Board of Directors Meeting

March 23, 2017



Agenda

- A. Call to Order and Introductions
- **B.** Public Comment
- **C.** Votes:
 - o February 16, 2017 Regular Meeting Minutes
 - o February 28, 2017 Special Meeting Minutes
 - o March 7, 2017 Special Meeting Minutes
 - Procedure: Pre-Enrollment Verification of Consumers' Eligibility for Special Enrollments
- **D.** CEO Report
- E. Connecticut Legislative Update
- F. CID Presentation Network Adequacy Review Process
- G. OE4 Marketing Campaign Wrap-Up
- H. Operations Update
- I. Adjournment



Votes

- o February 16, 2017 Regular Meeting Minutes
- o February 28, 2017 Special Meeting Minutes
- o March 7, 2017 Special Meeting Minutes
- Procedure: Pre-Enrollment Verification of Consumers' Eligibility for Special Enrollments



	Current Procedure	Proposed Amendment
Requirement	Consumers are required to provide documentation <i>after</i> enrollment to verify their eligibility for the SEP to maintain coverage.	Consumers will be required to provide documentation for <i>preenrollment</i> verification of qualifying life events to verify eligibility for SEP to begin coverage.
Timing	Consumers enrolling through SEP using certain qualifying life events are given 30 days to provide documentation to verify their eligibility.	Consumers enrolling through SEP using certain qualifying life events will be given 30 days to provide documentation to verify their eligibility.
Notice	Special notice sent to consumer identifying types of documents to submit and instructions for submission of documentation.	Separate, combined notice will be sent to consumer identifying types of documents to submit and instructions for submission of documentation. Notice will also include eligibility determination information.
Coverage	If documentation submitted and eligibility verified, coverage continues. If not verified, coverage is terminated at end of the month.	Once qualifying life event is verified, enrollment will be sent to carrier. Coverage effective dates will follow federal regulations. Exceptions for consumers who experience delays in verification after documentation submitted.



CEO Report



Connecticut Legislative Update



Connecticut Bills Impacting Access Health CT

SB 544

AN ACT REQUIRING PRIOR LEGISLATIVE APPROVAL OF INCREASES IN ASSESSMENTS AND USER FEES CHARGED BY THE CONNECTICUT HEALTH INSURANCE EXCHANGE.

SB 490

AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE TO POST PROVIDER NETWORK INFORMATION ON ITS INTERNET WEB SITE.

HB 5139

AN ACT REQUIRING THE CONNECTICUT HEALTH INSURANCE EXCHANGE TO REPORT ADDITIONAL DATA.



Assessing Network Adequacy

CONNECTICUT INSURANCE DEPARTMENT

ACCESS HEALTH CT PRESENTATION
MARCH 23, 2017

CID Oversight Ensures That Consumers Have Access To:

- Sufficient providers in their network
- Appropriate provider specialties
- Full spectrum of mental health & substance abuse providers
- Accurate and regularly updated provider directories
- Information and notification on network change

CID Oversight

- Specialized network examiner added to CID staff in 2015
- Sought enhanced oversight in 2016 with network adequacy bill
- Worked with carriers, providers & advocates to reach consensus
- Governor Malloy signs bill into law June 7, 2016 (P.A. 16-205)
- CID surveyed carriers October 2016
- CID preparing to review network filings due by May 1 for 2018 coverage year

P.A. 16-205 (38a-472f) Maintain Policies and Procedures For:

- ✓ Continuity and coordination of care
- Member hold-harmless provisions
- Out-of-network benefits covered at in-network level if no provider is available within reasonable distance, within reasonable wait time or who is accepting new patients
- Notification of provider terminations within 30 days

Consumer Communication Standards

- Provide information about claim dispute and appeals process
- Accommodate individuals who are disabled, visually/hearing impaired, chronically ill, have limited English proficiency and are of diverse ethnicities
- Maintain an updated and accurate provider directory

Provider Communication Standards

- Provide information about administrative policies, payment terms, utilization review, credentialing, reporting requirements, grievances & appeals process, quality assessments, confidentiality, applicable federal & state laws
- Have the ability to determine, in a timely manner, whether an individual is a covered person or is within a grace period for payment of premium
- Give a 60-day advance notice if either the carrier or the provider intend to leave the network

Quality

- Continuous assessment of member satisfaction and network adequacy
- Network standards posted online and available to all
- Continuous credentialing and re-credentialing of providers to verify they meet standards

48 Carriers Surveyed

19 major-medical health insurers18 dental plan carriers11 vision plan carriers

Full survey criteria posted on CID Web site

Examples of Quantitative Measures

- Physician-to-member ratio
 - √ 1 physician/1,200 covered persons
- Time/distance requirements for 90% of members
- Primary Care:
 - √ 15 minutes/10 miles for metro regions (50,000+ population)
 - √ 40 minutes/30 miles for rural regions (10,000 or fewer)
- Appointment wait times for 90% of members
 - ✓ Urgent care within 48 hours
 - ✓ Non-urgent for specialists within 15 business days

Summary of Survey Findings

- All have adequate number of doctors to accommodate new enrollees
- All meet the member to provider ratios
- All meet the time/distance requirements
- All review network adequacy quarterly to annually by using a combination of member satisfaction surveys and geo-access reports
- All have process to notify members of provider/network changes

Summary of Survey Findings

- All cover out-of-network providers at in-network level if there no network provider is within reasonable distance or wait time
- All include non-discrimination language in provider contracts, provide free translation services, and alternative font for visually impaired and software for hearing impaired.
- Provider directories are updated no less than weekly; many update daily
- All have network adequacy standards posted online as of February 17, 2017
- All have procedures to provide coordination and continuity of care

Enhancements for 2018

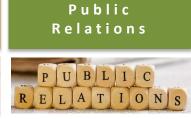
- Measure achieved time/distance measures by specialty
- Measure actual achieved appointment wait times
- Provider directory requirements:
 - ✓ Accessibility to non-members
 - ✓ Last update date
 - ✓ Updated information on whether a provider accepts new patients
 - ✓ Languages spoken in the provider's office in all plans, not just medical
 - ✓ Indicate if the location is handicap accessible
 - Demonstrate a process in place to periodically audit directories
- All carriers must demonstrate a process in place to receive member lists from terminating providers and notify the members in writing within 30 days



Marketing and Communications: Individual and Small Business









Branding



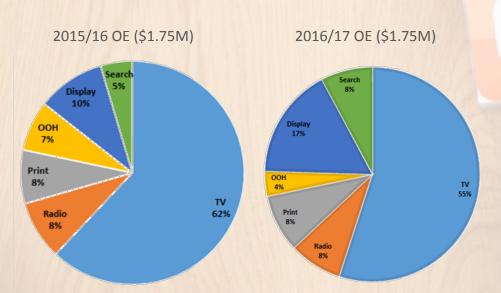


- Enrollment: 111,542 people enrolled in private health insurance (672K Medicaid)
- Young invincibles: 25% of enrollment 18-34 year olds
- Acquisition efforts: 14K first time customers (~4 yrs. younger than retained customers)
- Retention efforts: 78% of enrollees retained in 2017*
- **Growth:** 14,137 increase in total enrollment
- Education (Learn More site): 84k Sessions; 64k used the educational website
- Primary Care: Close to 80% went to a family doctor, wellness or checkup**
- Strong Branding: Enrollees with no financial help shop AHCT over direct through carrier
- Media: AHCT was mentioned over 150 times
- Community: Over 400 partners working with AHCT

^{*}in a 2016 plan prior to Open Enrollment

^{**}based on 2016 internal member research results

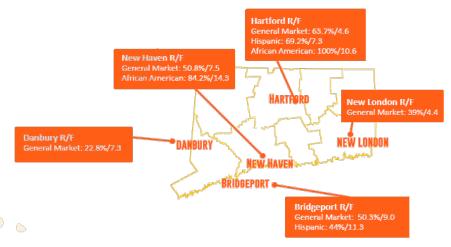
- Goals: Reduce attrition (carriers leaving, less plans, no broker commissions and presidential campaign), increase membership, education (plan utilization & value)
 - New! Target to Millennials (A25-34) and media extended for 3 months after enrollment
 - Total investment: \$1.75M (flat YoY)
 - New! 23% of media spend is running after Open Enrollment (~\$400K)
 - TV accounted for the largest % of media spend, followed by online banners



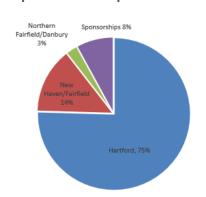




- State-wide campaign
- 15MM+ impressions
 - Personality Reads, Brand Spots
 - On-Air Interviews



- All :30's (more frequency)
- High profile events
- Sponsorships







- new Advertorials instead of ads
- Thirteen papers in market
- 560k impressions delivered
 - o Mass Newspapers
 - Community Newspapers
 - Hispanic Newspapers
 - o ½ did not tag the ad "advertorial"
- English and Spanish creative executions







PRINT (NEWSPAPER)





Cinema Screens:

- 88 screens in 10 movie theaters
- 900k impressions delivered thru
 1/31 media in market until 3/30
 (additional 200K impressions)
- Creative included :30 TV spots in both English & Spanish
 - Versions were updated after OE to reflect reminder messaging

New Metro North Interior Car Cards

- 221 posted
- 8.3M impressions delivered



Banners

- ~24MM impressions & over 167k clicks
- 67% of the digital spend and drove 33% of the clicks

Social

- investment doubled year-over-year
- new strategy and expanded targeting segments
- Focus was primarily on Facebook
- Success on retargeting
- Spanish posts continue to deliver strong volume

Search

- 29% of spend and 63% of the clicks
- Branded keywords accounted for 86% of clicks
- 67% of clicks were desktop/33% mobile





SUMMARY

400+ community partners

183 at Community Conference

12K+ brochures distributed

45 in-person meetings

31 outreach tour events

17 speaking engagements

16 educational webinars

12 events at 10 community colleges

4 regional planning meetings

2K+ families at **42** naturalization ceremonies

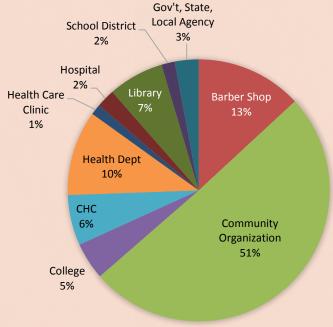
2 community partners reception

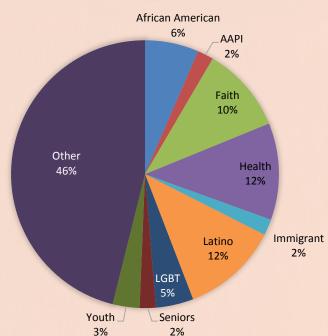
8 community newsletters





BREAKDOWN OF COMMUNITY ORGANIZATIONS







SHARE YOUR STORY:

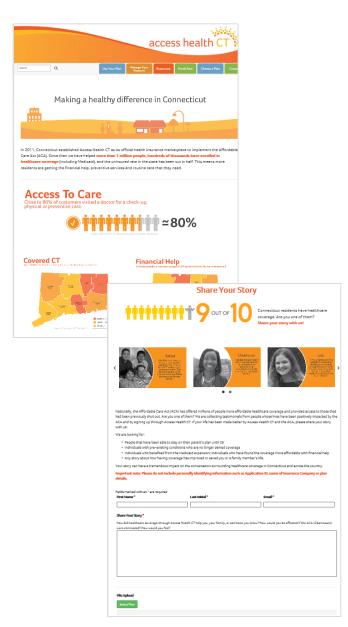


"Neither my husband nor I have insurance through our work. We had only been able to purchase very poor catastrophic coverage. Once we enrolled with -carrier- via the ACA we were able to find a very good physician.

During my husband's first physical, the doctor sent him for tests based on his family history of heart disease.

The results showed that he needed quadruple bypass surgery which was scheduled immediately. He was 56 at the time and recovered well, and went back to work quickly. He had appropriate follow-up therapy.

If we had not had this insurance would not have been able to afford the surgery ourselves. Or my husband might have died suddenly from his condition."



Learn.AccessHealthCT.com/Share

28
Press releases and media advisories

Earned media interviews with TV, Radio, and Print outlets

157

Mentions of Access Health CT in media outlets

Obamacare Sign-Up Open Two Extra Days

Hartford Courant

Access Health CT 2017 membership continues to climb

HARTFORD BUSINESS.com

New Haven Register





January:

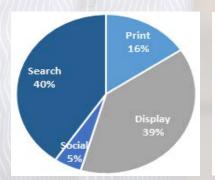
- 31 new groups and 154 new members (highest totals since inception)
- 39 of 40 groups renewed with 194 members retained (best totals since inception)

February:

- > 7 new groups and 23 new members
- ➤ 19 HCT groups left the exchange as part of the HealthyCT transition process

March:

- > 4 new groups and 20 new members
- > 13 of 14 groups renewed
- > Total Membership 1475
- Campaign launched in October grew from of 1,444 total members to 1,602 in January
- Retention of HealthyCT groups as of 3/1 53 of original 74 groups (72% total retention)
- Premium growth up nearly 250% over 2014 year end (\$4.2 million vs. \$10 million)









- :30 maximizes frequency
- Capitalize on Social media
- Millennials: target
- Market beyond open enrollment: community outreach, regional planning meetings
- Continue Member Research
- Personalization of media platforms
- Recycle/Reuse tactics to maximize production and budget
- Simplification of message
- Adapt to potential changes (shorter OE, confusion in the market)
- Continue to grow and retain small business

APPENDIX

DIGITAL LEARNINGS

The Hispanic audience responds favorably to AHCT ads

- Strong response from in-language Facebook posts (0.51% CTR)
- Consumers who clicked on ads had previously been consuming web content in Spanish (MedialQ)
- "Spanish language speakers" top performing segment (Yahoo!)

Millennials offered a new opportunity area for OE4 and proved to be responsive to digital advertising

- Facebook: 0.19% CTR, 0.22% ER
- Instagram: 0.12% CTR, 0.36% ER
- Spotify: 0.14% CTR

Retargeting site visitors provided the opportunity to re-engage with consumers who expressed interest in AHCT

- Facebook: 0.25% CTR
- Centro DSP: 1.01% CTR

Note: larger emphasis placed on retargeting beginning w/o 2/27

Combination of digital tactics across platforms work well together in reaching the target audience, delivering the AHCT message, and driving clicks

Banners: 0.26% CTR

Video: 0.31% CTR

Audio: 0.27% CTR

Performance improved as the end of OE approached; deadline messaging provided a sense of urgency

 CTRs were consistently stronger between the weeks of 12/19 and 1/23 Custom banners showing a countdown clock of time left to enroll – offering a sense of urgency – drove strong CTR

- Verve: 0.62% CTR
- AHCT Display: 0.16% CTR

Note: custom banners only ran on Verve

TouchPoint
Integrated Communications

- * Digital impressions represent the number of times a digital asset was served
- *CTR is click through-rate or % of users that clicked the ad after it was served (IMP)

Operations Update

James Michel, Director of Operations Access Health CT

March 23, 2017



Current Enrollment

 As of March 21, 2017 there are 101,969 individuals enrolled in health insurance coverage through AHCT.

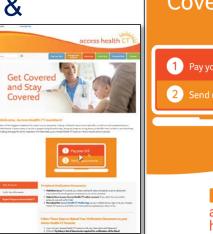
Of those 101,969 enrollees, approximately 9,700
 (private health insurance) individuals are in
 danger of losing his or her health insurance
 coverage because they have not sent in requested
 documentation to satisfy verification requests.



Customer Outreach

Verification Outreach Efforts

- Online Banners
- Social Media (English/Spanish)
- Learn More landing page
- High frequency email outreach to customers, certified application counselors, and broker community
- Community newsletter
- Public Relations: press releases &
 - aggressive interview schedule
- TV spots
- Text messages
- Push notifications
- 38 Automated personalized calls









1095A

The deadline to file taxes is April 18, 2017.

- Successfully implemented new 1095A portal
- More accurate 1095As have been created and a reminder notice was sent alerting customers they could print their 1095A from home
- Issues are being resolved within 72 hours (on average) by a team of twelve
- CMS and IRS filings are current
- April 18th is the tax filing deadline for 2017

	2016	2017	
Total 1095A Mailings	98,038 (for 2015 tax year)	118,000 (for 2016 tax year)	
Total Incidents	11,380*	11,253**	
Open Incidents	2,594*	1,052**	
Closed Incidents	8,786*	10,201**	

^{*}As of 3/15/**2016**

^{**}As of 3/15/2017

Certification & Training

2018 Certification

Training curriculum in development for the following:

- To start midyear 2017
- Brokers
- Certified Application Counselors (CACs)
- Issuer-Affiliated Certified Application Counselors (IACACs)
- Call Center Representatives



Call Center

In February 2017...

- There were 107,149 calls received (compared to 116,048 in 2016)
- Top call reasons were renewals, initial applications, and verification inquiries
- Brokers handled 2,879 calls
- Call center hours returned to 8:00 am to 4:00 pm Monday through Friday
- Current staff level: 225 Call Center Representatives

	Metric	Faneuil: OE 4	Maximus: OE 3
NOV	Call Volume	127,856	133,544
	Average Wait Time	1.2 minutes	1 minute
	Average Handle Time	14 minutes	17 minutes
DEC	Call Volume	159,526	129,928
	Average Wait Time	1.3 minutes	1.2 minutes
	Average Handle Time	12.3 minutes	16 minutes
JAN	Call Volume	147,299	143,894
	Average Wait Time	1.6 minutes	1.62 minutes
	Average Handle Time	11.7 minutes	15.7 minutes
Abandonment Rate		3.8%	8.3%

Customer Service

AHCT's Customer Service team is resolving issues related to:

- 1. Open Verification Items
- 2. Financial Assistance (APTCs)
- 3. Reinstatements

Special Enrollment (SE)

Special Enrollment	September 2016	October 2016	February 2017	March 2017
No. of Individuals	210	298	149	126 (as of 3/21)
Verified for SE	79	49	45	TBD
Denied for SE	131	249	11	TBD
Pending	0	0	93	TBD



Questions?





Adjournment

