

# *Board of Directors Meeting*

*April 20, 2017*

# Agenda

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**A.** Call to Order and Introductions

**B.** Public Comment

**C.** Votes:

- March 23, 2017 Meeting Minutes
- To amend the Agenda to add two items

**D.** CEO Report

**E.** CMS Final Rule Update

**F.** Enrollment Update

**G.** Presentations

- Health Literacy Survey Findings
- Enrollee and Leavers Research and Focus Group Findings

**H.** Adjournment

# *Votes*

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- March 23, 2017 Regular Meeting Minutes
- To amend the Agenda to add two items

# *CEO Report*

# CMS Final Rule Update



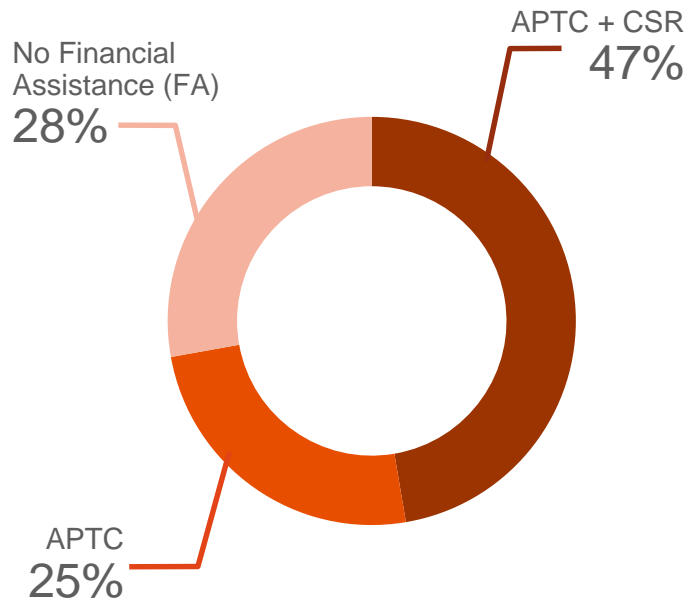
- Final Rule issued on April 13, 2017 for Market Stabilization
  - Change in Open Enrollment dates for 2018 Plan Year
  - Continuous Coverage/Guaranteed Issue policy change regarding payment of past due premium
  - Changes to De Minimis Range for AV
  - Change in Network Adequacy Standards

# Enrollment Update

# Enrollment Update (4/19/2017)

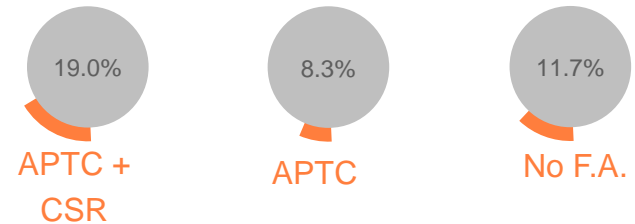
## Current QHP Membership:

100,278 Enrollees



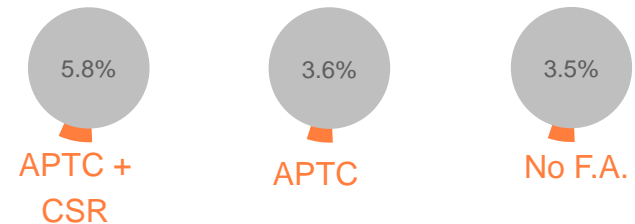
## Attrition Since End of OE: 16,263 Enrollees

### % Attrition By Financial Assistance:



## Acquisition Since End of OE: 5,174 Enrollees

### % Acquisition By Financial Assistance:



QHP: Qualified Health Plan

APTC: Advanced Premium Tax Credit

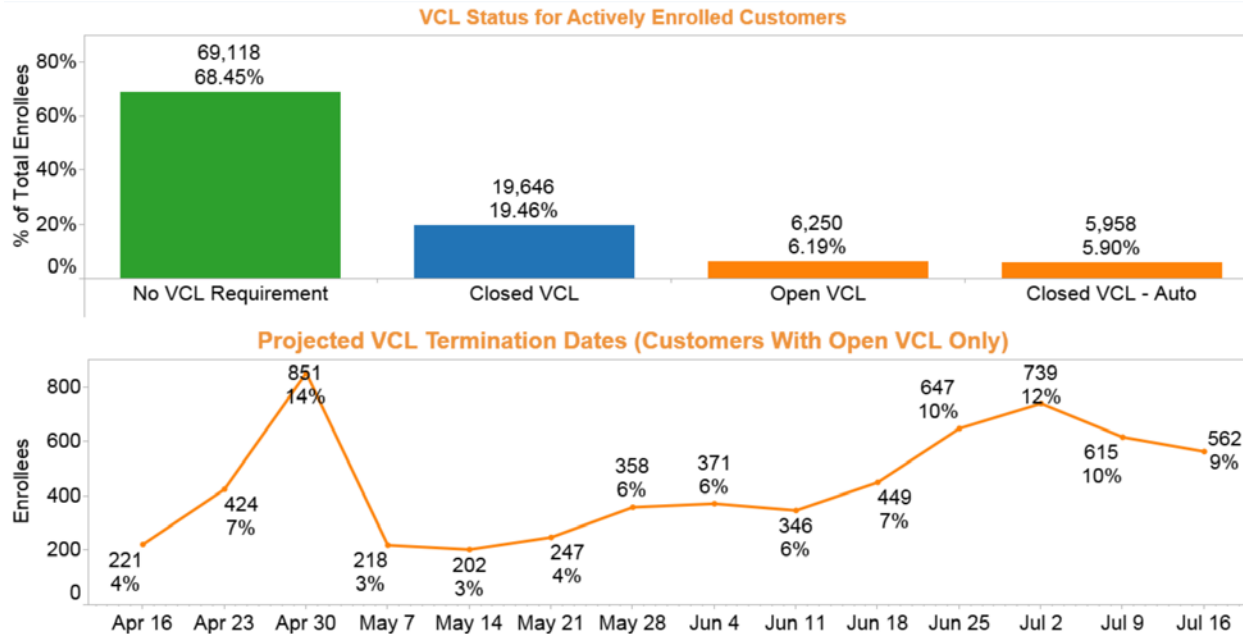
CSR: Cost Sharing Reduction

OE: Open Enrollment

FA: Financial Assistance

# Customer Retention – Outstanding Verifications

## Outstanding Verification Checklist (VCL) Activity For End of OE Customers



**6.2% of the enrolled customer base have an outstanding verification to complete.**

**Nearly 14% of open verifications have a due date of April 30, 2017.**

Verification status as of 4/19/2017



## 8 Customer Retention – Effectuated Coverage

9.6 in 10

Enrollees have made their first monthly (premium) payment\*



*\*Effectuation rate presented for Anthem BCBS customer base only  
Effectuation status as of 4/19/2017*

## MEASURING HEALTH INSURANCE LITERACY IN CONNECTICUT

Victor G. Villagra, MD, FACP  
Associate Director  
UConn Health Disparities Institute

April 20, 2017  
Hartford, Connecticut



# Objectives

- Brief description of the survey method
- Highlight findings
- Conclusions
- Recommendations

## What is Health Insurance Literacy?

*Health insurance literacy measures the degree to which individuals have the knowledge, ability, and confidence to find and evaluate information about health plans, select the best plan for their financial and health circumstances, and use the plan once enrolled.*

Source: *Measuring Health Insurance Literacy: A Call to Action*, Consumers Union and partners, February 2012

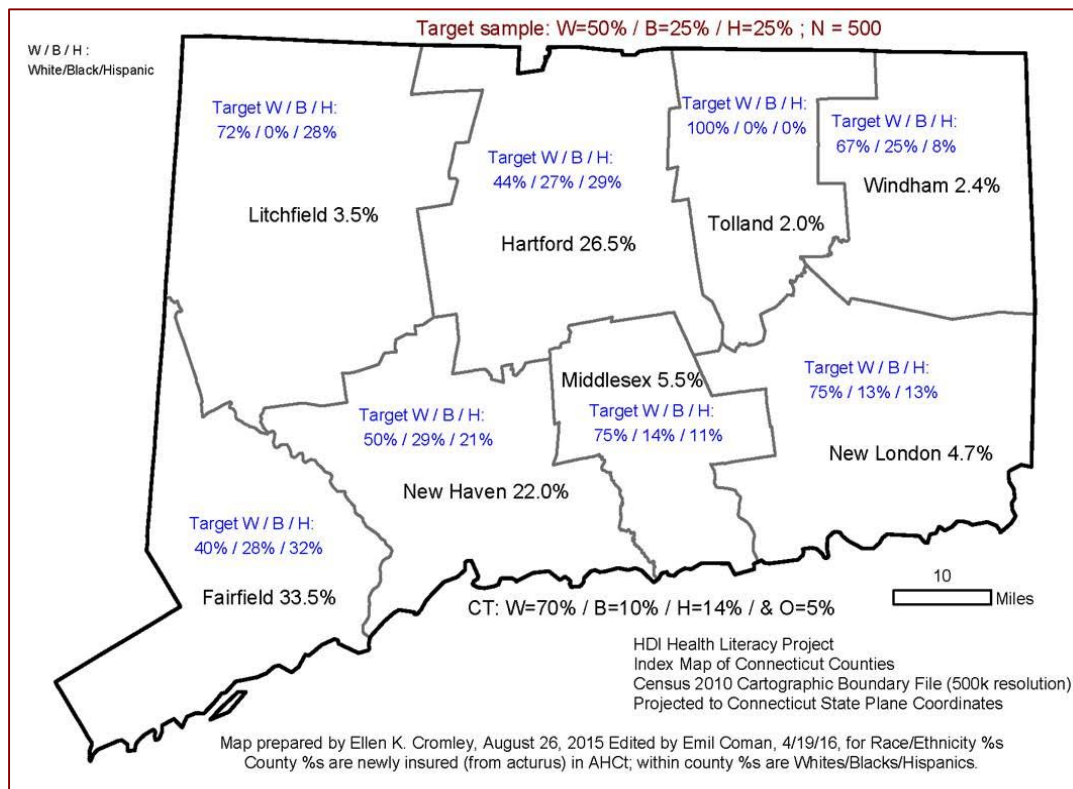
# Health Insurance Literacy Matters

- Realize the full value of plan benefits
- Feel more confident that one is “truly insured”
- Navigate the intricacies of complex plan designs
- Avoid paying more for medicines, doctors’ visit, emergency room or hospitalizations.
- Avoid surprise medical bills
- Preclude time-consuming administrative hassles
- Raises all boats: Insurance carriers, providers, hospitals and consumers benefit

## **Survey Sample**

- Target sample size: 500 enrollees.
- Oversampled Blacks and Hispanic across 8 geographic regions

# Sample geographic stratification



## **Survey Methodology**

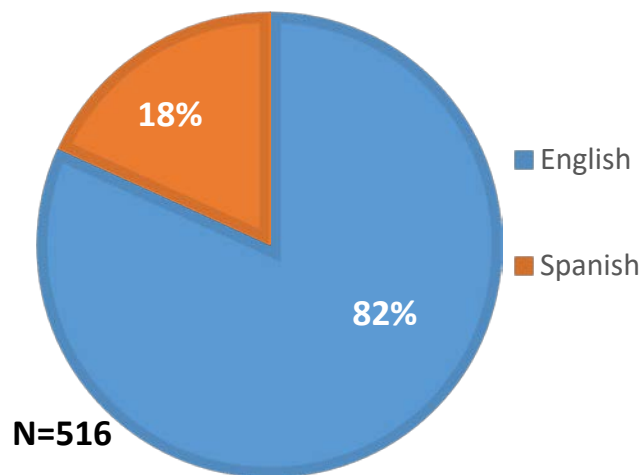
- Thirteen vocabulary and practical use questions
- Phone interviews conducted in English or Spanish based on enrollee preference.
- Same or similar questions to national health insurance literacy survey (Kaiser\*)

<http://kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/>

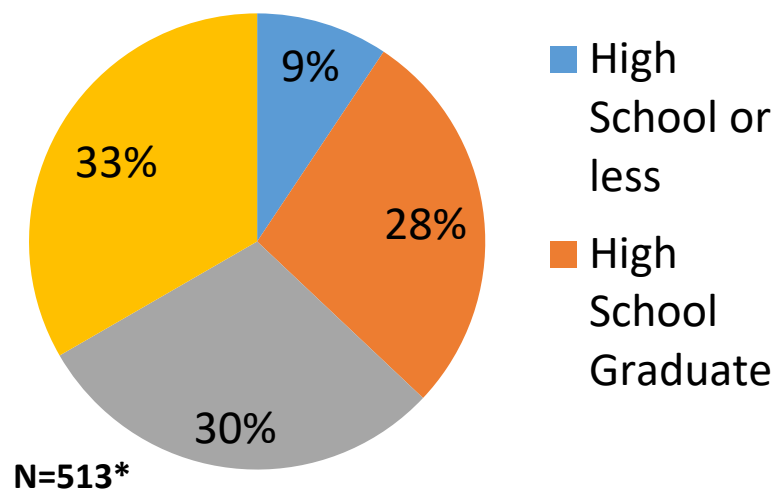


# Education Level & Survey Language

LANGUAGE SURVEY  
TAKEN IN



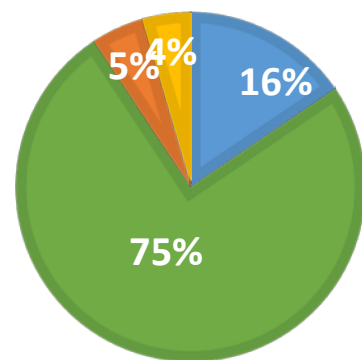
EDUCATIONAL LEVEL



# Best Definition of Health Insurance Premium

**Survey Question:** Which of the following is the best definition of the term “health insurance premium”?

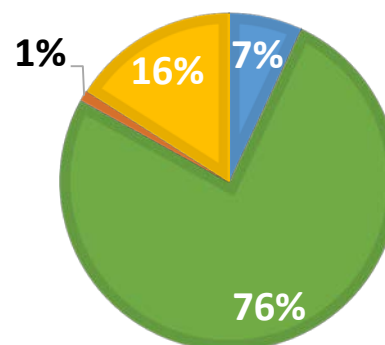
**HDI SURVEY DATA**



**N=516**

- The best type of health insurance you can buy
- The amount health insurance companies charge each month for coverage

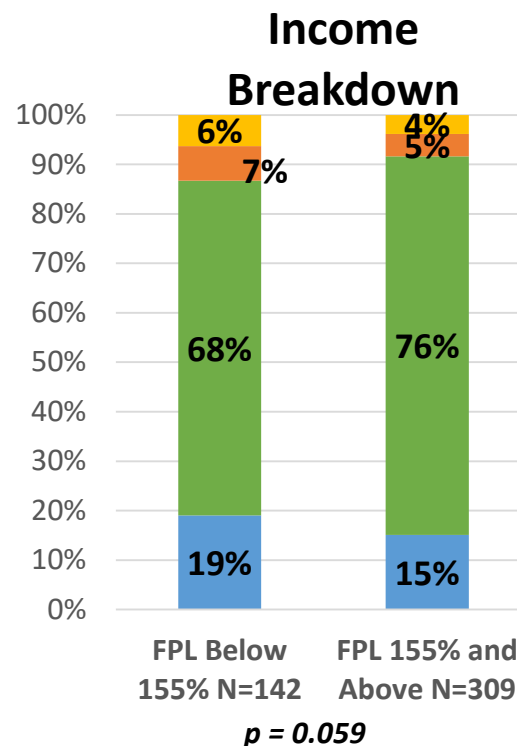
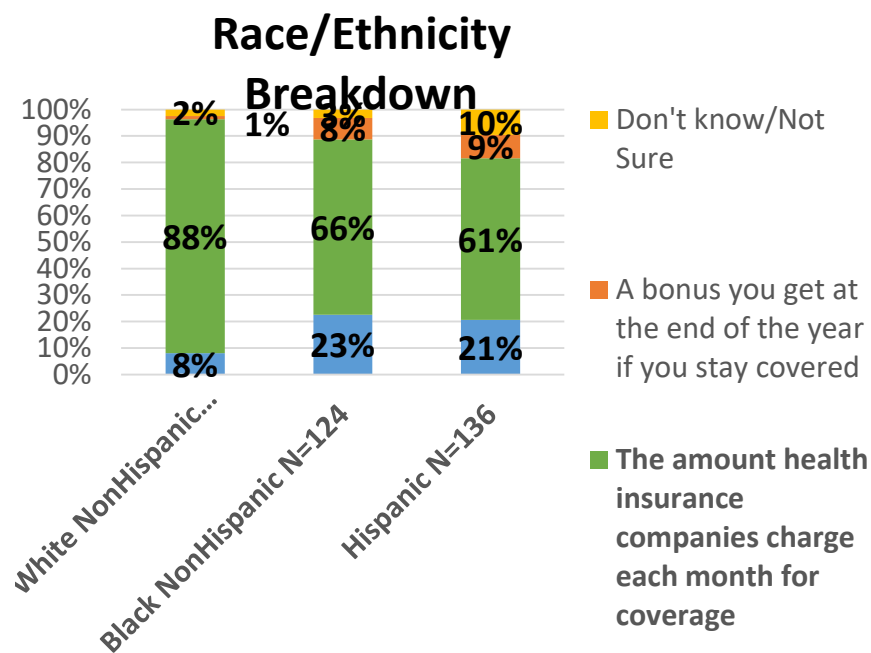
**NATIONAL DATA\***



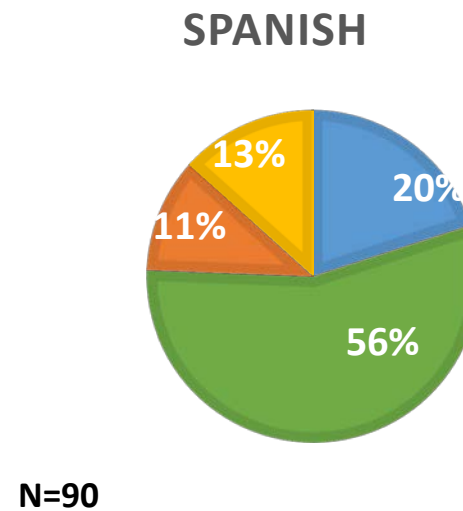
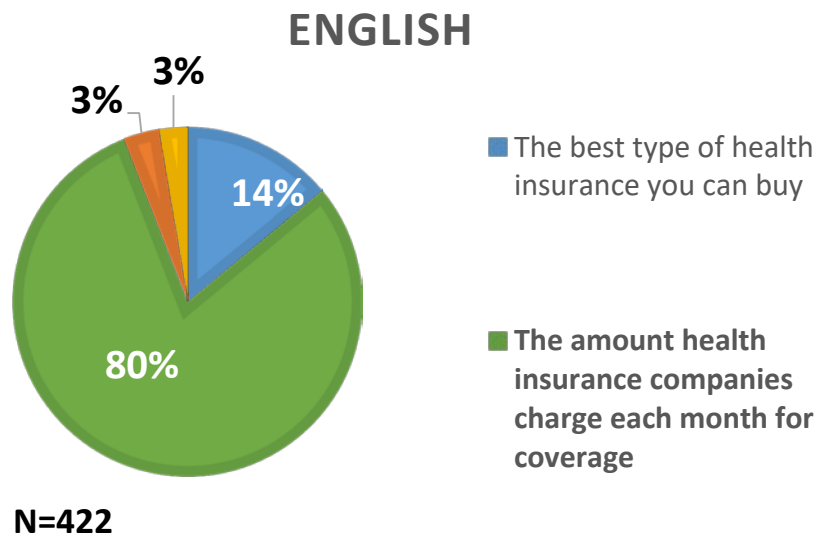
**N=1,292**

<http://kff.org/health-reform/poll-finding/assessing-americans-familiarity-with-health-insurance-terms-and-concepts/>

# Best Definition of Health Insurance Premium



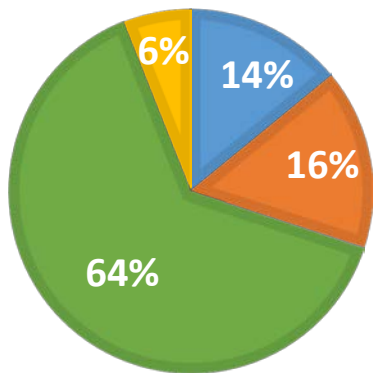
# Best Definition of Health Insurance Premium



# Best Definition of Health Insurance Deductible

**Survey Question:** Which of the following is the best definition of the term “annual health insurance deductible”?

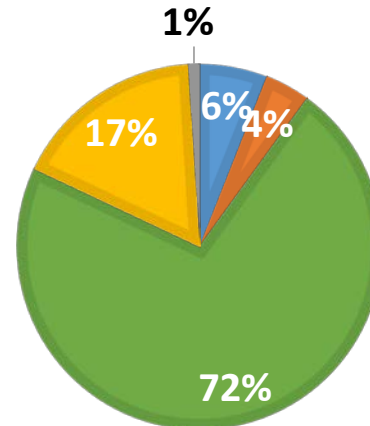
**HDI SURVEY DATA**



**N=513**

- The amount that is deducted from your paycheck each year to pay for your policy
- The amount of health expenses you can subtract from income on your yearly tax return
- The amount of covered health care expenses you must pay yourself each year before your insurance will begin to pay

**NATIONAL DATA**

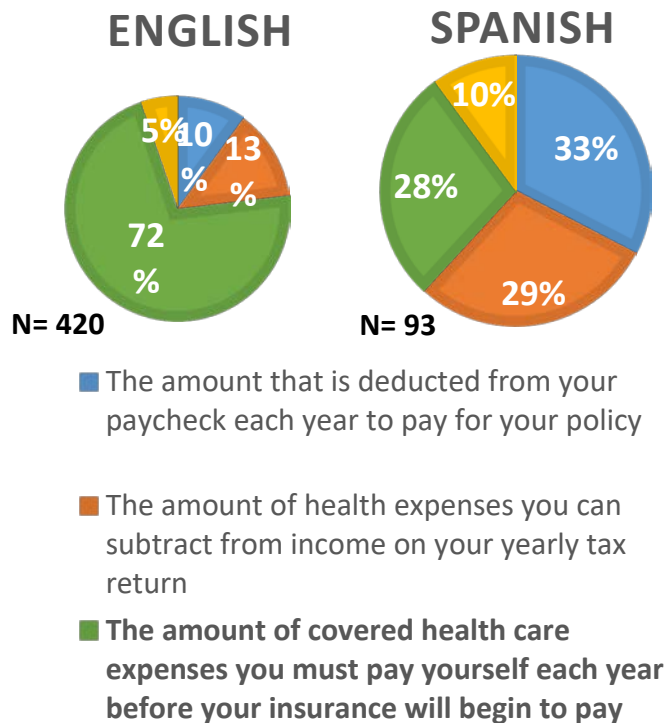


**N=  
1,292**

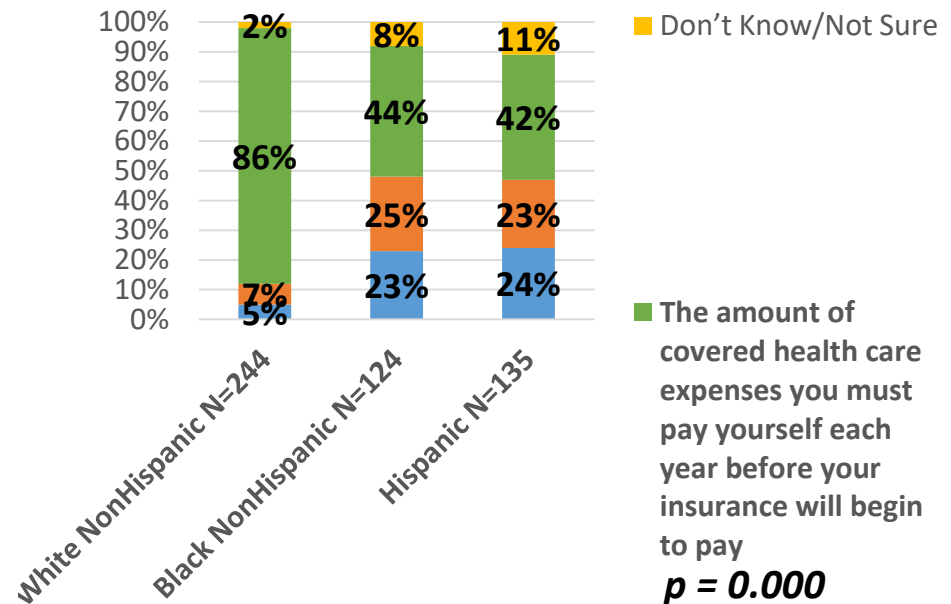
- The amount that is deducted from your paycheck each year to pay for your policy
- The amount of health expenses you can subtract from income on your yearly tax return

# Best Definition of Health Insurance Deductible

## By Language Survey Taken



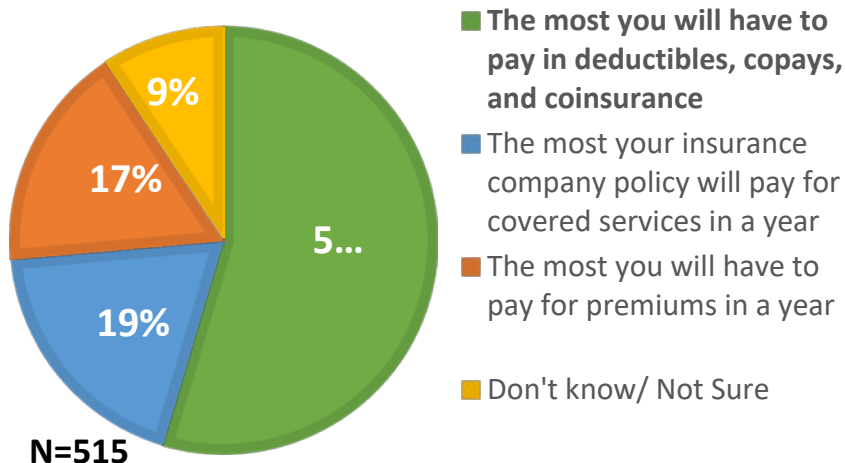
## Race/Ethnicity Breakdown



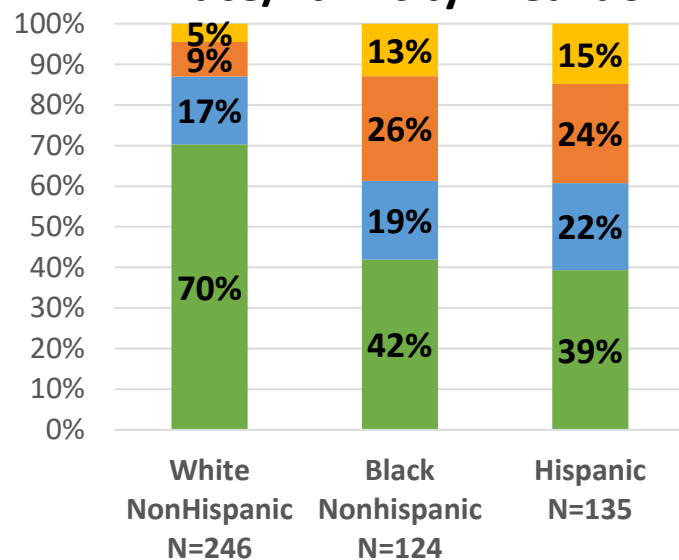
# Best Definition of Annual Out-of-Pocket Limit

**Survey Question:** Which of the following best describes the “annual out-of-pocket limit” under a health insurance policy?

## HDI SURVEY DATA

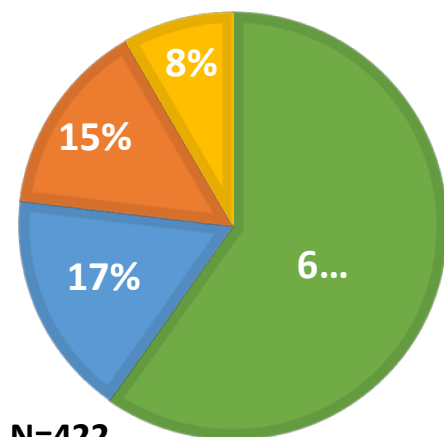


## Race/Ethnicity Breakdown



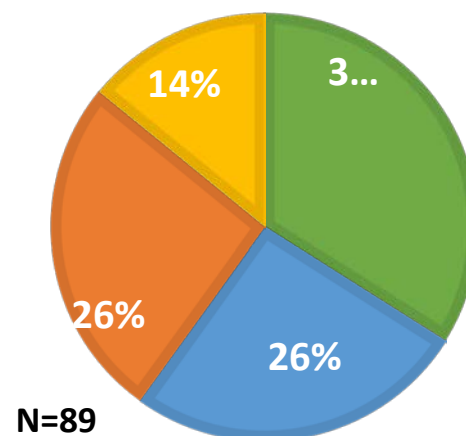
# Best Definition of Annual Out-of-Pocket Limit

ENGLISH



- The most you will have to pay in deductibles, copays, and coinsurance
- The most your insurance company policy will pay for covered services in a year
- The most you will have to pay for premiums in a year
- Don't know/ Not Sure

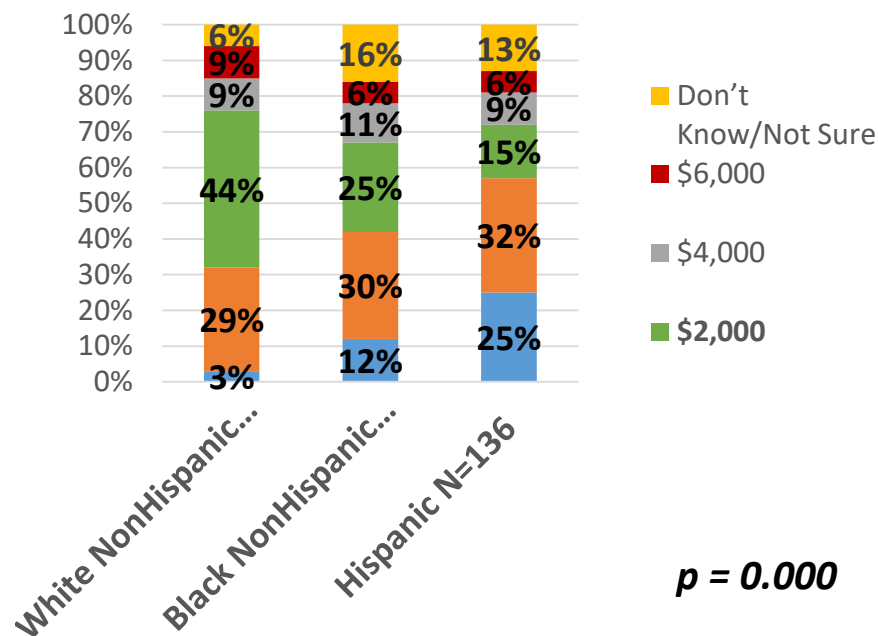
SPANISH



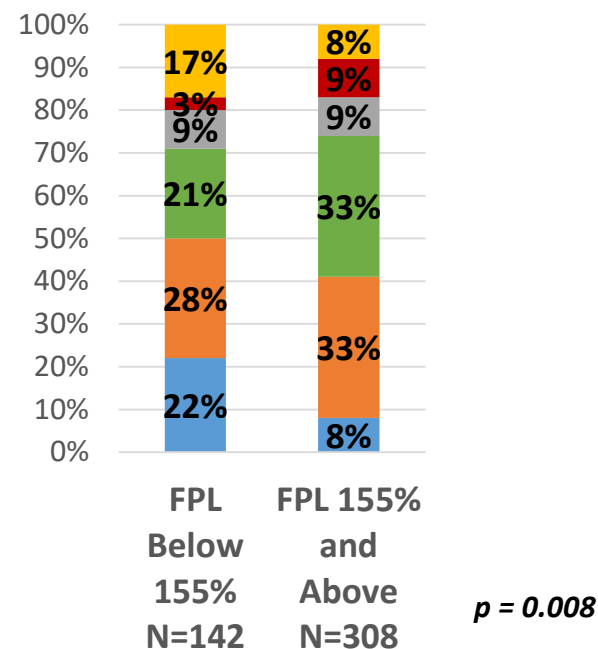


# Hospital Bill Amount - Calculation Question (cont.)

## Race/Ethnicity Breakdown

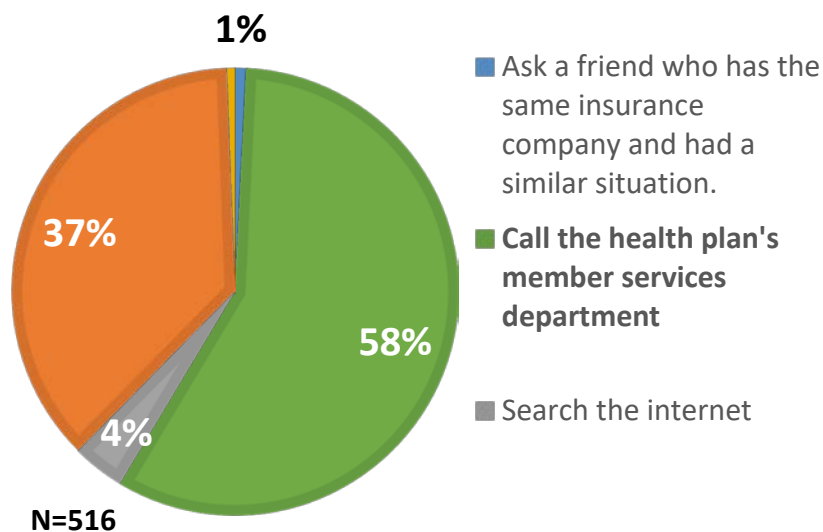


## By Income

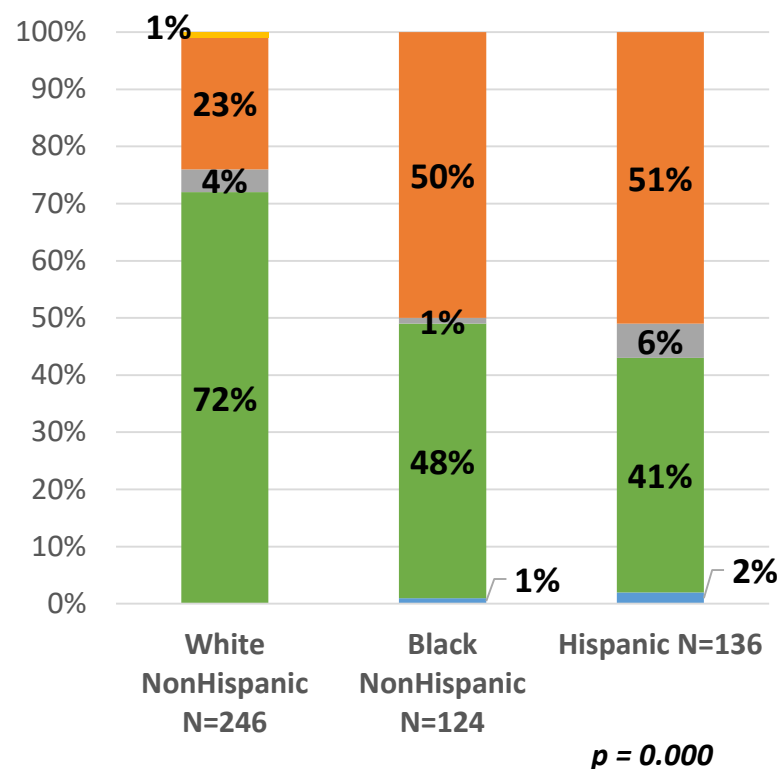


# Best Information Source for Insurance Coverage

HDI SURVEY DATA

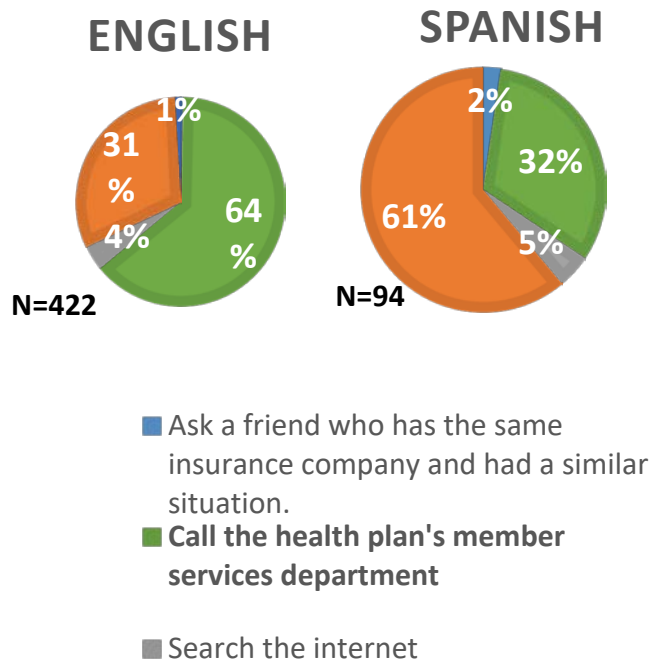


By Race/Ethnicity

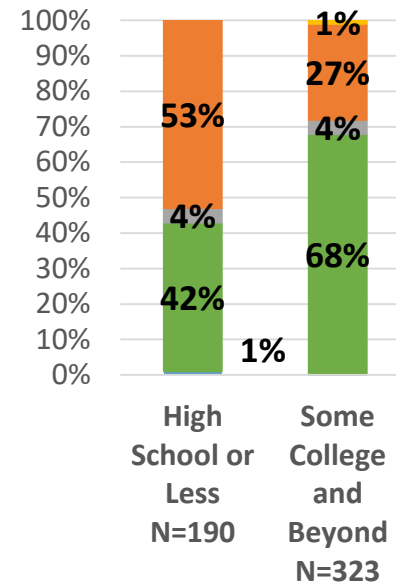


# Best Information Source for Insurance Coverage

## By Language Survey Taken

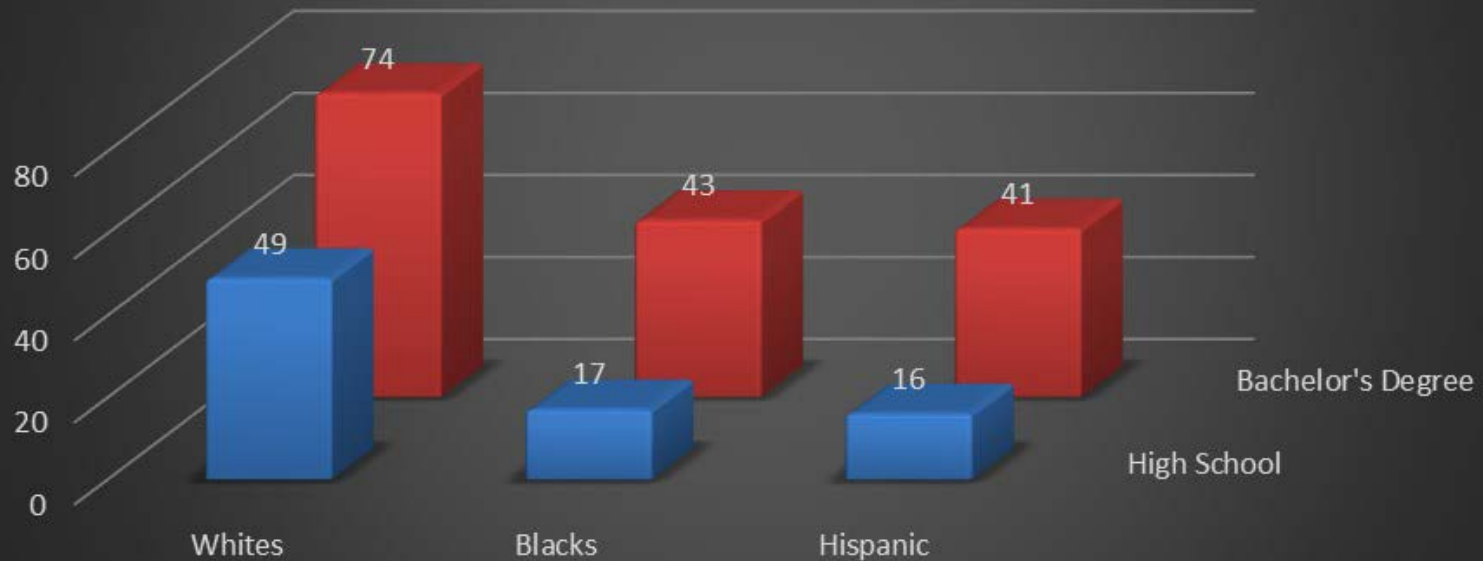


## By Education



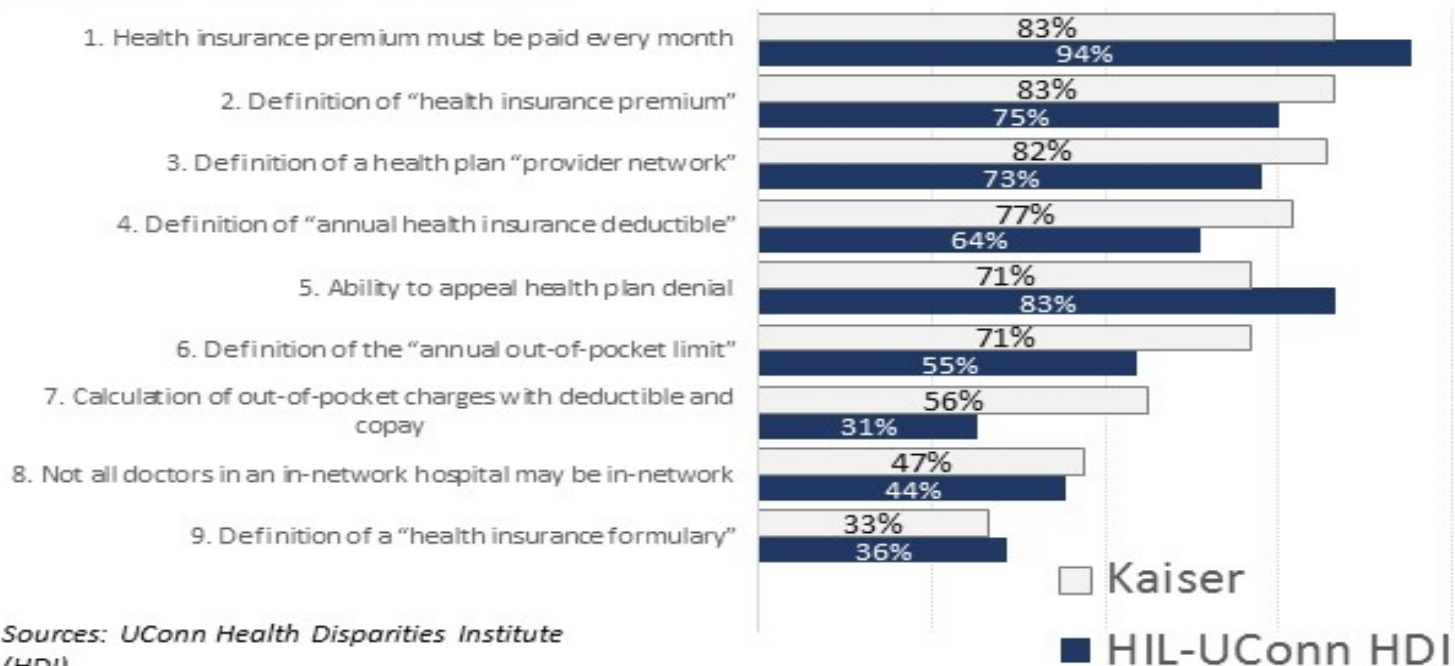
*p = 0.000*

## Percentage of Correct Answers by Race, Ethnicity and Education Levels



## Knowledge of health insurance terms and concepts: ACA privately insured CT residents vs. Kaiser Insured respondents

*Percent who correctly answered each question*



Sources: UConn Health Disparities Institute (HDI)

July 2016 Health Insurance literacy (HIL) survey

# Conclusions

- Many qualified health plan enrollees are ill-prepared to realize the full value of their insurance plan
- Low health insurance literacy can create system inefficiencies that devalues the societal benefit of health insurance
- There are significant race, ethnicity and language preferences disparities in enrollees' ability to use insurance
- Controlling for education does not eliminate race, ethnicity and language preference disparities

# Recommendations

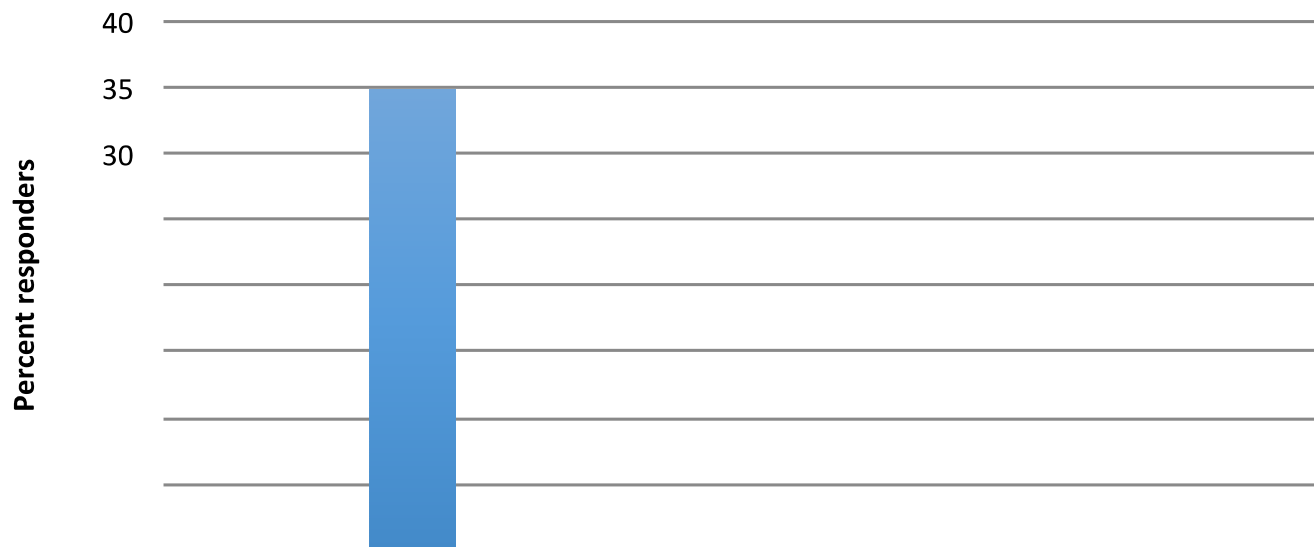
- Launch a coordinated health insurance literacy campaign to better prepare **the most vulnerable individuals** to use their health insurance:
  - Insurance carriers
  - Access Health Connecticut
  - Clinics and Hospitals
  - Office of the Healthcare Advocate and other state agencies
  - Equal Coverage to Care Coalition (Health Disparities Institute + community based organizations)
- Provide financial support to train and deploy in-person health insurance navigators, community health workers, etc. at the point of care
- Advocate for simpler, more consumer friendly health plan designs

Thank you!

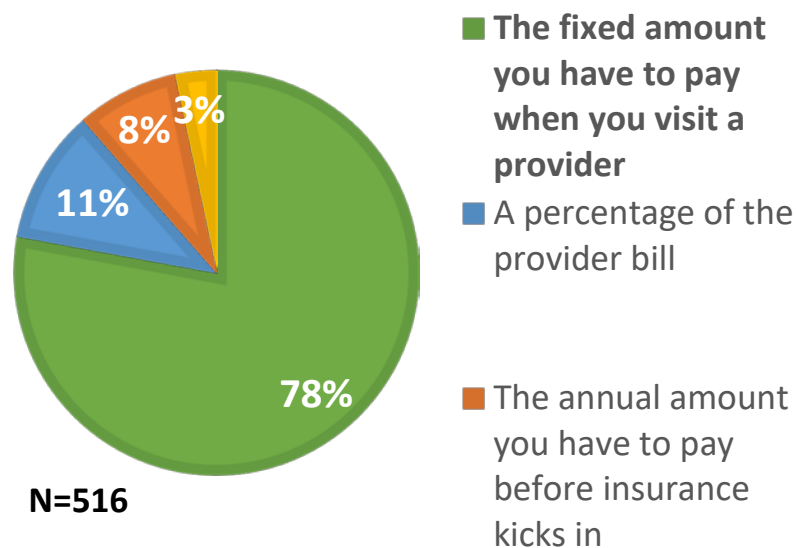


# Appendix

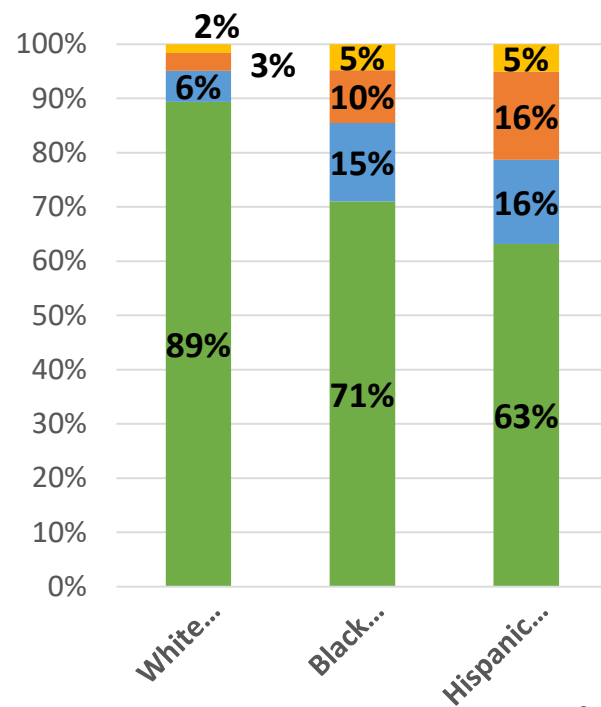
## Income Distribution



# Best Definition of Copay

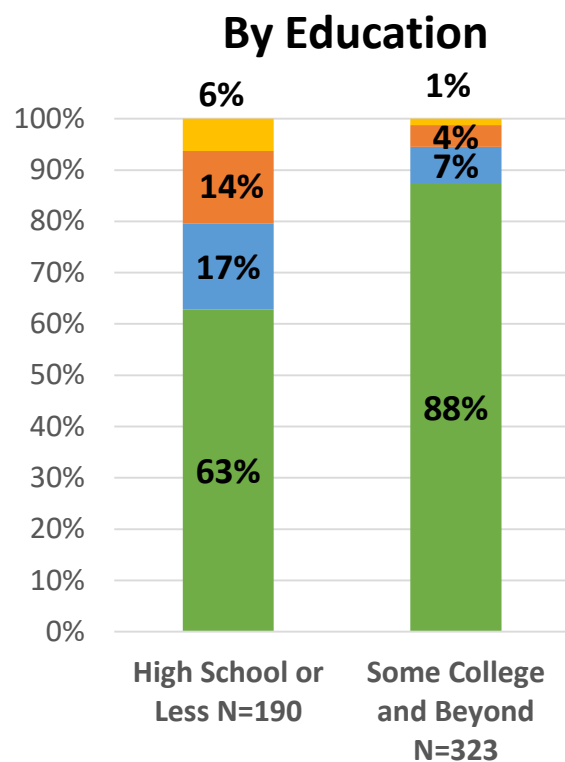


## Race/Ethnicity Breakdown

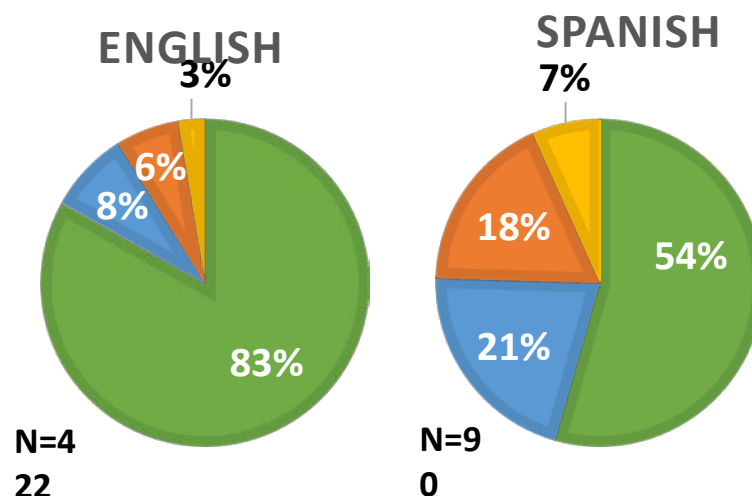


**$p = 0.000$**

# Best Definition of Copay



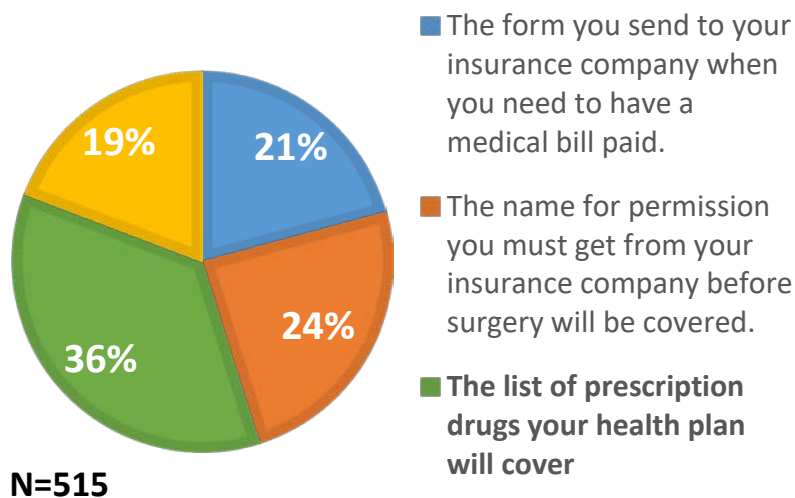
***p = 0.000***



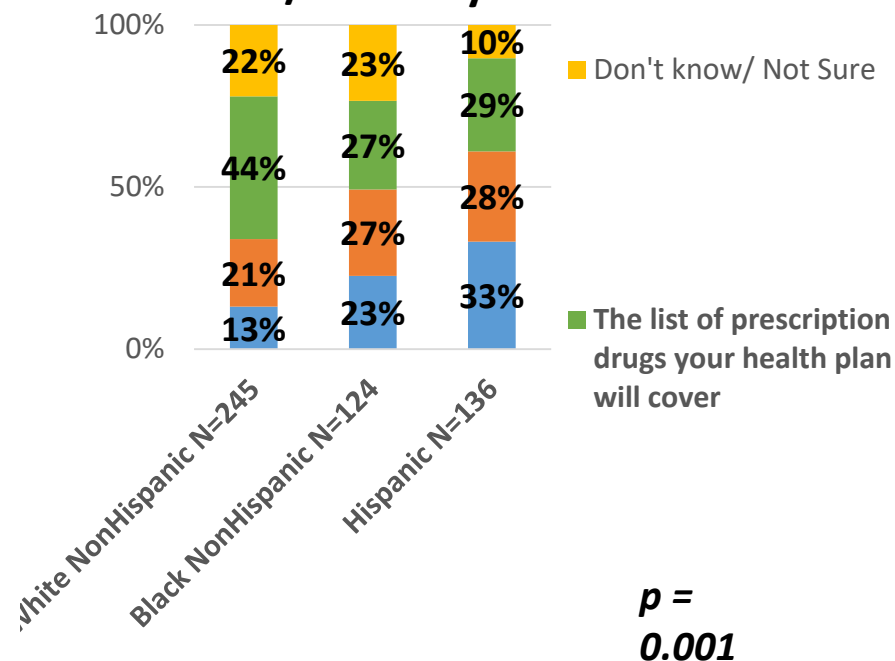
# Best Definition of Health Insurance Formulary

**Survey Question:** Which of the following best describes a “health insurance formulary”?

## HDI SURVEY DATA



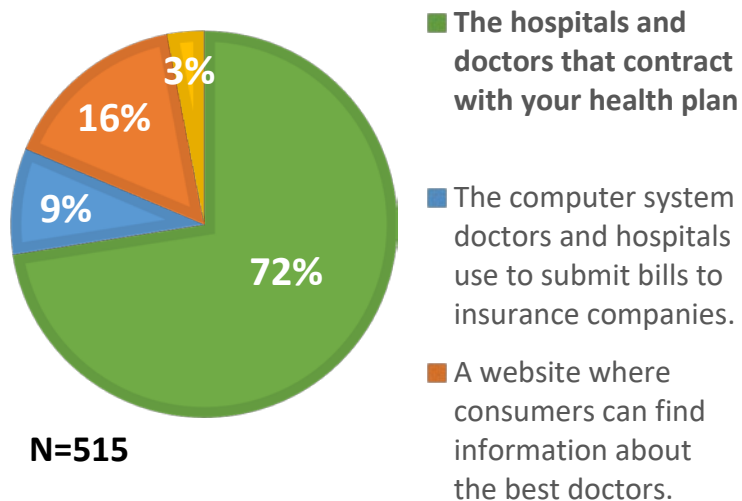
## Race/Ethnicity Breakdown



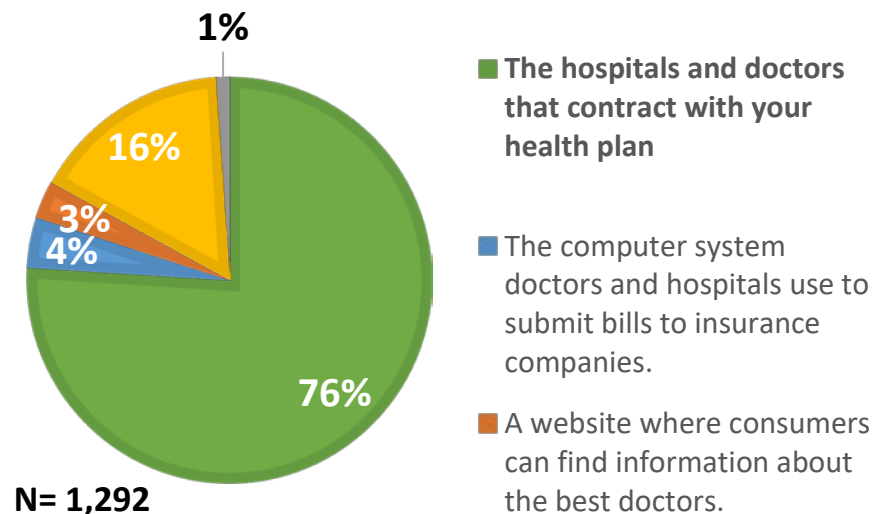
# Best Definition of Provider Network

**Survey Question:** Which of the following best describes a health plan “**provider network**”?

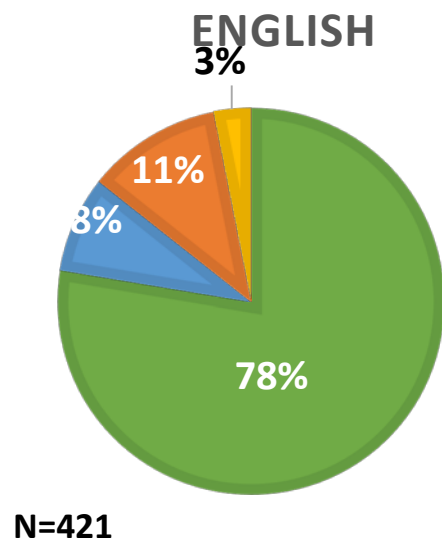
## HDI SURVEY DATA



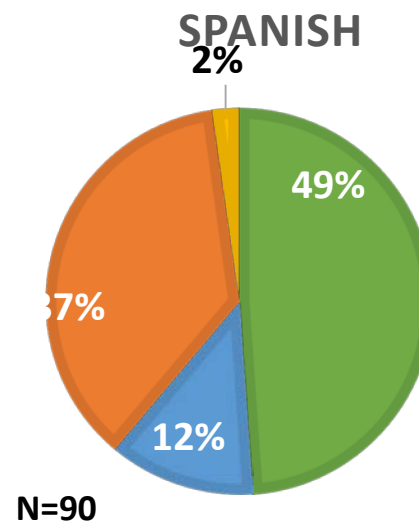
## NATIONAL DATA



# Best Definition of Provider Network



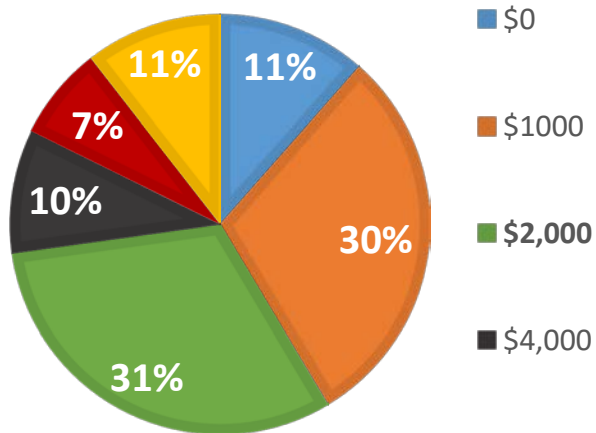
- The hospitals and doctors that contract with your health plan
- The computer system doctors and hospitals use to submit bills to insurance companies.
- A website where consumers can find information about the best doctors.



# Hospital Bill Amount - Calculation Question

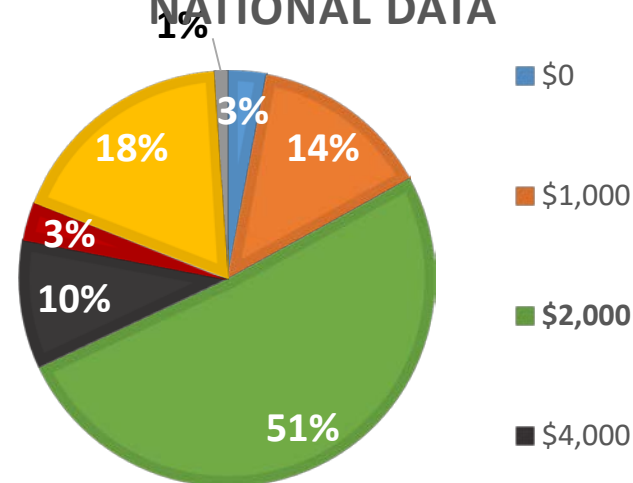
**Survey Question:** Suppose that under your health insurance policy, hospital expenses are subject to a \$1,000 deductible and a \$250 per day copay. You get sick and are hospitalized for 4 days, and the bill comes to \$6000. How much of that hospital bill will you have to pay yourself?

HDI SURVEY DATA



N=515

NATIONAL DATA



N= 1,292



## Overall correct answers: 62%

Health Insurance Literacy Questions	Percent Answered Correctly
Health Insurance Premium definition	75.2%
Premium Payment	94%
Health Insurance deductible definition	63.6%
Hospital Bill Amount: Calculation	<b>31.4%</b>
Annual Out-of-Pocket Limit definition	54.5%
Copay definition	77.9%
Health Insurance Formulary definition	<b>35.7%</b>
Provider Network definition	72.5%
In-Network Hospitals & Doctors	<b>44.2%</b>
Appeal definition	68.2%
Appeal (true or false)	83.3%
Best Insurance Information Source	57.8%
Choice in HMO v PPO	51.6%

# Customer Research

Enrollee and Leaver Survey  
Report &  
Focus Group

A man in a dark suit and tie is holding a whiteboard. On the whiteboard, there is a hand-drawn mind map with four ovals. The top oval contains the word 'CUSTOMER', the right oval contains 'MARKET', the bottom oval contains 'FEEDBACK', and the left oval contains 'RESEARCH'. The word 'RESEARCH' is the central node, connected to the other three. The man's hand is visible holding the top of the whiteboard.

CUSTOMER  
MARKET  
RESEARCH  
FEEDBACK



## EVALUATING FACTORS

- Enrollment
- Reasons for Leaving
- Overall Satisfaction & Re-enrollment
- Customer Awareness and Marketing
- Plan Usability

## METHODOLOGY

- **22-minute** telephone survey
- 9/27/2016 - 10/25/2016
- 1,008 customers interviewed
- Subsidized (financial help) & Non-subsidized (no financial help) private health plan
- Qualified Health Plans only
- English and Spanish

	Enrollees	Dis-enrollees	Total
Subsidized QHP	302	216	518
Non-subsidized QHP	306	184	490
Total	608	400	1,008



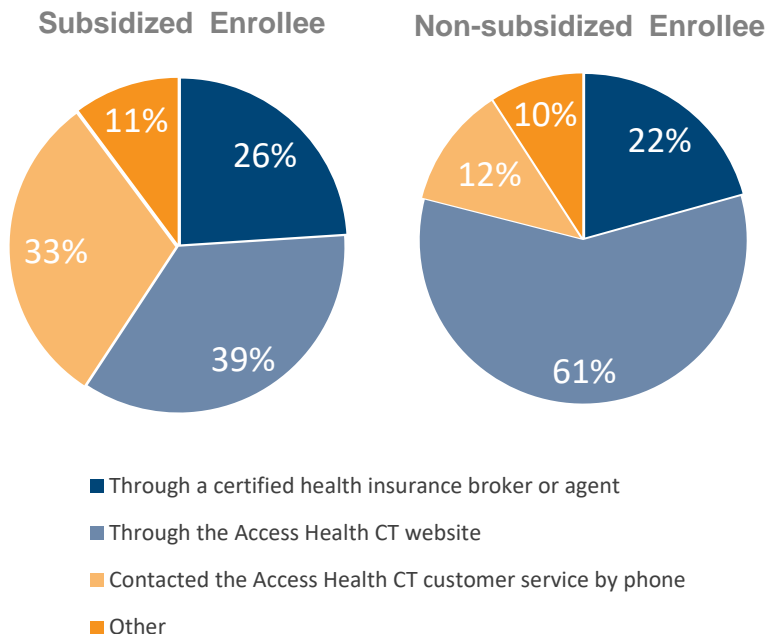
# Enrollment

## THE ENROLLMENT PROCESS

**The Access Health CT website and a call to customer service were the most common ways to get help in health insurance and to enroll.**

	Enrollees		Disenrollees	
	Subsidized	Non-subsidized	Subsidized	Non-subsidized
Visit the Access Health CT website	49%	67%	42%	60%
Contact Access Health CT customer service by phone	50%	30%	59%	38%
Contact a certified health insurance broker or agent	32%	31%	28%	28%
Contact a health insurance company	13%	15%	15%	17%
Go to an Access Health CT in-person enrollment center	6%	3%	8%	3%
Contact a hospital, community health center or health care provider	2%	4%	6%	5%
Use the Access Health CT mobile app	3%	3%	4%	3%
Attend an Access Health CT community event, enrollment fair	2%	2%	3%	1%
Friends and family	2%	2%	1%	3%
Visit Access Health CT social media sites, such as Facebook or Twitter	1%	1%	3%	1%
Talk with someone else to help find information or select a plan	1%	1%	2%	1%
None of these	10%	9%	12%	15%

**Non-Subsidized enrollees were more likely to use the website to enroll**



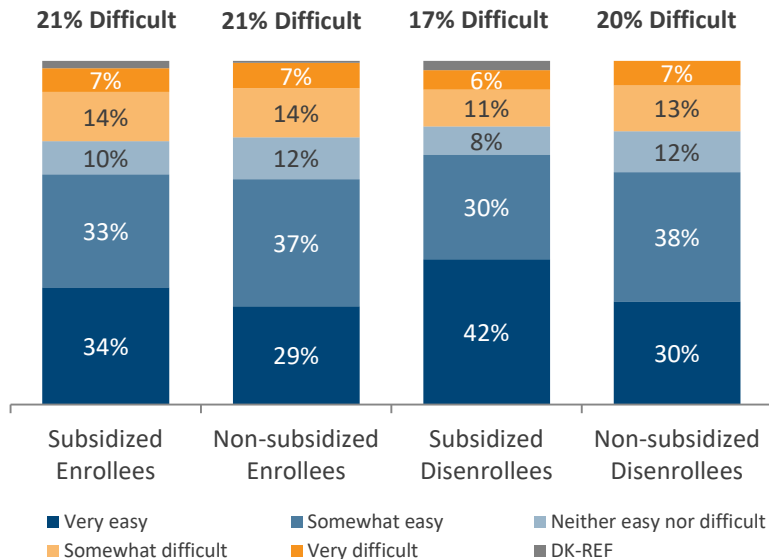
Q13: When getting health insurance for 2016, did you or others in your household\_\_\_\_\_?

Q14: How did you sign up for your health coverage through Access Health CT?

## THE ENROLLMENT PROCESS

**Two-thirds said the process of choosing a plan was very or somewhat easy. The most challenging part was finding an affordable health plan and selecting a health plan from the number of options provided.**

**Difficulty of Selecting a Plan**



### What Worked About the Process

- The ability to compare plans
- It was easy to find the information needed on the website
- I was able to get help from the call center

### What Did Not Work About the Process

- Finding a health care plan that I could afford
- Selecting a health care plan from the options provided
- Finding a health care plan that included my doctor or hospital

### Difficulties Experienced

- The process was difficult to understand or confusing
- Difficulty finding information about individual plans
- The process of choosing a plan/too many plans
- Finding an affordable plan/need cheaper plans
- Too much difficult language/industry terminology

Q17: Overall, how easy was the process of choosing your plan? oq17: If Difficult: What was difficult about the process of choosing your plan?

Q18: When choosing a health plan through Access Health CT, what worked well for you?

Q19: What was the most challenging part of choosing your plan?

## UNDERSTANDING OF HEALTH INSURANCE PLANS

**Most found it easy to understand the services and providers covered by the health plans available through Access Health CT. Fewer could understand if the plans covered the prescription medicines they needed.**

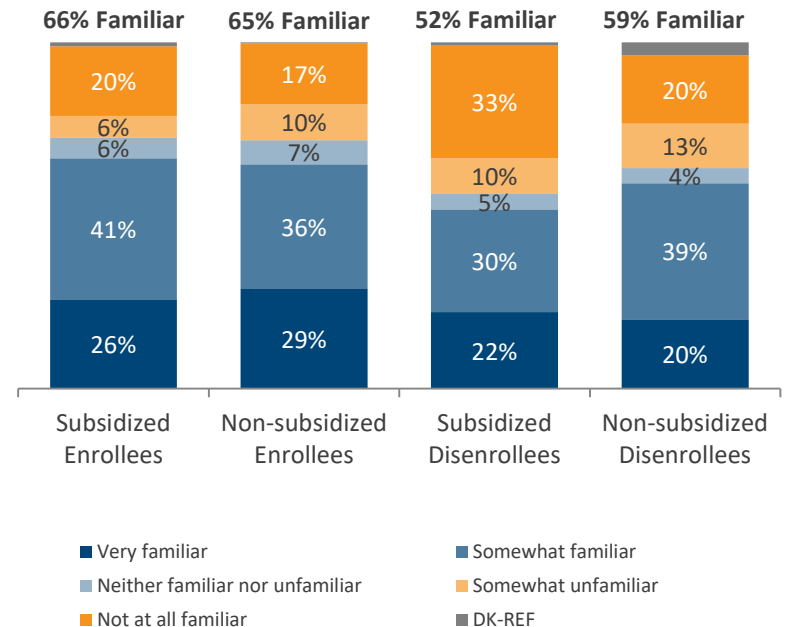
### Was it Easy to Understand...

	Enrollees		Disenrollees	
	Subsidized	Non-subsidized	Subsidized	Non-subsidized
The services covered by the health plans available to you and how much you would have to pay.	80%	76%	83%	77%
Which health plans had the doctors or hospitals you wanted.	79%	67%	79%	68%
Which health plans covered the prescription medicines you needed	66%	55%	71%	63%

Percentage responding very or somewhat easy

**Non-subsidized enrollees were less likely to agree with that their plan was easy to understand.**

### Many did not understand financial assistance provided through ACA



HL01: When you were selecting your plan, how easy was it to understand the services covered by the health plans available to you and how much you would have to pay?  
 HL02: When you were selecting your plan, how easy was it to understand which health plans had the doctors or hospitals you wanted?  
 HL03: When you were selecting your plan, how easy was it to understand which health plans covered the prescription medicines you needed?  
 HL04: How familiar are you with the help that is available through the Affordable Care Act to pay for health insurance?





# Reasons for Leaving Access Health CT



## REASON(S) FOR LEAVING AHCT (LEAVERS ONLY)

**Enrolling in a different health insurance plan and inability to afford monthly payments (premiums) are common reasons for leaving Access Health CT.**

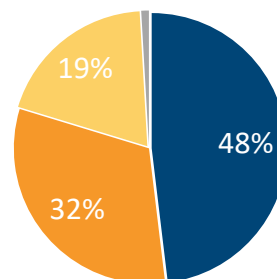
### Primary Reasons for Discontinuing Coverage

	Disenrollees	
	Subsidized	Non-subsidized
I now have a health care plan from another source	32%	50%
I could not afford cost of monthly premiums	31%	18%
I lost my health plan, the plan was cancelled	21%	17%
I had billing problems	9%	5%
I left the state, moved	5%	7%
Wanted plan with better coverage, more coverage options	3%	2%
Health care plan did not cover the services I needed	2%	2%
The money I paid out of pocket for doctor visits or prescriptions	2%	%
I am now covered by HUSKY Health (Medicaid)	2%	2%
Health care plan did not include my doctor	1%	1%
Problems with necessary paperwork	-	2%
Health care plan included too few doctors to choose from	1%	
Other	4%	3%
None, no reason	4%	1%

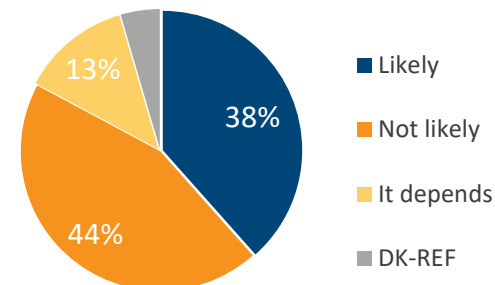
Among those who have disenrolled

### Many would consider reenrolling in the future.

Subsidized Dis-enrollee



Non-Subsidized Dis-enrollee



**44% of disenrollees are currently not covered by any type of health insurance.**

Customers have not left because they are dissatisfied with the enrollment process or the service they've received from Access Health CT. Rather, many are becoming uninsured due to the high cost of coverage.

Q43: If Disenrolled: What were the primary reasons you chose not to continue your coverage through Access Health CT?

Q44: If Disenrolled: How likely are you to consider choosing a health care plan through Access Health CT in the future?

The background of the slide is a blurred, light blue-toned photograph. It shows a laptop screen in the upper half and a desk with papers and a keyboard in the lower half. The text is centered in a white banner across the middle.

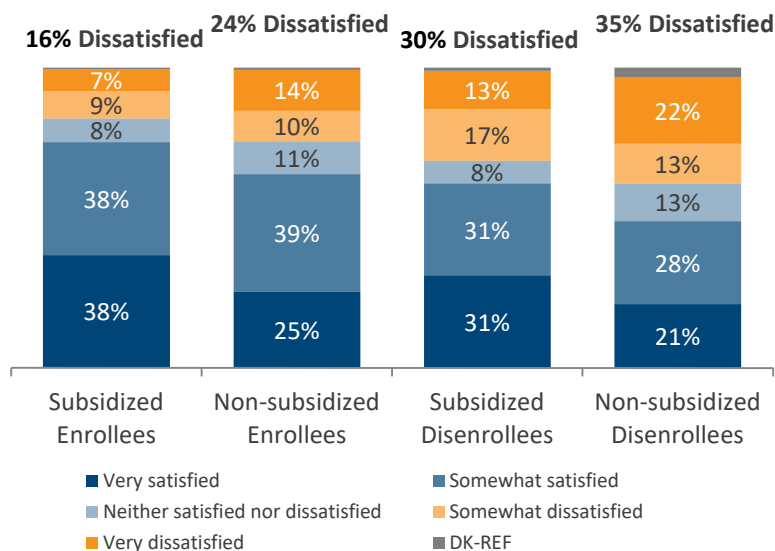
# Overall Satisfaction & Re-enrollment

# OVERALL SATISFACTION

**Subsidized Enrollees are the most satisfied.**

**A lack of affordable plans is the biggest reason why enrollees and leavers are not satisfied.**

**Satisfaction & Dissatisfaction by Enrollee**



	Enrollees		Disenrollees	
	Subsidized	Non-subsidized	Subsidized	Non-subsidized
Lower costs, have more affordable plans	36%	33%	32%	47%
Process for enrolling is too difficult, make it easier	21%	19%	22%	27%
Better trained, more informative customer service personnel	15%	10%	14%	16%
Insurance was canceled/lost	13%	11%	18%	10%
Better, more clear communication	14%	4%	6%	12%
Improve website, fix website	13%	10%	6%	5%
Better coverage from my plan	10%	12%		8%
More available customer service representatives	8%	10%	5%	6%
Speed up process	6%	6%	7%	9%
Better continuity between calls	7%	4%	5%	5%
Improve customer service	8%	2%	4%	-
Increase number of doctors included in my plan	7%	7%	1%	1%
Provide more information about insurance plans	3%	5%	6%	4%
Have more plans to choose from, wide selection of plans	5%	1%	5%	1%
Improve, fix payment process	-	4%	2%	9%
Don't lose my information, have incorrect information about me	2%	1%	6%	-
Make self-employed enrollment easier	2%	1%	2%	1%
Other	3%	5%	3%	2%

Among those indicating they were somewhat or very dissatisfied with their experience

Q02: Overall, how satisfied are you with your experience?

oQ02: If Not Satisfied: Why are you not satisfied with your experience obtaining health insurance through Access Health?



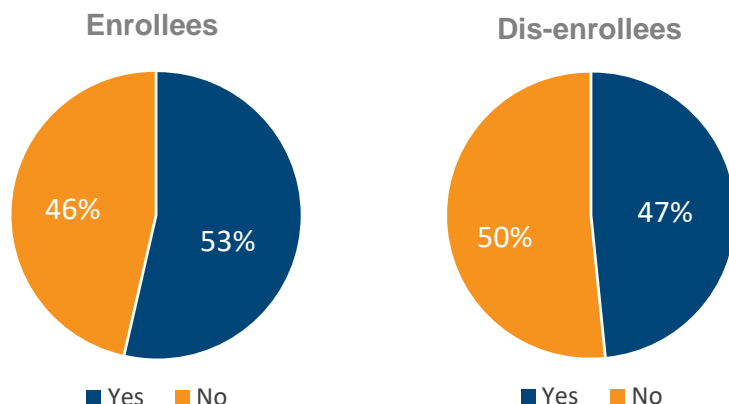
# Customer Awareness and Marketing



## CUSTOMER AWARENESS AND RECEPTION OF MARKETING EFFORTS

**Half of customers recall seeing or hearing any advertising for or news stories about Access Health CT. Television was the primary media channel where advertising was seen.**

**Recall Seeing or Hearing Advertising or News Stories**



**Television advertising was the most recalled media channel**

	Enrollees	Disenrollees
TV (any)	69%	65%
Radio (any)	18%	26%
Newspaper advertising (any)	5%	2%
Access Health CT brochures, mailed materials	4%	4%
Websites other than Access Health CT	3%	4%
Access Health CT website	3%	3%
Family, friends, word of mouth	3%	-
Email, Internet (non-specific)	1%	5%
Billboards	1%	3%
Other mailed materials, brochures, pamphlets	2%	2%
Insurance broker	1%	1%
Access Health CT social media, such as Facebook or Twitter	1%	<1%
Social media sites other than Access Health CT	<1%	<1%
Government agency or office	-	1%
Access Health CT community event, enrollment fair	<1%	-
Community groups, advocacy groups, church	-	< 1%
Other	1%	2%
None, no sources	1%	1%
DK-REF	7%	5%

Q08: Do you recall seeing or hearing any advertising for or news stories about Access Health CT?

Q09: If Recalled Advertising: Where did you see or hear this advertising or story about Access Health CT?

## CUSTOMER AWARENESS AND RECEPTION OF MARKETING EFFORTS

**Recall about Access Health CT messages varied, but was often informational in nature (enrollment dates and locations, contact information, necessity of coverage).**

	Enrollees	Disenrollees
Open enrollment starting	9%	8%
Contact information for Access Health CT, phone number, website URL	8%	8%
Necessity of health insurance coverage, Encouraged to enroll	9%	3%
The process for enrolling	7%	6%
Enrollment dates	6%	6%
Types of benefits covered by insurance	6%	4%
Ease of the enrollment process	5%	6%
Offers of low cost insurance	3%	8%
General negative	4%	4%
Conneticare is ending, Access Health CT is ending, the exchange is closing	3%	3%
Just that there was an advertising or news story	3%	3%
Locations for in-person sign up, assistance	3%	2%
Access Health CT is one of the best sign up systems in the country	2%	1%
General Positive	1%	2%
Other	4%	1%
Can't recall any specific messages	34%	36%
DK-REF	6%	9%

*"The primary things I heard was talking about the open enrollment period, little about the plan, and talked about a store front at New Haven to register."*

*"Directing people to the website. The stories I heard was that it was the most helpful exchanges."*

*"Talking about getting everyone covered and that we needed to go online. Everyone needs to apply by a certain date or you will get fined."*

oq10: If Recalled Advertising: What do you recall about the advertising or news stories about Access Health CT?



# Plan Usability

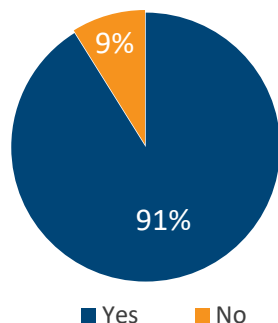


## HEALTH CARE USE, BARRIERS AND COST

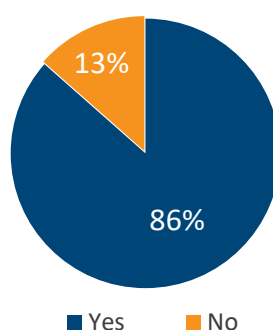
**Nine in ten current enrollees have a usual source of care when they need medical attention.**

### Have Usual Source of Care When Sick or Need Medical Attention

Subsidized Enrollees



Non-Subsidized Enrollees



### Use of Health Care Among Enrollees

	Enrollees	
	Subsidized	Non-subsidized
Visited a doctor for a check-up, physical, routine, or preventive care	78%	79%
Visited a doctor because of an illness or condition	58%	56%
Visited a dentist for a check-up or cleaning	47%	58%
Visited a specialist	45%	50%
Visited a dentist for other dental work	28%	25%
Received care at an emergency room	21%	23%
Received mental health care	10%	11%
None of these	9%	5%

Among those indicating they have a place where they usually go when they are sick or need medical attention

88% of Access Health CT enrollees go to a doctor's office, clinic or community center when they are sick or need medical attention.

10% use a hospital or urgent care center as their primary source of care.

Q62: Is there a place where you usually go when you are sick or need medical attention?

Q63: If Go to Usual Place: What kind of place do you usually go when you are sick or need medical attention?

Q64: Since selecting your health plan, have you \_\_\_\_?



# Focus Groups



## FOCUS GROUP DETAILS

- **GOAL:**
  - Better understand non-subsidized enrollee's motivation behind their **purchase decision** and to identify the **value proposition** for both new enrollees and those that have reenrolled with AHCT over several years.
- **WHEN:** Four focus groups were conducted in the Hartford and Norwalk areas of Connecticut on the week of 2/20.




What are the first **three** words that come to mind when you think about shopping for health insurance?



# Here's what we learned.

The 3 overarching themes we observed when determining the decision to shop through AHCT vs direct through carriers:

1. Brand Recognition → access health CT 
2. Re-enrollment from subsidized to non-subsidized
3. Prices on exchange perceived lower than off exchange

### **Additional Findings**

- Many also found the process of choosing a health plan to be complicated and time consuming.
- Knowledge of insurance terminology and plan details varied and it was apparent that many did not understand the details of their plan.
- More tech savvy users signed up online without a problem.
- Those with more complicated situations relied on help from customer service or brokers.
- Rising premiums were a major concern, even among satisfied, repeat customers.
- Customers with a more extensive health history, including pre-existing conditions, greatly value being covered even if they find the cost to be a burden.
- Most were satisfied with the help they received from the call center.

A doctor in a white coat with a stethoscope, holding a pen and a clipboard, with a blue overlay.

# Questions

# *Adjournment*