

Access Health CT

# **Board of Directors Meeting**

September 14, 2017





# Today's Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Votes
  - August 2, 2017 Special Meeting Minutes
  - Appointing New Member to the Human Resources Subcommittee
- D. CEO Report
- E. Individual Market Update
- F. Enrollment Update
- G. 2018 Open Enrollment Readiness
- H. Health Plan Benefits and Qualifications Advisory Committee Update
- I. Adjournment



# Public Comment

*(2 Minutes per Commenter)*



# ***Votes***

- August 2, 2017 Meeting Minutes
- Appointing New Member to the Human Resources Subcommittee

# CEO Report

# Individual Market Update



# CID Review

## *Of 2018 Health Insurance Rates*

PRESENTED BY:  
PAUL LOMBARDO  
INSURANCE DEPARTMENT ACTUARY  
TO:  
ACCESS HEALTH CT  
SEPTEMBER 14, 2017





# 2018 Health Insurance Rates

## SCOPE OF REVIEW

- 10 companies
- 14 rate filings on individual & small group
- Approx. 270,000 covered lives in Connecticut





# 2018 Health Insurance Rates

## Items Contributing to 2018 Rate Increases

- Cost Sharing Reduction Payments - As a result of the lack of clarity about future funding of CSRs and the need to make rate determinations for 2018, the Department asked exchange carriers to make a supplemental filing which assumed CSRs would not be paid. The supplemental rate increase for non-payment of the CSRs is 16.7 percent, this is applied only to the Silver exchange plans. The increase in rates for the silver exchange plans will be mitigated for consumers because they will be offset by the increase to the refundable tax credit.





# 2018 Health Insurance Rates

## Items Contributing to 2018 Rate Increases (con't)

- Annual Trend (medical Inflation) – This relates to the cost of medical services, demand for and severity of services and increased prescription drug costs. This year, it has risen to an average rate increase of 10.5 percent.
- Experience Adjustment - significantly higher utilization and severity of services than anticipated and previously priced for (ranges from single digits to low double digits)





# 2018 Health Insurance Rates

## Items Contributing to 2018 Rate Increases (con't)

- Elimination of the moratorium on the health insurance tax (HIT): The elimination of the moratorium on the HIT increases premiums on average 3%.
- Federal Risk Adjustment Formula: Under the ACA, health insurers annually pay or receive funding depending on the assessed riskiness or health of their insured populations. There has been volatility in this program and concerns from state insurance regulators over the formula for who qualifies for payments or who is required to pay. The Department has raised those concerns with the federal Center for Medicare and Medicaid Services and offered solutions to help achieve a workable, equitable formula and foster a more robust marketplace, both on and off of the exchange.



# 2018 Health Insurance Rates

## ON EXCHANGE - INDIVIDUAL

COMPANY	Original Average Request	Original Range	Revised Request	Revised Range	Approved Ave. Request	Approved Range	Covered Lives
*Anthem Health Plans	33.8%	19.0% to 52.1%	n/a	18.9% to 52.2%	31.7% Reflects lack of CSR funding	11.2% to 42.7%	35,000
CTCare Benefits Inc.	15.2%	8.4% to 18.7%	17.5%	13.2% to 24.0%	27.7% Reflects lack of CSR funding	14.1% to 32.1%	50,907





# 2018 Health Insurance Rates

## ON EXCHANGE – SMALL GROUP

COMPANY	Original Average Request	Original Range	Revised Request	Revised Range	Approved Ave. Request	Approved Range	Covered Lives
*Anthem Health Plans	31.6%	1.7% to 43.6%	n/a	n/a	25.4%	5.6% to 37.9%	45,000
CTCare Benefits Inc.	n/a	n/a	n/a	n/a	n/a	n/a	n/a



# 2018 Health Insurance Rates

## OFF EXCHANGE – INDIVIDUAL

COMPANY	Original Average Request	Original Range	Revised Request	Revised Range	Approved Ave. Request	Approved Range	Covered Lives
CTCare Inc.	22.0%	22.0% to 23.1%	24.0%	24.0% to 25.0%	23.5%	23.5%	544
CTCare Insurance Co.	26.3%	20.8% to 29.8%	28.3%	22.7% to 31.9%	27.8%	22.2% to 31.4%	42,345





# 2018 Health Insurance Rates

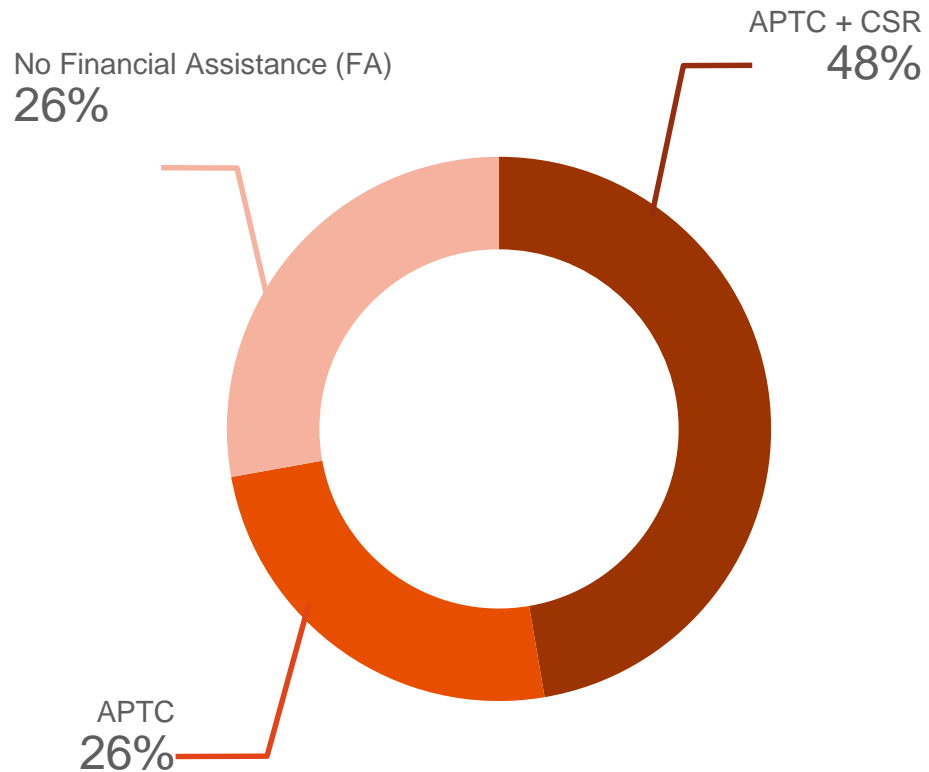
## OFF EXCHANGE – SMALL GROUP

COMPANY	Original Average Request	Original Range	Revised Request	Revised Range	Approved Ave. Request	Approved Range	Covered Lives
Aetna Life Insurance Company	19.4%	6.7% to 29.5%	7.7%	6.5% to 8.9%	3.9%	2.7% to 5.1%	15,500
CTCare Inc.	8.8%	(-)4.0% to 10.7%	9.9%	(-)3.1% to 11.8%	11.6%	(-)1.8% to 13.3%	48
CTCare Insurance Co.	10.0%	(-)3.2% to 15.8%	11.1%	(-)2.3% to 16.9%	12.7%	(-)0.9% to 18.5%	55,503
Harvard Pilgrim Health Care of CT	10.3%	(-)15.0% to 27.3%	n/a	n/a	6.0%	(-)18.3% to 22.5%	488
HPHC Insurance Company, Inc.	17.3%	(-) 9.3% to 36.7%	n/a	n/a	24.9%	(-)3.5% to 45.3%	11,785
Oxford Health Plans (CT), Inc.	11.02%	0.6% to 22.5%	n/a	n/a	11.02%	0.6% to 22.5%	1,215
Oxford Health Insurance, Inc.	15.41%	0.8% to 29.4%	n/a	n/a	14.63%	0.2% to 28.5%	12,472
UnitedHealthcare Insurance Co.	3.6%	(-)9.8% to 13.6%	n/a	n/a	3.6%	(-)9.8% to 13.6%	433

# Enrollment Update

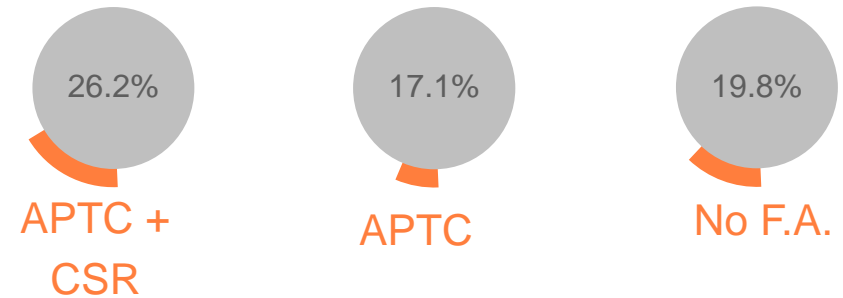
# Enrollment Update (9/14/2017)

**Current QHP Membership:**  
97,055 Enrollees



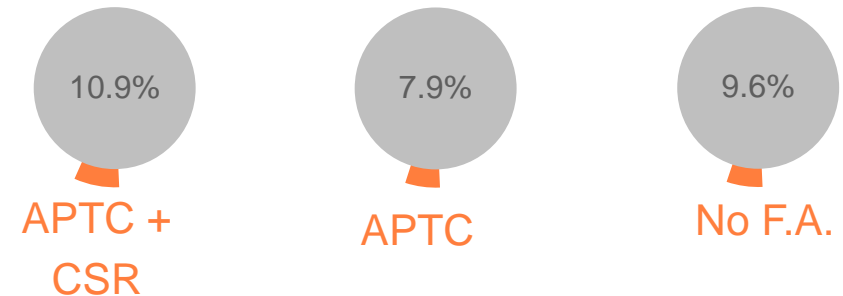
**Attrition Since End of OE: 24,963 Enrollees**

**% Attrition By Financial Assistance:**



**Acquisition Since End of OE: 10,971 Enrollees**

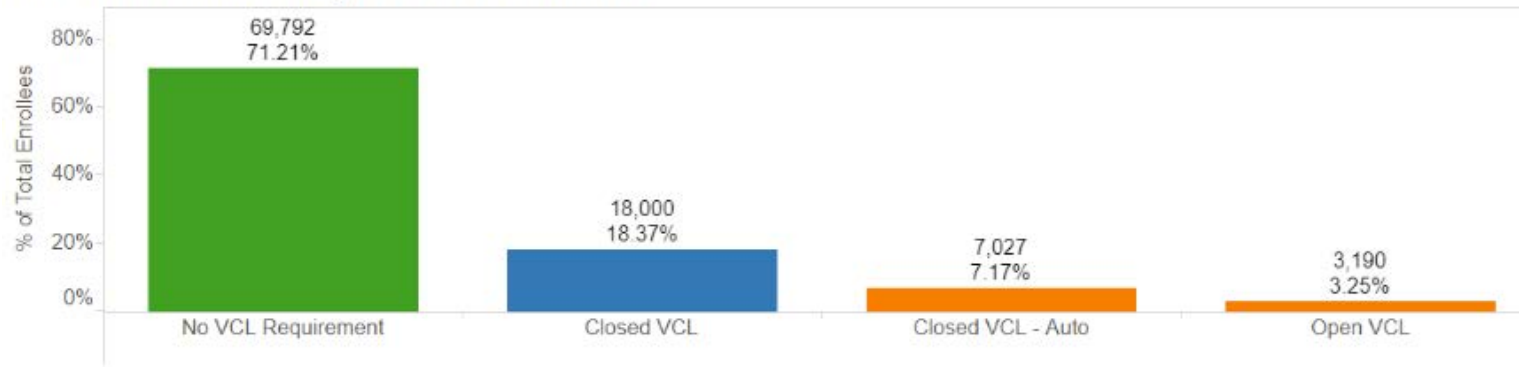
**% Acquisition By Financial Assistance:**



# Customer Retention – Outstanding Post Enrollment Verifications

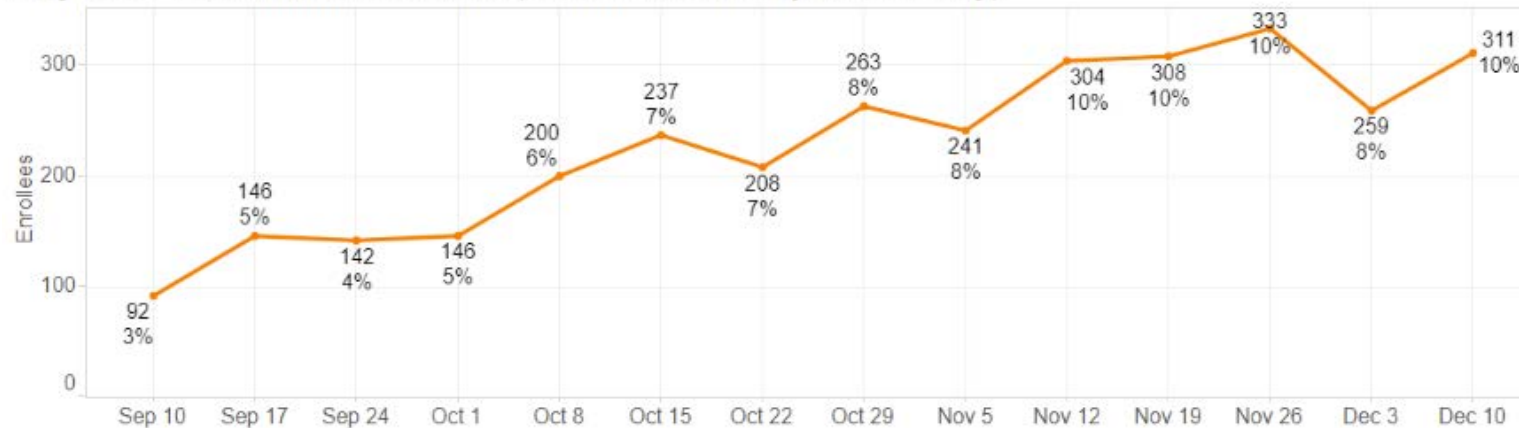
## Outstanding Verification Checklist (VCL) Activity For Active Enrollees

VCL Status for Actively Enrolled Customers



**70% of enrolled customers didn't have to provide any post enrollment verification documents.**

Projected VCL Termination Dates (Customers With Open VCL Only)



**3.2% of enrolled customers have an outstanding verification to complete. Approx. 300 open items due per week**

# Customer Acquisition – Outstanding Pre-Enrollment Verifications

## To-Date Activity For Special Enrollment Qualifying Life Events (QLE) Verifications



401 applicants with outstanding verifications for their qualifying life event



73 applicants required to re-submit documentation for their qualifying life event



2,481 enrollees successfully verified their qualifying life event



588 enrollees failed to submit valid verification for their qualifying life event

# 2018 Open Enrollment Readiness



# 2018 Open Enrollment Preparation



## 48 Days Until Open Enrollment

2018 Open Enrollment period is November 1 through December 22 (for Jan 1<sup>st</sup> coverage)



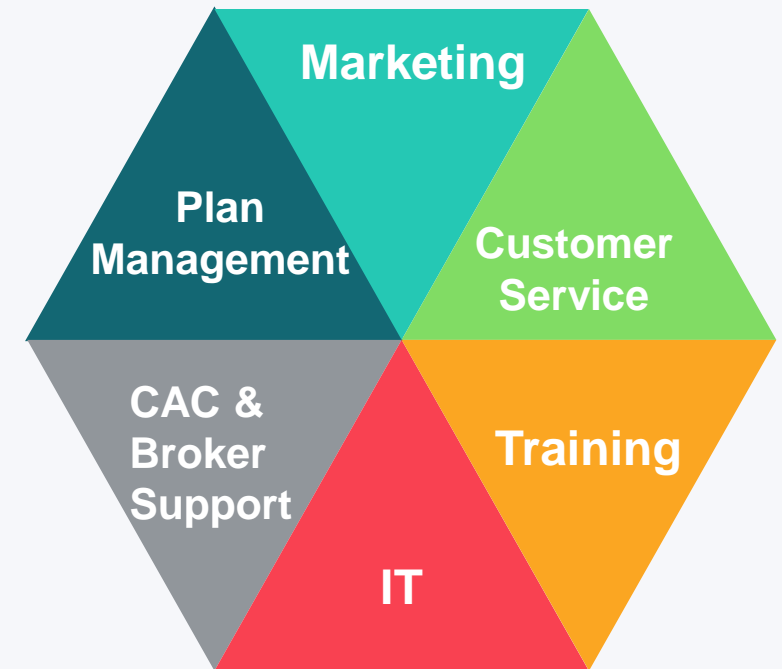
## 2018 OE Guiding Principles

Focus on Customer Education, Experience, Acquisition & Retention



## Project Management and Collaboration

OE Readiness project management process implemented



# 2018 Open Enrollment Challenges



## NEW OE TIMEFRAME

Open enrollment period  
reduced by 40 days

## CONSUMER CONFUSION

Confusion around  
penalties, requirements,  
and availability



## PLAN AVAILABILITY

Discontinuance of plans  
impact customer  
experience and retention

## CHANGES TO PREMIUM

Increases in premiums  
impact decision process

# 2018 Open Enrollment Improvements



## IMPROVED SELF-SERVICE

Improved account information and access for customers and service representatives.



## GREATER NOTIFICATIONS EFFICIENCY

Revised notification rules expected to decrease volume of notifications and reduce confusion.



## IMPROVED CARRIER INTERFACE

Numerous improvements implemented to improve data interactions between AHCT and carrier partners.



## CONSUMER DECISION SUPPORT TOOL 2.0

New look with simplified cost estimation and provider directory and prescription drug coverage included in plan shopping.



## NEW & IMPROVED MOBILE EXPERIENCE

Customer website optimized for mobile use, resulting in greater mobile functionality and integrated experience.



# Open Enrollment Readiness Milestones

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Plan Management	Marketing	IT
<ul style="list-style-type: none"><li>• Finalize 2018 Renewal Crosswalk (Late Sept.)</li><li>• 2018 Plan Data Integrity Review (Late Sept.)</li><li>• Carrier Individual Data Importation Previews/Approvals (Early Oct.)</li></ul>	<ul style="list-style-type: none"><li>• Enrollment Locations contracted and branded (Mid Oct.)</li><li>• “Level-Set” Campaign Implemented (October)</li><li>• Open Enrollment Period Campaign Implemented (Nov. 1)</li></ul>	<ul style="list-style-type: none"><li>• Mobile Website Go Live (Sep. 29)</li><li>• QHP Eligibility Projection Notices Delivered (Oct. 5)</li><li>• 2018 Shopping Portal Go-Live (Nov. 1)</li><li>• QHP Automatic Renewals Completed (Nov. 23)</li></ul>

# Open Enrollment Preparations



## Training

- Curriculum: completely rewritten and will total over 60 modules.
- Certification: Reviewing specific modules and passing a test.

## Call Center

- With the shorter Open Enrollment, Call Center hours will be extended to accommodate a higher volume of calls per day.

# Open Enrollment Preparations

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## Broker Support

- Communications: 790 brokers with general information, training and recertification.
- Approx. 100 certified reps dedicated to help Brokers and CAC's
- Issues that require a deeper analysis will be sent to larger escalation teams.
- Simplified broker compensation process.
- Broker experience: staff, newsletter, landing page, outreach, research.



# Open Enrollment Preparations



## Certified Application Counselors

- Communications: Certification and next steps
- Training: Start September 18, and must be completed by October 13.
- Assistance: CAC's will have a dedicated team at the Call Center for their questions and all escalations will be documented on the CRM.

## COMMUNITY CONFERENCE

- Designed to bring community partners and Certified Application Counselors, and others who are seeking to build a healthier Connecticut for all.
- 607 invited individuals so far.

October 12, Radisson Hotel in Cromwell  
8:30 AM - 3:00 PM

Optional in-person training for CACs  
(3:00 - 5:00 PM.)

# Open Enrollment Preparations



## ENROLLMENT LOCATIONS:

- Relocating former enrollment centers to ten communities throughout the state.

- |                |                            |
|----------------|----------------------------|
| 1. Bridgeport  | 6. East Hartford           |
| 2. New Britain | 7. Norwich/New London Area |
| 3. Danbury     | 8. Hartford                |
| 4. New Haven   | 9. Stamford                |
| 5. Waterbury   | 10. Milford                |

- Open 5 days a week and some weekends
- Training: 5-week course vs. the 2-week course in prior years.

## ENROLLMENT FAIRS:

- Saturday, November 4 in Manchester
- Saturday, November 18 in Fairfield
- Saturday, December 2 in New London
- Saturday, December 9 in Hamden

# 2018 Open Enrollment Plan Offerings

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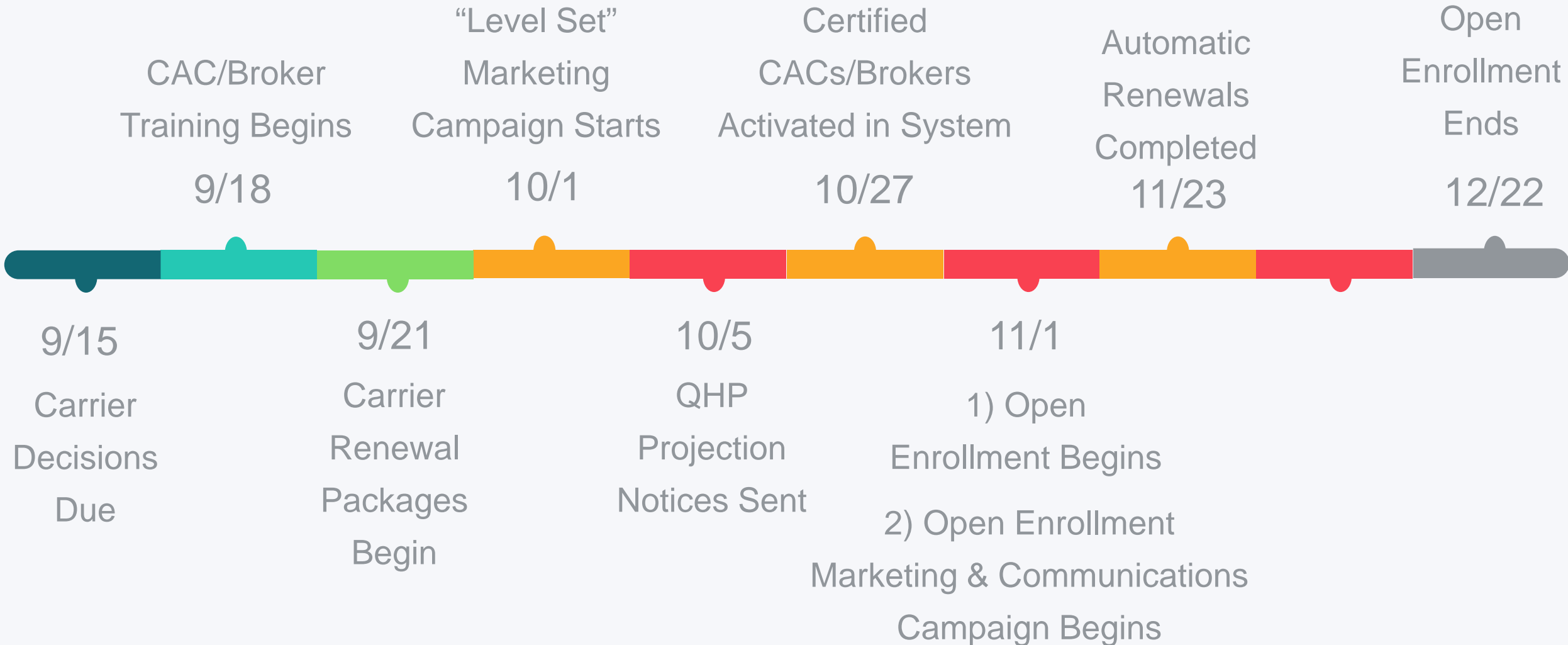
## Individual Market Qualified Health Plans (QHP) Offerings

Carrier	Gold	Silver	Bronze	Catastrophic	Total QHP	Stand Alone Dental
Anthem	2	4	5	1	12	3
ConnectiCare Benefits Inc. (CBI)	1	3	3	1	8	
<b>Total</b>	<b>3</b>	<b>7</b>	<b>8</b>	<b>2</b>	<b>20</b>	<b>3</b>

## Change in Plan Offerings 2017 vs. 2018

- CBI adding 1 new plan option: *1 Bronze*
- Anthem adding 4 new plan options: *1 Gold, 2 Silver, 1 Bronze*
- Anthem discontinuing 4 2017 plan options: *2 Gold, 2 Silver*
- **Net change from 2017: 1 additional QHP plan offering.**

# 2018 Open Enrollment Timeline



# **Health Plan Benefits and Qualifications (HPBQ) Advisory Committee Update**

# HPBQ Advisory Committee Update

- HPBQ Advisory Committee Engagement
  - Advisory Committee Meetings Commenced August 2017
  - Frequent (Monthly) Meeting Recommendation
- Wakely Consulting Research – Market Stabilization Research
- 2018 Standardized Plan Design Development Look Back
- 2019 Certification Requirements & Plan Design Considerations
  - Revisit Topics Reviewed by Board of Directors



# Certification Requirements

## Topics Reviewed by Board of Directors

Topic	Discussion Date
Broker Compensation	2017
Certification Requirements (Policy, Requirements & Procedures: Cert/Recert/Decert)	2012
Essential Community Provider (ECP) Contracting Standards	2012, 2013, 2017
Essential Health Benefits (EHB) Benchmark Plan	2012, 2015
Lowest Cost Silver Plan in the Individual Market	2013
Network Adequacy Standards	2014, 2017
Pediatric Dental Coverage in Medical Plans	2014
Plan Mix (Standard/Non-Standard Plan Offerings)	2012, 2013, 2014, 2015
Plan Mix – Stand-Alone Dental Plans (SADPs)	2014
Prescription Drug Formulary Standards	2014, 2017
Standardized Plan Design	2013, 2014, 2015, 2016, 2017
Tobacco Surcharge	2017

## ➤ **Adjournment**