsibility of certain administrative functions
- Xerox, in a role similar to its previous role of “single point of entry servicer” for the HUSKY Program will :
 - data enter all streamlined paper applications into the AHCT system
 - data enter all MAGI Medicaid and CHIP eligibility decisions into EMS and CX
 - provide support for the appeals process
 - Provide staff to support In-Person Assisters in the DSS Field Offices
- DSS will administer the :
 - Eligibility Appeals process for MAGI Medicaid, CHIP and APTC/CSR (subsidy)



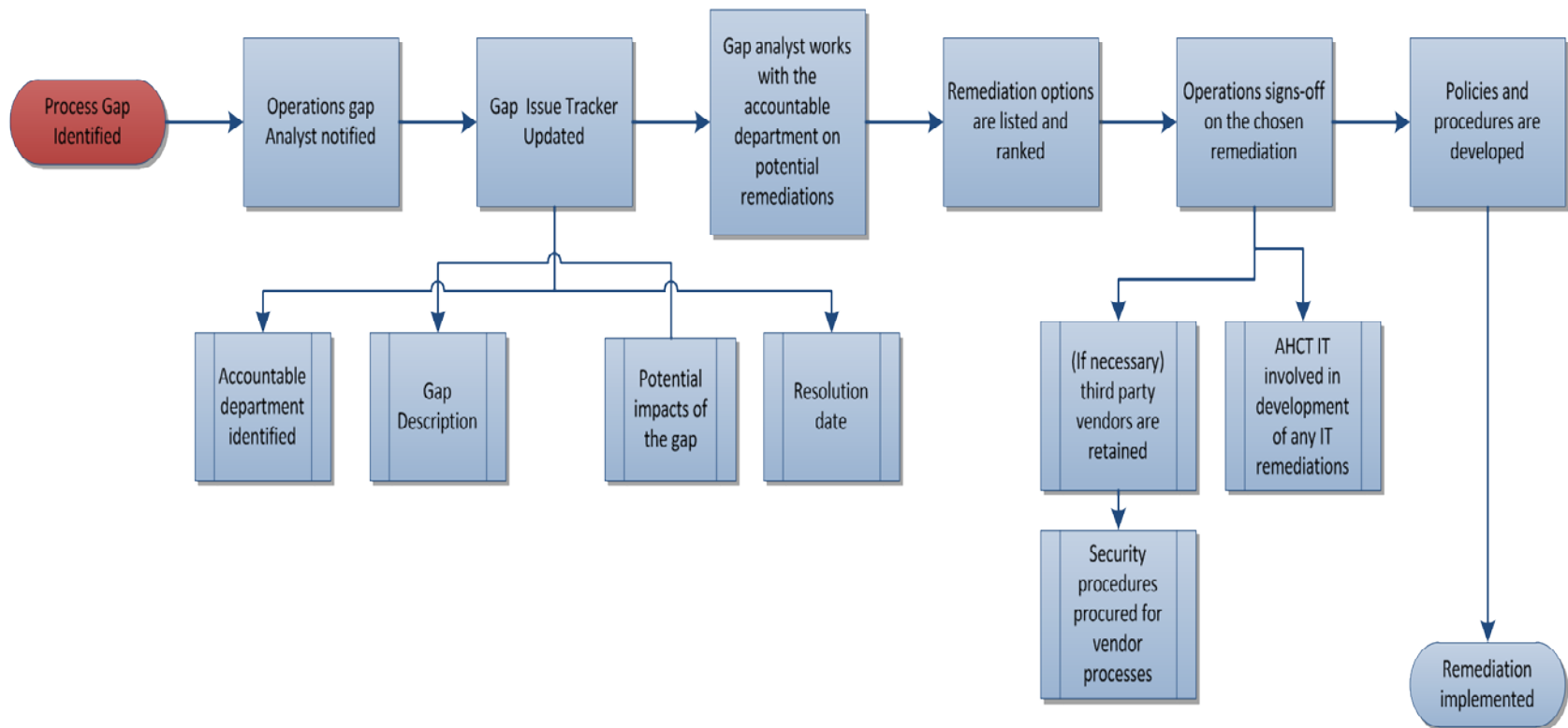
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Gap Remediation

AHCT Gap Tracking Process

- Gaps are identified primarily through continuous system monitoring and process walk-throughs. The different types of gaps are categorized as either system deferrals, system gaps, or process gaps.
- Once identified, the Gap Tracker Database is updated by the AHCT representative responsible to disposition and monitor known gaps.
- Accountable business areas are then identified.
- Potential impacts are determined.
- Remediation plans are designed.
- Remediation progress is tracked against completion and “hard stop” dates.

AHCT Gap Tracking Process Flow



Remediation Development

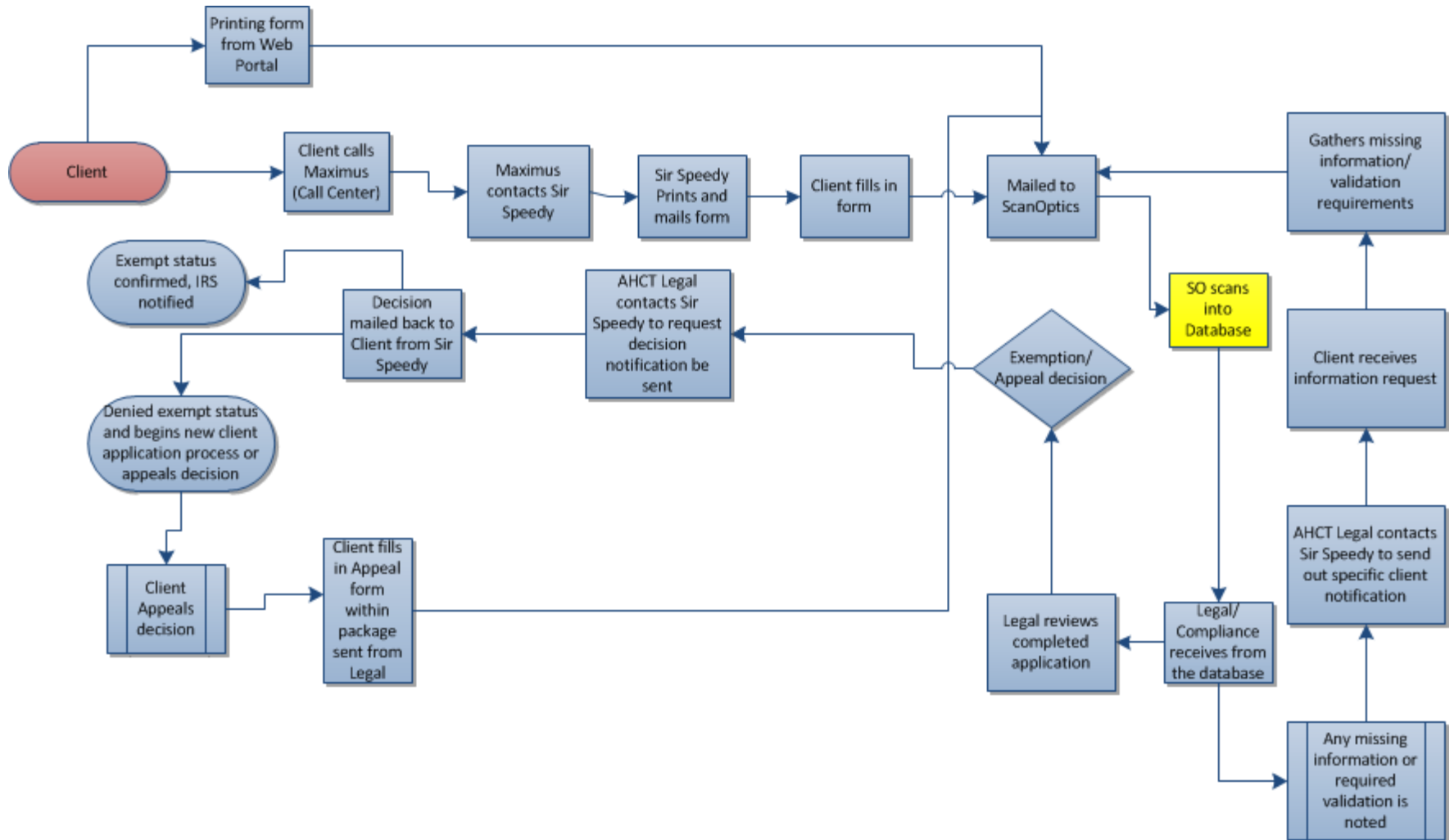
- Develop Remediation Options: Options are ranked based on several factors which include; cost, required system updates, time for implementation, carrier coordination, and the amount of hand-offs.
- Approval: Discussions are held around each option, then a final determination is reached and approved by AHCT Operations and the head of the applicable business area.
- Development of a remediation process flow.
- Implementation of the remediation.

Example Remediation

Exemptions:

- Defining the gap - Granting and tracking exempt status was deferred from the HIX system during the development phase.
- Ownership - AHCT Legal was primarily responsible for the exemption process.
- Options – Direct mailing of all exemption applications to AHCT; or, the creation of a new database to track and house all applications.
- Approval – Creation of a new database was considered the most viable option and was approved by AHCT Operations and Legal.
- Process Flow - *Next page*.
- Implementation – Our scanning vendor developed the new database that AHCT Legal will have direct access to. It is currently going through testing and will be completed and available starting 10/1/2013.

Example Remediation Cont.





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AHCT Appeals and Individual Exemptions

AHCT Appeals

- Eligibility to participate on the Exchange/purchase a QHP, due to:
 - Legal Resident of the United States
 - State Residency
 - Incarceration Status
- Individual responsibility exemptions, due to:
 - Religious Affiliation
 - Healthcare Sharing Ministry
 - Tribal Status
 - Hardship/Affordability
 - Incarceration Status
- Eligibility determinations for APTC/CSR
 - Partnership with DSS
- Commercial Appeals include:
 - SHOP Employers
 - Large employers
 - Carriers and Plans



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Model Office

Outcomes of AHCT Model Office Walkthrough on August 16, 2013

Goal:

Inform AHCT staff and vendors of all operational processes that will support the implementation of the ACA as well as identify any issues in the process.

Overview:

- AHCT departments outlined their role in the process
- Detailed walk-through of the application processes (paper, phone, web)
- Detailed walk-through of the AHCT eligibility system
- Detailed walk-through of SHOP

Results:

- Provided context and a clearer understanding of how AHCT will bring insurance to the uninsured population of CT
- Supported our confidence in the process as a whole
- Identified process issues in a timely manner allowing resolution by 10/1;
 - Process for returning vital documents if they were sent by mistake and they are undeliverable to the return address
 - Process for updating the AHCT eligibility system if an address is determined to be incorrect based on undeliverable mail and a new address is identified
 - Process for communicating system problems to all vendors

Outcomes of AHCT Model Office Walkthrough on August 16, 2013





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Roll-Out Performance Monitoring Plan

Roll Out Performance Monitoring Overview

Roll Out Performance Monitoring (RPM) creates a temporary centralized organization structure and operating processes to ensure rapid response and resolution of key issues on the days preceding go-live, on Day 1, and after go-live.

What RPM is:

- Central location for vendors to contact ahCT to report on issues and accomplishments
- Opportunity to collect data to measure performance metrics for volume, defects, NIPA/Broker statistics, etc.
- Validate the efficacy of the operational processes and identify gaps
- Identify and document emerging trends and lessons learned for subsequent transitions and key milestones
- Create a Dash Board that will capture and track key metrics to monitor performance, help stay ahead any potential problem and communicate to Leadership Team

RPM Hours of Operation

September 27 Start

Platinum Conference Room

Monday – Friday: 7:30 a.m. – 8 p.m.

Saturday: 10:30 a.m. – 3 p.m.

- 3 Shifts each day staffed by 1 – 2 staff from Operations
- 1 shift on Saturdays by 2 Operations staff



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Marketing Update

Agenda

1. Performance to date:

- Paid media
- AccessHealthCT.com website
- Community outreach
- Public relations

2. Benchmark awareness research results

3. Where we're headed:

- Open enrollment readiness



Connecticut's Health Insurance Marketplace

Where We've Been

Where we've been

Broadcast, print, outdoor and online

Starting June 17, TV, radio, print, outdoor and online advertising have been used to raise awareness, direct traffic to AccessHealthCT.com, and reinforce field activity

Starting October 1, advertising will include the number for the Call Center.

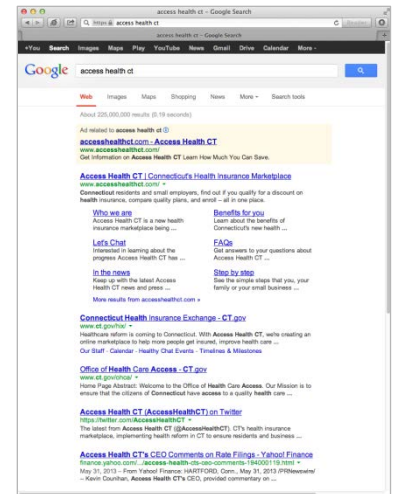
Billboard



Radio



Search



Display



Newspaper Insertions



Television



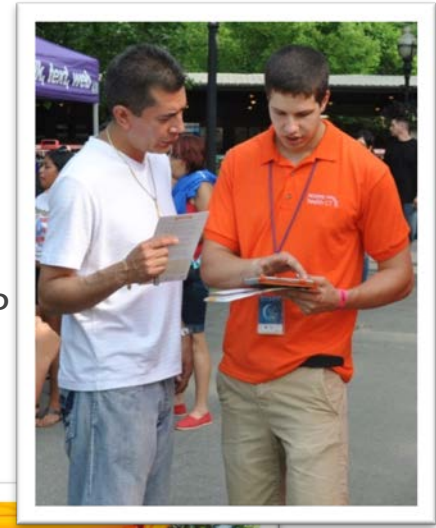
Where we've been

Community outreach

Since we began our efforts in June, we have generated almost 6,000 leads through retail intercepts, fairs, festivals, concerts and Healthy Chats.

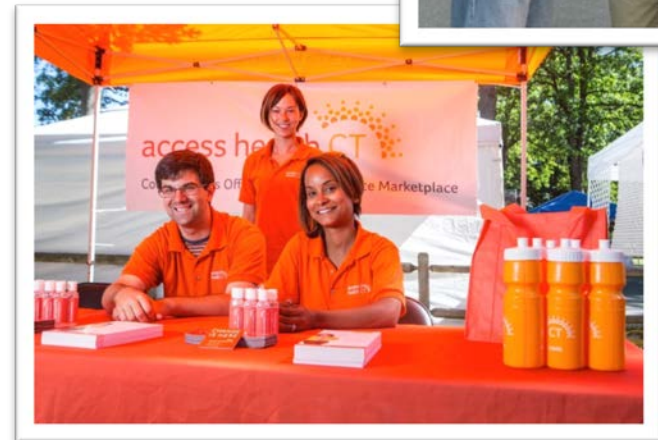
About half of all leads will qualify for some kind of QHP cost savings.

- Of the other half, about half of *them* will earn too much to qualify for a QHP subsidy; the other half will qualify for Medicaid.



Community Outreach Results

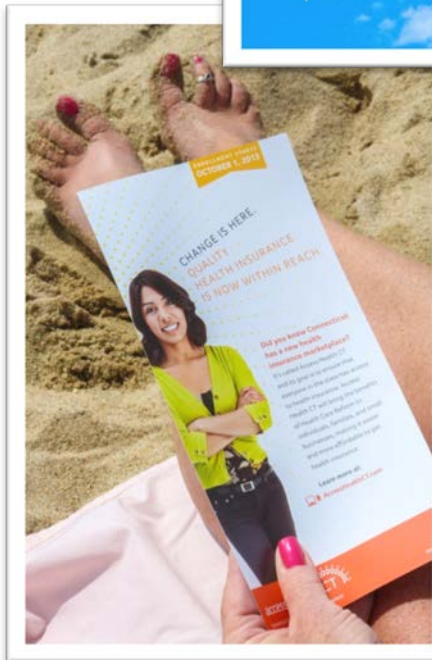
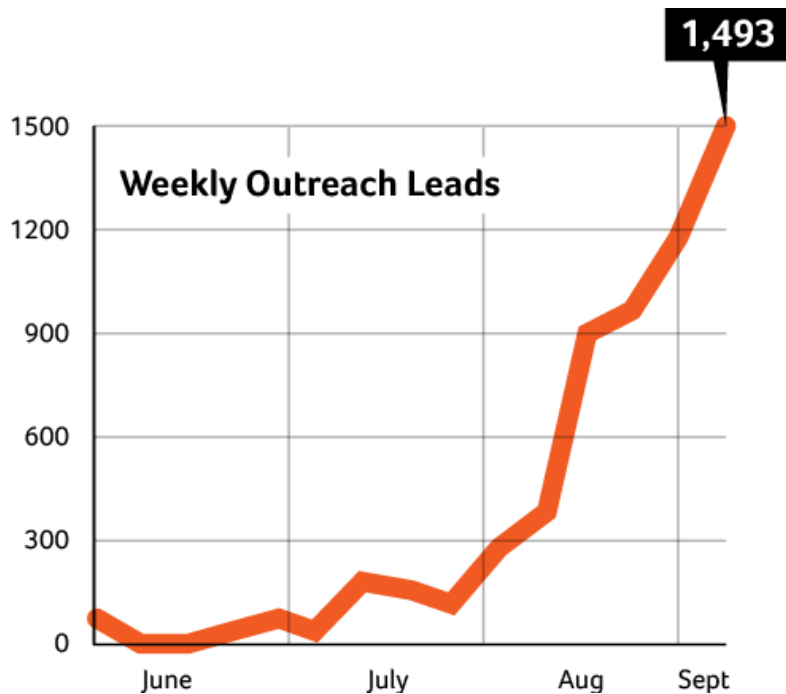
Retail Intercept	3,673	55%
Fairs and Festivals	2,428	36%
Healthy Chats	532	8%
Other	24	0.5%
Total	6,657	100%



Where we've been

Community outreach (cont'd)

The trend in leads generated has been steadily upward, accelerating dramatically in the past month as outreach staff reached full levels.

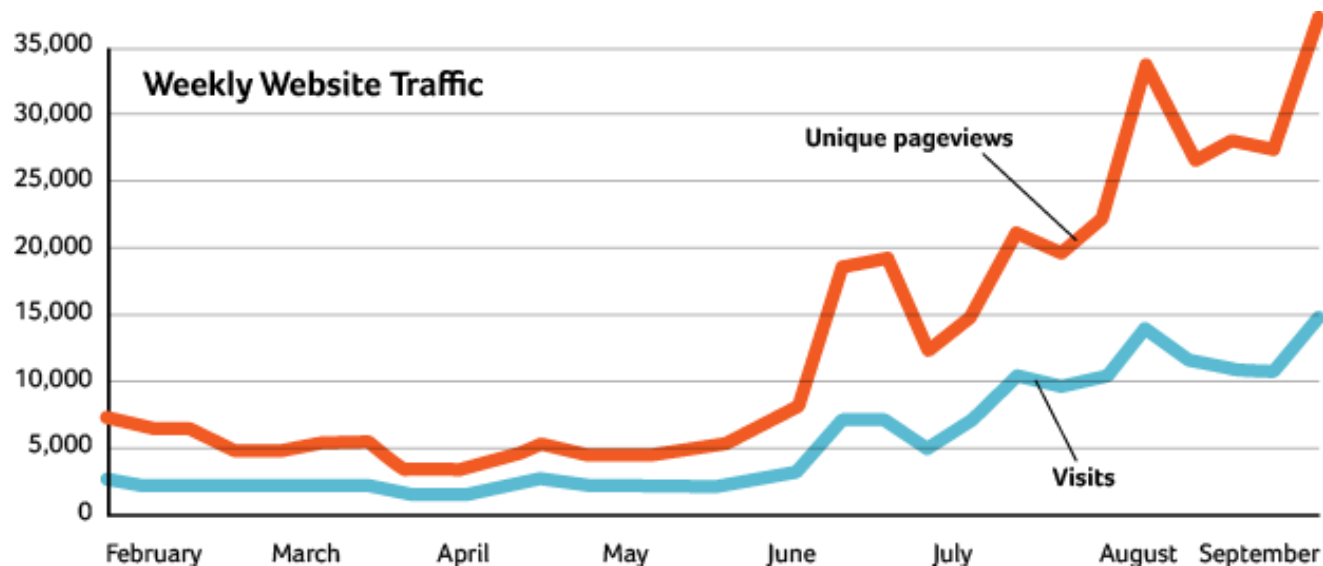


Where we've been

AccessHealthCT.com

Since we put the site up February 17, traffic has been accelerating.

- 158,428 visits; 105,702 unique visitors (67% of all visits)
- 386,118 unique page views
- Average visit duration: 3:30
- 6,210 sign-ups to date for Access Health CT newsletter



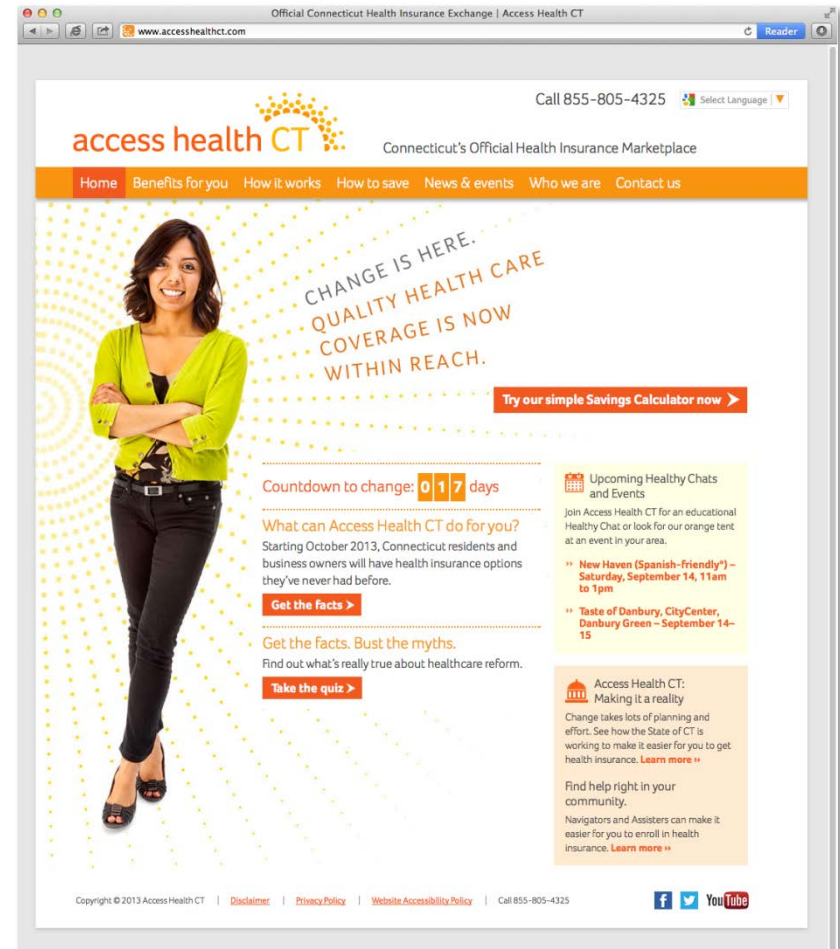
Where we've been

AccessHealthCT.com (cont'd)

Interest in savings dominate, followed by benefits to individuals to families.

On these top pages, average time spent is one-and-a-half minutes.

AccessHealthCT.com		
Top Pages	Visits	Time Spent
Home	99,082	1:03
How to save	88,302	2:48
Benefits for you	28,763	1:03
How it works	25,149	1:13
Who we are	14,607	1:28
Average time on top pages		1:31



Where we've been

Publicity and public relations

Field activity and robust paid media have been complimented by strong local and national press coverage of our summer campaign, as well as forthcoming open enrollment preparation.

With more than 124 press articles mentioning Access Health CT over the past 3 months we are averaging a story each day



The Washington Post



Norwich Bulletin



The Courant

FRIDAY, SEP. 13, 2013 | 9:46 AM EDT



TELEMUNDO



The Middletown Press

The Bristol Press

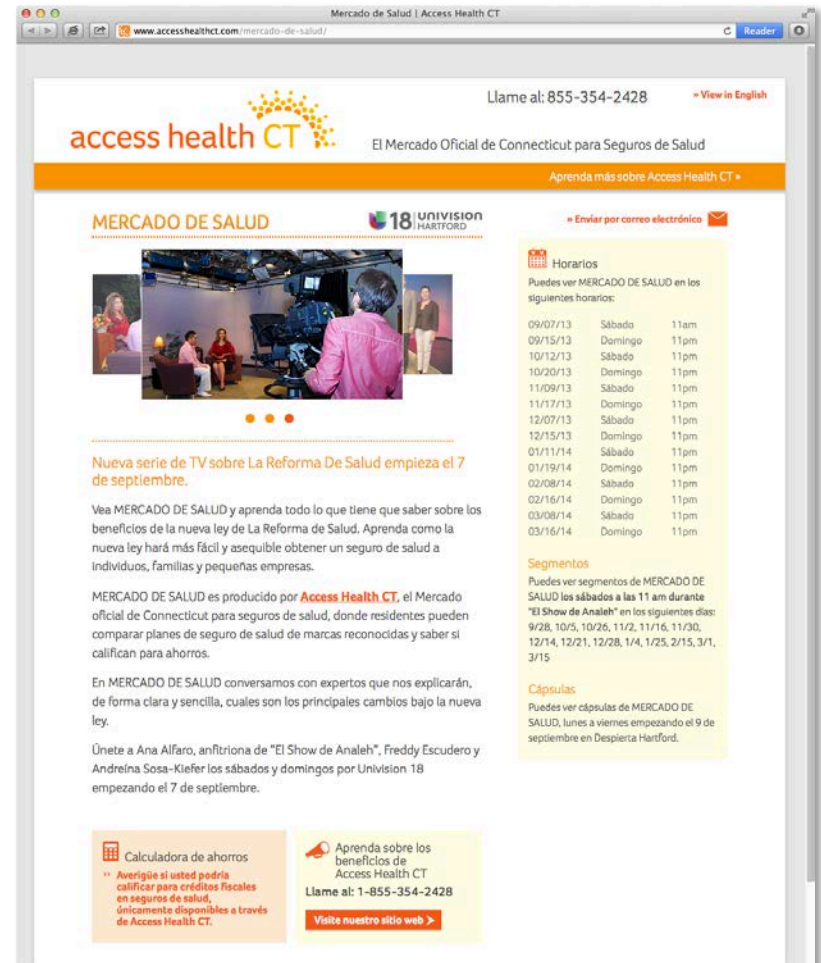
NEW HAVEN REGISTER

THE HERALD-PRESS

Where we've been

Hispanic marketing

We have mirrored the majority of our media and marketing tactics to the Hispanic community with the notable exception of *Mercado de Salud*, designed specifically for in-language broadcast to Hispanic audiences.





Connecticut's Health Insurance Marketplace

Benchmark Research

Benchmark research results

Methodology

- Telephone survey: 851 adult Connecticut residents, ages 18-64; offered in both English and Spanish
 - Margin of error $\pm 3.36\%$
- Conducted just before June 17, when advertising began
- Cell phone completes were 33.8%, which matches primary cell phone usage in Connecticut

Benchmark research results

Findings

- Prior to education efforts and advertising, awareness of Access Health CT stood at 31% (unaided and aided awareness)
- Once described, 60% were interested in using Access Health CT to find insurance if they were uninsured. Higher for:
 - Uninsured – 72%
 - Subsidy-eligible – 68%
- Whether they need insurance or not, 74% support the state's creating Access Health CT

Benchmark research results

Findings (cont'd)

- 60% knew a “little” or “nothing at all” about the ACA.
 - One in eight residents (13%) stated they knew a lot about it.
- Despite low knowledge, two out of three residents feel the health law will either help or have a neutral effect on them (65%).
- 10% of participants were uninsured at the time.
 - 9% had been uninsured in the last 12 months.
- 16% were worried about losing their health insurance in the coming 12 months.
- Therefore, fully 26% of all state residents are either uninsured or feel at risk of being uninsured.



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Where we are headed

Sales force mobilization

Navigator, In-Person Assister and Broker training

- Online and in-person training sessions are nearing completion
- On track to train and certify approximately 300 Navigator and In-Person Assister staff
- Heavy broker interest resulted in more than 600 brokers being trained and certified
- Work underway now to finalize enrollment management and tracking process, as well event coordination among teams.



Storefronts

New Britain and New Haven locations

- Work underway to begin build out of first two retail locations.
- Current work is trending for store openings to being in mid-October

New Britain store front proposed signage



Media activity

Introduction of new elements

- Existing media elements will be updated to include 800# and ensure open enrollment message consistency
- A new series of testimonial ads will be developed and leveraged across other mediums (notably online)
- Recruitment of individuals and filming of testimonial interviews is complete.
- Post production under way

Television



Field Activity

Events, events, events

- Finalizing schedule of continued *Healthy Chat* events, as well as open enrollment focused *Get Covered* events
- These will be a combination of Access Health lead events, as well as those coordinated with Navigator and In-Person Assister entities, and partner organizations such as libraries and hospitals.



Field Activity

This week:

- **Hartford Healthy Chat (Pope Park Recreational Center)**
 - Tuesday, September 17 (6 pm – 8 pm)
- **Better Health, Everyone's Responsibility Conference (Hartford)**
 - Tuesday, September 17 (12 pm – 5 pm)
- **New Haven Healthy Chat (Ives Main Library)**
 - Thursday, September 19 (6 pm – 8 pm)
- **Willimantic Third Thursday Street Festival**
 - Thursday, September 19 (6 pm – 9 pm)
- **Bridgeport Healthy Chat (Housatonic Community College)**
 - Saturday, September 21 (11 am – 1 pm)
- **Southern Connecticut Women's Expo**
 - Saturday, September 21 - Sunday, September 22 (11 am – 5 pm each day)
- **Stamford Health Wellness and Sports Expo**
 - Saturday, September 21 - Sunday, September 22 (11 am – 5 pm each day)

Next Steps

- 1) Complete training of enrollment staff
- 2) Retail and mobile event coordination
- 3) Finalize and introduce new creative elements
- 4) Institute performance tracking system for efforts



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Strategy Committee Update



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August 2013 Finance Update

Finance Update

- Completed and filed a new Level One grant application request in the amount of \$21,877,158. The request will fund Federal guidance and regulations that were not contemplated at the time of the Level Two application.
- Received notifications of awards for the supplemental grant requests for the Level Two grant and the In-Person Assister grant.
- Completed and filed the Level One Grant Close-out Progress Report due by September 15, 2013.
- Prepared and filed the artifact requesting a lifting of restrictions on additional funding from the awarded grants after a successful Operational Readiness Review with CMS/CCIIO in August.
- Continued collaborating with the Department of Social Services in jointly developing a cost allocation rate for maintenance and operations shared service costs.



Connecticut's Health Insurance Marketplace

August 2013
Finance Dashboard

August 2013 Finance Dashboard Overview

Fiscal Year to Date Budget Results

- After timing adjustments, YTD Expenses are favorable by \$500K
- YTD Expenses are trending to budget
 - FY Net Budget is ~\$75M
 - Includes approximately \$12M in Allocations to DSS
- Development, Design & Implementation Expenses continue to ramp to budgeted levels
- Operating costs are on par with Budget
 - Marketing costs running slightly higher, but are expected to normalize
 - Salary & Fringe are below budget as staffing ramp has lagged

Grant Funding

- Utilization is on track to projection

2014 Market Assessment Rate

- ***135 BP of marketplace premium for CY 2012***
 - Consistent with Sustainability projections

Finance Dashboard

Fiscal Year to Date Budget Results
August - 2013

Reported Vs. Adjusted

Categories	Reported	Budget	Variance B (W)
Salaries & Fringe	\$ 1,104,855	\$ 1,189,418	\$ 84,563
Consultants	\$ 13,974,278	\$ 7,014,895	\$ (6,959,383)
Equipment	\$ 130,376	\$ 87,498	\$ (42,878)
Supplies	\$ 15,314	\$ 2,550	\$ (12,764)
Travel	\$ 26,401	\$ 28,319	\$ 1,919
Other Administrative	\$ 396,307	\$ 84,504	\$ (311,803)
Grand Total	\$ 15,647,531	\$ 8,407,184	\$ (7,240,347)

Adjustments to YTD Actuals				
Categories	Adjustment	YTD Aug. Budget	Variance B (W)	Dec. Budget
Consultants (SHOP & Call Center Start-Up Costs)	\$ (7,700,000)	\$ -	\$ 7,700,000	\$ 7,700,000
Grand Total	\$ (7,700,000)	\$ -	\$ 7,700,000	\$ 7,700,000

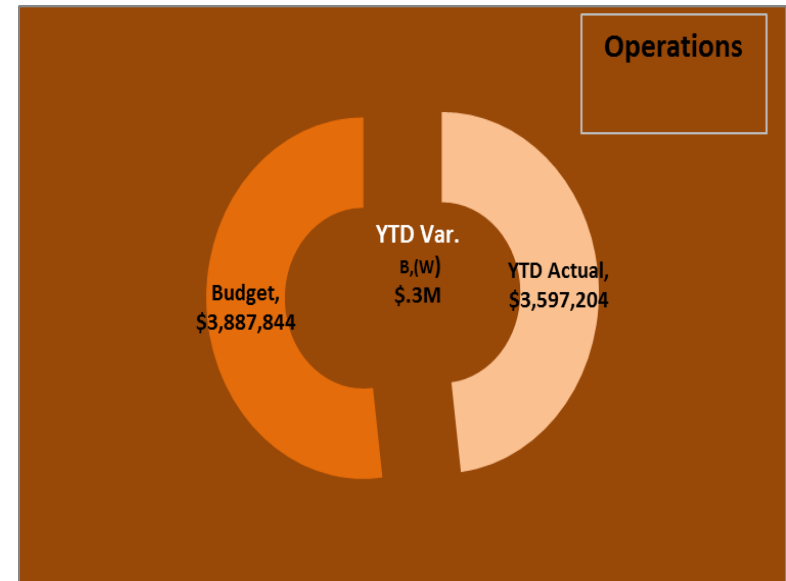
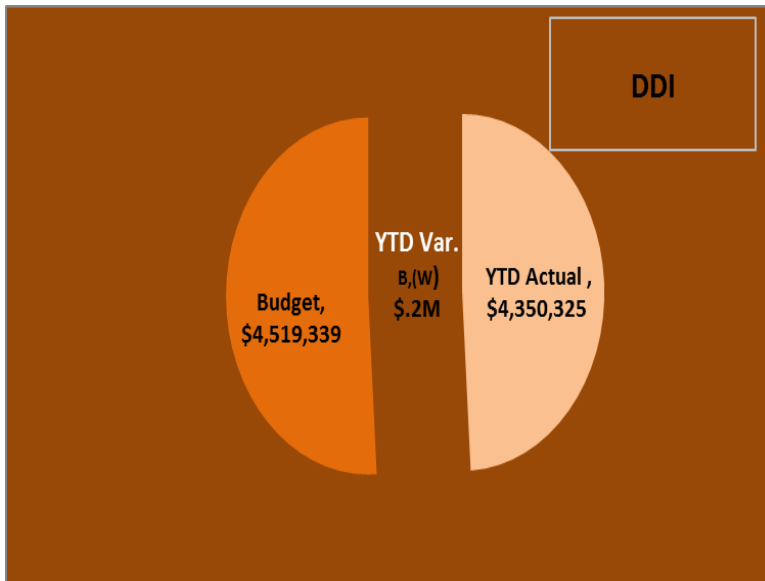
Budgeted in December; incurred in August

Categories	Adjusted	Budget	Variance B (W)
Salaries & Fringe	\$ 1,104,855	\$ 1,189,418	\$ 84,563
Consultants	\$ 6,274,278	\$ 7,014,895	\$ 740,617
Equipment	\$ 130,376	\$ 87,498	\$ (42,878)
Supplies	\$ 15,314	\$ 2,550	\$ (12,764)
Travel	\$ 26,401	\$ 28,319	\$ 1,919
Other Administrative	\$ 396,307	\$ 84,504	\$ (311,803)
Grand Total	\$ 7,947,531	\$ 8,407,184	\$ 459,653

Finance Dashboard

Fiscal Year to Date Budget Results
August - 2013

Design, Development & Implementation Vs. Operations

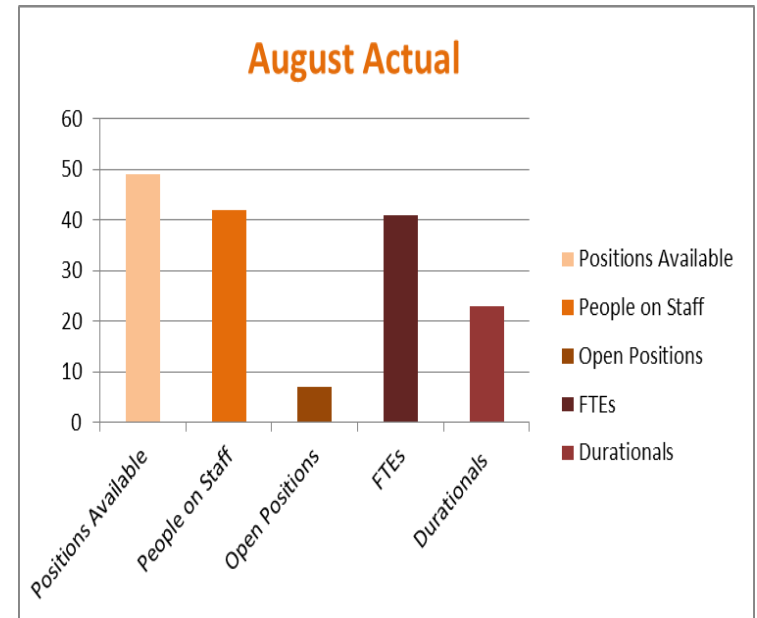


Finance Dashboard

Fiscal Year to Date Budget Results
August - 2013

Staffing

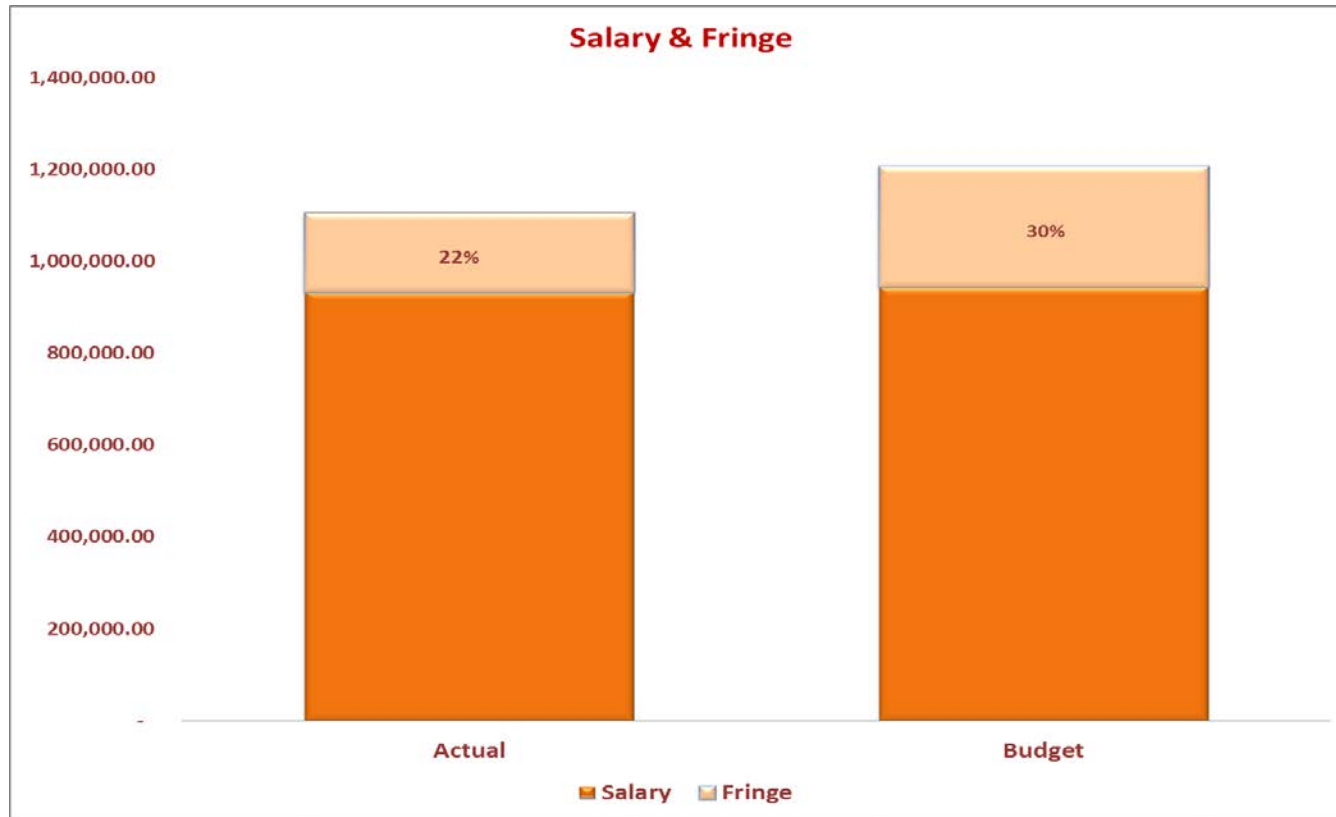
Staffing	August Actual	Male	Female	Minority
Positions Available	49			
People on Staff	42	17	25	10
Open Positions	7			
FTEs	41			
Durational	23	Includes Trainers & NIPAs		
		40%	60%	24%



Finance Dashboard

Fiscal Year to Date Budget Results
August - 2013

Salaries & Fringe



Finance Dashboard

Grant Award Summary August - 2013

Awarded Vs. Pending

Expense Category	Grants Awarded						Pending	Total
	Level 1	Level 2	Level 2 Supp	IPA	IPA Supp	New Level 1	Total	
Salaries & Fringe	\$ 1,157,350	\$ 12,614,150	\$ -	\$ 330,200	\$ 265,009	\$ -	\$ 14,366,709	
Contractual	\$ -	\$ 91,614,649	\$ 24,055,694	\$ 1,469,321	\$ 196,232	\$ 21,877,158	\$ 139,213,054	
Equipment	\$ -	\$ 651,557	\$ -	\$ 27,778	\$ -	\$ -	\$ 679,335	
Supplies	\$ -	\$ 18,930	\$ -	\$ 237,120	\$ -	\$ -	\$ 256,050	
Travel	\$ -	\$ 132,937	\$ -	\$ 5,500	\$ -	\$ -	\$ 138,437	
Other	\$ -	\$ 2,326,453	\$ 905,198	\$ 70,948	\$ 36,500	\$ -	\$ 3,339,099	
Total	\$ 1,157,350	\$ 107,358,676	\$ 24,960,892	\$ 2,140,867	\$ 497,741	\$ 21,877,158	\$ 157,992,684	

Finance Dashboard

Market Assessment Summary August - 2013

Sustainability Viability Analysis

Projected Grant Utilization (In Millions)		
2013 FY Actual		
(July, 2012-June, 2013)	\$	48.9
2014 FY Budget		
(July, 2013-June, 2014)	\$	86.9
2015 FY Forecast		
(July, 2014-Dec, 2014)	\$	17.0
IT Infrastructure Inv.	\$	16.8
Medicaid Recovery	\$	(11.6)
Projected Grant Utilization thru Dec., 2014		
	\$	158.0
Projected 2014 Assessment Surplus		
	\$	26.1



2015 Assessment Need (In Millions)		
Projected 2015 Operating Cost		
	\$	34.0
Medicaid Recovery Projection		
	\$	(4.0)
2014 Assessment (Surplus)		
	\$	26.1
Potential 2015 Assessment Need		
	\$	29.4
Projected 2015 Surplus		
	\$	25.5
Months of Surplus		
		9



Connecticut's Health Insurance Marketplace

Adjournment