



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Legislative Office Building
Room 1D

Thursday, November 15, 2018
Draft Meeting Minutes

Members Present:

Lt. Governor Nancy Wyman (Chair); Robert Tessier (Vice-Chair); Cecelia Woods; Grant Ritter; 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 Scalettar, MD.; Commissioner Roderick Bremby, Department of Social Services (DSS); Cecelia Woods; Victoria Veltri

Members Absent:

Commissioner Raul Pino, Department of Public Health (DPH); Commissioner Katharine Wade, Connecticut Insurance Department (CID)

Other Participants:

Access Health CT (AHCT) Staff: James Michel; Rajiv Chawla; Robert Blundo; Susan Rich-Bye; Andrea Ravitz; Gary D'Orsi; Anthony Crowe
Blum Shapiro: Nikoleta McTigue

The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 8:58 a.m.

I. Call to Order and Introductions

Lt. Governor Nancy Wyman called the meeting to order at 8:58 a.m.

II. Public Comment

No public comment.

III. Votes

Lt. Governor Nancy Wyman requested a motion to approve the October 18, 2018 Regular Meeting Minutes. Motion was made by Robert Tessier and seconded by Grant Ritter. ***Motion passed unanimously.***

Lt. Governor Wyman introduced Susan Rich-Bye, Director of Legal and Governmental Affairs, who requested that the Board consider adding Shelly Sweatt to the SHOP Advisory Committee. Ms. Sweatt is a broker, vice-president and the general counsel of T.R. Paul Inc. Ms. Sweatt has extensive experience in the employer-sponsored health plan marketplace.

Lt. Governor Nancy Wyman requested a motion to appoint Shelly Sweatt to the SHOP Advisory Committee. Motion was made by Paul Philpott 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 pointed out that the 2019 Open Enrollment (OE) is underway. Based on current observations, customers who have enrolled so far are shopping, comparing, and changing plans. The early indicators show that more customers are involved in this process as compared with the corresponding period last year. Mr. Michel pointed out that brokers' services are also utilized more often. The customers who will be auto-renewed will start receiving notices within the next few days. Mr. Michel emphasized that community enrollment centers are fully operational with support staff and brokers assisting AHCT's customers.

Mr. Michel outlined the Department of Health and Human Services (HHS) proposed regulations which would require insurance carriers to bill separately for coverage of termination of pregnancy for the health plans offered on the Exchange. The proposed rule would require carriers to send a bill separate from the bill for the rest of the premium. Currently, the carriers include the separate amounts on one monthly bill. HHS wants to make sure that the Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reduction (CSRs) are not used toward termination of pregnancies. This proposed rule would affect the carriers, while there would be no impact to AHCT. The Exchange is committed to working with the participating carriers to support them.

Lt. Governor Wyman asked for further explanation of the proposed rule. Ms. Rich-Bye briefly described the proposed rule. Ms. Rich-Bye added that the Hyde Amendment from 1976 prohibits the use of federal funds for providing for pregnancy termination services except in cases of rape, incest or if the life of the pregnant woman is in danger. This proposed rule is trying to impose

additional requirements to what is already in the Affordable Care Act (ACA). The ACA requires that the carriers segregate funds for coverage of those services that are not part of the Hyde Amendment category. At this point, the amount is included in one bill with a line item showing the separate charge, which is usually one dollar per member per month. The proposed rule would require carriers to send two separate bills. The consumer would also have to pay two separate bills, but one payment would also be accepted. AHCT will be submitting comments on this proposed rule.

Theodore Doolittle inquired whether the extra billing would double the fee. Ms. Rich-Bye stressed that generating the extra billing would most likely cost more than a dollar. Victoria Veltri expressed her concern about confusion among the customers if they receive two separate bills. If this rule becomes final, education of customers would be instrumental in avoiding unnecessary confusion. Mr. Doolittle encouraged the Board to submit comments to CMS on the proposed rule.

Robert Tessier requested motion to have AHCT submit comments to HHS opposing the proposed rule requiring carriers to bill customers separately for non-Hyde amendment abortion coverage on health plans offered on the Exchange. Motion was made by Theodore Doolittle and seconded by Robert Tessier. ***Motion passed unanimously.***

V. Finance Update

Mr. Michel provided the Board with the Finance Update. Mr. Michel reiterated that salaries and fringe benefits resulted in lower numbers than those that were originally budgeted. AHCT and the Department of Social Services (DSS) work collaboratively on achieving savings. Because of a change, allocations had been adjusted for operating costs. This change provided savings in excess of \$1 million. Mr. Michel added that marketplace assessments resulted in a higher number than initially budgeted. AHCT budgets its line items more conservatively. The income from interest also increased due to higher interest rates. Paul Philpott inquired about the trend in the marketplace assessment results over the year. Mr. Michel pointed out that the trend is downward when compared to previous years. Mr. Michel added that AHCT had anticipated the downward trend.

Mr. Michel presented the Fiscal Year 2019 Quarter 1 Budget Report. Mr. Michel outlined that any variances in this report are due to timing. AHCT started some projects in September, but bills have not come in yet for them. As a result, the contractual expenses are lower than budgeted.

Lt. Governor Wyman requested a motion to adopt the Fiscal Year 2019 Quarter 1 Finance Report as presented by Exchange staff. Motion was made by Robert Tessier and seconded by Cecelia Woods. ***Motion passed unanimously.***

Mr. Michel briefly described the 2019 Adjusted Fiscal Year Budget as well as the Fiscal Year 2019 Original Budget. Mr. Michel summarized the 2019 Adjusted Fiscal Year Budget Analysis of Shared Costs with DSS.

Mr. Michel went on to summarize the Fiscal Year 2019 Capital Improvement Plan Update. Mr. Michel reminded the Board that AHCT made a conscious effort to invest in its system to become more efficient and cost-effective. Five capital projects were approved by both the Finance Committee and the Board of Directors. Three of these undertakings have not started yet, while one is in progress and another one is substantially completed. These projects are being financed through the utilization of the AHCT's reserves. Mr. Michel reiterated that it is a one time-investment using the organization's reserves. Mr. Michel briefly outlined the importance of these projects.

Lt. Governor Nancy Wyman requested a motion to adopt the Fiscal Year 2019 Capital Improvement Plan Update as presented by Exchange staff. Motion was made by Victoria Veltri and seconded by Anne Foley. ***Motion passed unanimously.***

VI. Audit

Mr. Michel presented the Audit Update. Mr. Michel discussed the two draft audits recently completed, the 2018 Audited Financial Statements and the 2018 Programmatic Audit Report. Both of these audits were conducted by Blum Shapiro. Both of these reports are required by the Centers for Medicare and Medicaid Service (CMS) and were presented to the Audit Committee on November 13. The Audit Committee approved both of them.

Lt. Governor Nancy Wyman requested a motion to adopt the FY2018 AHCT Audited Financial Statements as presented by Exchange staff. Motion was made by Victoria Veltri and seconded by Anne Foley. ***Motion passed unanimously.***

Lt. Governor Nancy Wyman requested a motion to adopt the FY 2018 Programmatic Audit Report as presented by Exchange staff. Motion was made by Victoria Veltri and seconded by Cecelia Woods. Anne Foley indicated that members of the Audit Committee were impressed with the work of the AHCT staff on those two audits. ***Motion passed unanimously.***

VII. 2019 Open Enrollment Update

Robert Blundo, Director of Technical Operations and Analytics, provided the 2019 Open Enrollment Update. Mr. Blundo indicated that current Open Enrollment period (OE) provides customers with the incentive to shop for a plan that would best suit their needs. The Marketing campaign had spurred some customer action in this area, but more work is needed to realize this goal fully. As of November 13, 2018, 12,700 customers had purchased a 2019 policy. Over 85,000 individuals have yet to renew their coverage. Traffic on the website has increased substantially, and the call center volumes are lower as compared to the equivalent period from last year. AHCT has seven enrollment centers around the state that provide in-person assistance.

Mr. Blundo summarized the process of auto-enrollment, which will take place between November 19 and November 23. Mr. Blundo emphasized that customers who will become auto-

enrolled will still be able to change their plans, as long as they do it during the OE period, which ends on December 15. Mr. Blundo presented individual metrics that AHCT is using to track consumer behavior during this OE period. No significant changes had been reported in the shopping habits of customers who are receiving Advanced Premium Tax Credits (APTCs) and those who are not. Sixty percent of customers are picking a different plan from the one that they currently have. Eighteen percent have changed their plans from last year. The most popular plan now among AHCT's customers is ConnectiCare's Choice Silver Alternative, which is capturing about 30 percent of the 2019 enrollment. It is the lowest premium silver plan offered on the Exchange in 5 of the 8 counties in the state, and those are the counties with the highest number of enrollees.

Mr. Blundo remarked that a survey at the end of the enrollment process was conducted with customers, and approximately 70 percent of those surveyed expressed that they had a positive experience with the options provided.

Theodore Doolittle inquired about the effectiveness of the window-shopping feature that was enabled prior to OE. Mr. Blundo indicated that all of the metrics pertaining to this feature will be available after the OE ends, but from a preliminary perspective, this tool was mostly used by the brokers. The window-shopping tool needs to be enhanced in the future to better serve the needs of the Exchange's customers. Victoria Veltri inquired about the usage of the consumer-decision support tool. Mr. Blundo pointed out that the utilization of the consumer-decision support tool is much higher this year, because it is built into the application itself.

Ms. Veltri asked about specifics of the calls made to the call center. Mr. Blundo elaborated that sixty percent of AHCT's customers are calling at least once for various reasons. Ten brokers are on the staff of the call center to assist individuals in evaluating plans. Typical conversations are, on average, two and a half minutes longer than they had been prior to OE. Mr. Michel explained that by having additional brokers at the call center, the future next quarter budget would need to be adjusted accordingly to reflect that.

Mr. Philpott inquired about the reasons why sixty percent of customers decided to change their plans. Mr. Blundo stated that the standard silver plan, in most cases, is not the most cost-effective option during this OE, as it had been in the past. Most of the AHCT customers pick their plans based on the monthly premium amounts. Mr. Philpott followed-up with an inquiry whether the brokers, both in the field and at the call center, will be fully able to assist customers who would like to switch their plans. Mr. Blundo pointed out that a large portion of the population was enrolled in the standard silver plan. As they realize that this plan is no longer the lowest-priced plan in the silver tier, those brokers will be able to guide the customers to choose the plan that would most closely match their healthcare and budget needs. Mr. Michel added that by investing more funds in the call center by hiring seven additional brokers, AHCT had anticipated more inquiries from customers regarding changes in plans for the 2019 OE. AHCT acted proactively to address this issue. Mr. Philpott commended the decision to staff the call center with additional brokers, and reminded the Board that only licensed individuals can provide detailed plan advice.

Mr. Michel stated that the only individuals who can guide customers in their plan selections need to be certified and licensed by the State of Connecticut.

Mr. Tessier added that last year, major premium increases were mostly in the silver plans due to the loss of federal funding of the CSRs. Close to 80 percent of people qualified for financial assistance, and in many cases, they were paying less for much more expensive plan.

Robert Scalettar, M.D., expressed his concern about individuals who will be auto-enrolled, and the risks associated with that process of potentially losing them as the Exchange's customers. Mr. Blundo emphasized that this population is continuously being tracked, and appropriate actions will be taken based on their decisions. The impact from a premium perspective is one of the leading drivers of how the Exchange categorizes its customers in terms of who should be obtaining additional messaging from the organization. Mr. Michel added that AHCT is very sensitive to the needs of that group of customers, and the Exchange is monitoring them closely and is ready to assist them in picking the right plan.

Dr. Scalettar inquired whether the states that have passed their own individual mandates shared some data with Access Health CT regarding the effect of state-based mandates on enrollment. Mr. Michel pointed out that it is too early to gather these data from other states. It may be possible at the end of the current OE.

Ms. Veltri commented that notices from both the Exchange and the carriers are encouraging customers to shop around for a plan that best fits their needs. Mr. Michel emphasized that AHCT's focus is to encourage customers to pick a plan that is best for themselves and their families. Ms. Rich-Bye added that carriers are required in their notice to customers to compare plans using charts, including the plan in which they are currently enrolled, along with the changes to their coverage for 2019.

Mr. Philpott inquired whether, in the past, AHCT referred customers to producers with whom the Exchange had an affiliation. Anthony Crowe, Chief Operating Officer, indicated that each year has been a little different. Mr. Crowe added that when someone calls into the call center and would like to obtain assistance from a broker, the call center representative is trained to determine whether the customer is already working with their own broker. If so, the call center representative asks whether the consumer would like to contact his or her current broker. If that is not the case, after entering address information, the call center representative is able to provide a list of brokers from the individual's area. The last alternative is for this customer to talk with a call center broker. Mr. Crowe added that AHCT has over 300 certified brokers in the field who are able to assist AHCT's customers.

VIII. Adjournment

Lt. Governor Nancy Wyman requested a motion to adjourn. Motion was made by Robert Tessier and seconded by Cecelia Woods. ***Motion passed unanimously.*** Meeting adjourned at 10:04 a.m.