



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Legislative Office Building
Room 1D

Thursday, October 18, 2018

Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman (Chair); Robert Tessier (Vice-Chair); Cecelia Woods; Grant Ritter; Commissioner Katharine Wade, Connecticut Insurance Department (CID); Theodore Doolittle, Office of the Healthcare Advocate (OHA); Anne Foley on behalf of Secretary Benjamin Barnes, Office of Policy and Management (OPM); Commissioner Miriam Delphin-Rittmon, Department of Mental and Health Addiction Services (DHMAS); Robert Scalett, MD. ; Joseph Stanford on behalf of Commissioner Roderick Bremby, (DSS); Cecelia Woods

Members Absent:

Victoria Veltri; Commissioner Raul Pino, Department of Public Health (DPH)

Other Participants:

Access Health CT (AHCT) Staff: James Michel; Rajiv Chawla; Robert Blundo; Susan Rich-Bye; Andrea Ravitz; Melinda Brayton; Gary D'Orsi; Anthony Crowe; Ann Lopes; Alexandra Dowe
Connecticut Insurance Department (CID): Paul Lombardo
Wakely Consulting: Julie Andrews

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

I. Call to Order and Introductions

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

II. Public Comment

No public comment.

III. Vote

Lt. Governor Nancy Wyman requested a motion to approve the September 20, 2018 Regular Meeting Minutes. Motion was made by Cecelia Woods and seconded by Grant Ritter. ***Motion passed unanimously.***

IV. CEO Report

James Michel, Chief Executive Officer, provided information on recent Access Health CT (AHCT) activities. Mr. Michel announced that AHCT is in final stages of preparing for the upcoming Open Enrollment (OE) period.

Joseph Stanford arrived at 9:02 a.m.

Mr. Michel pointed out that it will be the organization's sixth OE. All of the preceding OE's have been different year to year. The organization is expecting that the upcoming OE will not deviate from this formula.

Theodore Doolittle arrived at 9:03 a.m.

Commissioner Miriam Delphin-Rittmon arrived at 9:03 a.m.

Mr. Michel indicated that Wakely would provide an overview of findings of the 2019 rate review process and rate analysis to consumers. A number of changes that took place this year will affect how much consumers will pay in premium for the plans purchased through the Exchange.

Commissioner Katharine Wade arrived at 9:05 a.m.

Mr. Michel encouraged customers to compare all plan options before making a final decision. Mr. Michel expressed his gratitude to the participating insurance carriers, partners, Department of Social Services (DSS), Connecticut Insurance Department (CID) for their continued collaboration. AHCT began a series of projects to implement in order to mitigate potential adverse consequences for the Exchange's customers during the upcoming OE.

Robert Scalettar, MD., arrived at 9:06 a.m.

Mr. Michel also thanked the AHCT staff for their commitment to the successful OE. A series of Healthy Chats had taken place to provide the public with information about the importance of having medical insurance as well as ways that AHCT can help individuals in enrolling. Mr. Michel reiterated that OE starts on November 1, 2018 and AHCT can help customers obtaining

health insurance. Financial help is available only through AHCT. Mr. Michel emphasized that customers should compare plans, shop, and enroll. It is very important for customers to follow these steps in light of the changes in plans that will be implemented during the OE.

V. 2019 Consumer Impact Study/Rate Review Report

Alexandra Dowe, Policy Analyst, provided a brief overview of the Consumer Impact Study. Ms. Dowe pointed out that in April, the Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) recommended that the Board of Directors remove the requirement that the lowest cost silver plan be the standard silver plan in the individual market. The Board concurred, added the second standard silver plan design that is coinsurance-based, and allow no more than one non-standard silver plan. These changes take effect in the upcoming OE. Ms. Dowe added that since the inception of the Exchange, carriers were instructed on the cost-sharing structure of at least one standard plan for the gold and silver levels and two standard plans for the bronze tier. Ms. Dowe provided the analysis of the net premium cost of medical insurance to consumers. Both carriers will be offering different cost standard silver plans, and both will be offering a lower-cost non-standard silver plan. Ms. Dowe explained that any of the lower cost non-standard silver plans could be benchmark plans, which would lower the Advanced Premium Tax Credits (APTC) available to some consumers. As a result, they may see an increase in monthly premiums. Other consumers, who are mapped to a different plan, may see a decrease in that area. Decrease in the benchmark plan monthly premiums will result in the APTC reduction. The variety of impacts will vary widely across counties.

Julie Andrews, Senior Consulting Actuary, Wakely, discussed the Consumer Impact Study. Ms. Andrews presented an overview of the premium changes to consumers in the individual market and summarized the effects of those changes on the possible reductions of APTCs for some consumers. Ms. Andrews also described the impact of the short-term limited duration plans and association health plans along with reducing the penalty for not having medical insurance to \$0. The CID's Bulletin and the regulatory requirements mitigated the potential impact for some of those changes in Connecticut. Robert Tessier inquired whether the plans with the largest reduction in premium for 2019 are the ones on which the APTCs would be based on. Ms. Andrews acknowledged that it is the case. Mr. Tessier expressed his concern that due to the upcoming changes, in the bronze plans in particular, consumers who are utilizing APTCs will be adversely affected by those alterations. Mr. Philpott inquired about main factors contributing to lowering of the premiums in the silver metal tier. Ms. Andrews indicated that tiered-benefit offering is one of the main factors. Ms. Andrews added that last year the carriers added 16.7 percent load to the silver plans on the Exchange in order to offset the federal government's cessation of the Cost Sharing Reduction (CSR) payments to the carriers. This year, the carriers, accounted, on-average 14.5 percent load, therefore this reduction was also a factor in the lower premiums for the upcoming year. Grant Ritter called attention to the actions undertaken by the HPBQ AC and the Board of Directors. The Actuarial Value (AV) of some plans, such as the Alternative POS is 5 percent lower than it was previously. The plan design flexibility that was given to the carriers also played a role.

Lt. Governor Nancy Wyman left at 9:30 a.m.

Ms. Andrews provided an overview of the rate changes in the SHOP marketplace. Mr. Philpott inquired about the outreach effort to be conducted to the unsubsidized individuals in the silver metal tier who are paying higher premium because of the CSR-load and are not eligible for the CSRs. Ann Lopes, Product Carrier Manager, pointed out that in all of the counties silver plans off-Exchange are more costly than those offered on-Exchange, even with the CSR load. Mr. Philpott suggested that those individuals should not be encouraged to leave the Exchange, but explore other plans that are not loaded with the CSR portion. Mr. Philpott inquired about the percentage of consumers who autorenew every year. Robert Blundo, Director of Technical Operations and Analytics, indicated that about two-thirds of customers who are in that category, chose the same plan that they were enrolled in the year prior. Theodore Doolittle pointed out that the Consumer Impact Study is a good report. Mr. Doolittle encouraged researching the issue of the impact of plan changes on consumers' ability to meet financial obligations, such as deductibles, out-of-pocket expenses, co-pays and coinsurance. Mr. Doolittle urged that this information be added to any future Consumer Impact Study Reports.

Ms. Lopes outlined that many consumers will see changes in their health insurance coverage for 2019. Most consumers enrolled through the Exchange will be automatically assigned to the plan designated by their current insurance carrier. Some current plans are being renewed for the upcoming OE, while some are being terminated. Ms. Lopes pointed out that for some plans, the cost-sharing amount will change. Some of them will be mapped to a different plan, which could be very different from the one they are currently enrolled in. Some consumers may benefit from those mapping changes by being enrolled in a plan that would provide a lower out-of-pocket cost. Ms. Lopes emphasized that lower cost options were introduced at the silver level, which will negatively affect the amount of the APTCs that certain consumers will be eligible to receive. Ms. Lopes provided examples of how different individuals with certain income levels and ages will be potentially affected by the upcoming plan changes. Ms. Lopes enumerated potential scenarios that enrollees may face when they sign up for medical insurance starting on November 1. Ms. Lopes encouraged customers to compare plans before committing to them. Mr. Tessier commented that one of the negative consequences of lowering the premiums, the levels of APTCs would drop resulting in costlier plans for some consumers. Mr. Doolittle expressed his concern about the out-of-pocket expenses for enrollees.

VI. OE Autorenewal Plan – Consumer Call to Action

Tony Crowe, Chief Operating Officer, reiterated that a significant number of AHCT's customers will be impacted by higher premiums in 2019. Autorenewal notices will be sent at the end of October. Mr. Crowe stressed that consumers read those renewal notices because they will contain information about premium amounts. Internal resources have been mobilized to address this issue proactively. Shop, compare, enroll – these are the main three points that this message will contain. Mr. Crowe elaborated that in coordination with Open Enrollment Readiness efforts, ten areas requiring mitigation have been identified. Teams of subject matter experts have been assigned to each area and charged with defining, recommending and implementing solutions. Mr. Crowe assured that AHCT is ready for the upcoming challenges of OE, having unique experiences with the previous five OEs.

Mr. Blundo addressed the issue of unsubsidized consumers who are in silver plans, who at the same time are paying higher premiums due to the CSR-load. Mr. Blundo stated that based on the historical data, some consumers purchase plans that are more expensive when compared with other choices. Last year, the unsubsidized population saw a CSR-loading impact affecting them. At this point, approximately fifteen percent of that population remain enrolled in the silver plan, which amounts to less than 4500 customers. It is significantly down from the prior years. Two years ago, portion of customers who were enrolled in the bronze plans were eligible for the silver CRS plans. AHCT targeted them with the informational campaign. Mr. Blundo reiterated that the 2019 OE will be unique since the pricing and dynamics have changed and stressed that consumers should be making informed choices, even if they have to pay more in premiums, when making their selection. The most important challenges facing the Exchange during the upcoming OE include changing shopping habits, reducing pricing shock and confusion, promote informed purchasing and increase customer assistance. Aggressive communications campaign will take place encouraging customers to shop and renew. Monitoring capabilities will be added pre and post-OE. On October 24, customers will start receiving renewal notifications. The premiums for 2018 and 2019 will be added to those notifications. To help promote informed purchasing and shopping comparison, brokers will be reaching out to those affected customers who are affiliated with them. Promoting informed shopping is one of the core elements of the campaign. It will be done in an effort to educate consumers about the differences between the price of the premium and the overall cost. Additional brokers in the call center will be hired to assist customers with their inquiries. Mr. Blundo added that AHCT is encouraging customers to shop, compare and enroll using the web portal. The call center service level is being expanded as well.

Andrea Ravitz, Director of Marketing, summarized outreach campaign strategies before and during the OE period. Ms. Ravitz pointed out that this year's efforts will be more aggressive educating and engaging the Certified Application Counselors (CACs), community partners, brokers and others. Ms. Ravitz stated that it is a joint effort. Outreach efforts will include possible plan changes as well as informing the public of the options that they may have. One of the most important pieces of information to convey is illustrating that premiums may be significantly increasing for some consumers. Postcards will be sent to all who will also be receiving renewal notices. Healthcare coverage issues may be complicated and simplified messaging will be delivered to consumers. The pre-OE campaign started on October 15, which included Public Service Announcements (PSAs) in English and Spanish on various platforms. Ms. Ravitz added that AHCT organizes focus groups and financial help is a major topic discussed. Many of those participants are unaware that financial help is available to them. One of the main outreach themes is that financial help is still available and only through AHCT. The AHCT consumer portal has been redesigned to provide more information. Thirty-five direct-to-consumer campaigns are also part of the massive outreach effort. Communication will be very personalized on different platforms. Mr. Doolittle inquired whether the marketing budget has been affected by the cut in the outreach efforts by the Federal Government. Ms. Ravitz stressed that it has not been the case since AHCT is a state-run Exchange. Ms. Ravitz added that marketing efforts have increased in Connecticut.

VII. Items for Future Discussion

Mr. Michel provided potential topics for future discussion by the Board of Directors. They include, but are not limited to the creation of a subsidiary, 2020 insurance plans, having new Board members next year as well as the SHOP updates.

VIII. Adjournment

Vice-Chair Robert Tessier requested a motion to adjourn. Motion was made by Paul Philpott and seconded by Grant Ritter. **Motion passed unanimously.** Meeting adjourned at 10:46 p.m.