



## Connecticut Health Insurance Exchange Board of Directors Regular Meeting

Connecticut Historical Society Auditorium  
1 Elizabeth Street, Hartford

Thursday, February 20, 2020  
**Meeting Minutes**

### **Members Present:**

Paul Philpott (Interim Vice-Chair); Victoria Veltri; Grant Ritter; Anne Foley; Yvonne Addo on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental and Health Addiction Services (DMHAS); Commissioner Deidre Gifford, Department of Social Services (DSS); Theodore Doolittle, Office of the Healthcare Advocate (OHA); Steven Hernandez; Cecelia Woods; Thomas McNeill

### **Members Absent:**

Renee Coleman-Mitchell, Commissioner, Department of Public Health (DPH)

### **Other Participants:**

***Access Health CT (AHCT) Staff:*** James Michel; Robert Blundo; Susan Rich-Bye; Andrea Ravitz; John Carbone; Anthony Crowe; Glenn Jurgen

***Wakely Consulting:*** Julie Andrews

### **A. Call to Order and Introductions**

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

Vice-Chair Paul Philpott called the meeting to order at 9:00 a.m.

### **B. Public Comment**

No public comment.

### C. Vote

Vice-Chair Paul Philpott requested a motion to approve the January 16, 2020 Board of Directors Regular Meeting Minutes. Motion was made by Grant Ritter and seconded by Victoria Veltri. ***Motion passed unanimously.***

### D. CEO Report

James Michel, CEO, provided an update on Access Health CT activities. Mr. Michel informed the Board that two important Senior Leadership (SLT) vacancies have been filled. Daniel Maloney has been selected as the Information Technology (IT) Director. Daryl Jones has been selected as the Director of Finance. Mr. Michel emphasized that they each exemplify exceptional knowledge, professionalism and dedication in their fields.

Mr. Michel pointed out that the Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) is working diligently with the Plan Management Team to develop health plan options for the 2021 Open Enrollment (OE).

Mr. Michel noted that IT system upgrades are one of the major tasks that AHCT will need to undertake. The existing IT system is eight years old and needs upgrades to best serve the AHCT customers. Mr. Michel stressed that the organization needs to continually evolve and improve its cyber-security measures. Those undertakings will be shared with the Strategy Committee and the Board of Directors.

Mr. Michel noted that AHCT will be undergoing an IRS-safeguard review audit. The auditors will be onsite to make sure that the organization is in compliance with IRS regulations. Mr. Michel added that AHCT is in the process of creating the Fiscal Year 2021 Operating Budget. In addition, the HPBQ AC is currently reviewing plan options for the 2021 Open Enrollment. Mr. Michel provided a summary of the security breach that affected a small number of AHCT customers. An extensive outreach strategy to those consumers was undertaken, including, but not limited to an offer for two years of free credit monitoring service. AHCT continues to take actions that would allow the organization to best serve its customers. Mr. Michel announced that the April Board of Directors meeting will be held at the Exchange's call center in Bristol. Mr. Michel thanked the Board for its continued support of Access Health CT.

## E. 2020 Enrollment Report

Robert Blundo, Director of Technical Operations and Analytics provided the 2020 Enrollment Report. Mr. Blundo noted that the full 2020 OE Annual Report has been posted to the Agency's website. The full report includes figures on the marketplace overview, the Qualified Health Plan (QHP) customer profile, acquisition and retention results as well as plan selections with product preferences along with the pricing analysis. Mr. Blundo pointed out that the final active QHP enrollment for OE7 is 107,833. Mr. Blundo spoke about trends that emerged during OE7 and described the 2020 Leaver Survey which provides some indication of why some individuals chose not to continue their healthcare coverage through AHCT. Mr. Blundo informed the Board about the public charge ruling and whether it had an effect during enrollment and stressed that it is very challenging to measure given not knowing the actions that would have been taken absent the ruling. After extensive research, only one incident was found where the public charge ruling might have played a role. Mr. Blundo provided a summary of the proportion of non-citizen enrollment by OE period, program and acquisition status.

Victoria Veltri inquired about the manner that the leaver survey had been performed. Mr. Blundo noted that about 800 individuals responded to the survey and it was done electronically. Grant Ritter commented that a 6.6 percent response rate is low and ideally would like to see that number to rise to at least 15 percent. Dr. Ritter suggested using a follow-up approach to those who did not respond to the original survey and added that it is understandable that AHCT does not want to spend additional money to perform the survey, but encouraged to look at other options that may increase the response rate.

Mr. Blundo referred back to the question that was posed at the last Board meeting pertaining to the separate billing requirements for plans that cover non-Hyde abortion services and how many plans currently do not cover those services and the actual enrollment count in those plans. Mr. Blundo noted that the only plan that does not cover non-Hyde abortion services is the Passage Bronze Alternative PCP POS and the enrollment stands at 7,667. It is the lowest priced plan and it might have been the major reason for the increase in enrollment in that plan.

Mr. Blundo also addressed an inquiry pertaining to an issue as to whether or not the APTC shifts that have been observed during this OE related to switching to a single standard silver plan per carrier and the increase in APTCs as a consequence, had stimulated any enrollees to shift or upgrade from a bronze to a silver plan. Additional inquiry consisted of a question if any consumers decided to further upgrade it to the gold plan to maximize financial assistance. Mr. Blundo noted that the bronze plans enrollment continues to increase. The gold plans also experienced a small increase in enrollment.

Mr. Blundo went on to explain the metal migration by customers who change plans and added that program selection improvement tools which would indicate the consumer if they are eligible

for Cost Sharing Reductions (CRSs) would appear on the screen if they are selecting a bronze or a gold plan, both of which are not CSR-eligible. Mr. Michel added that this past year, the broker training included that information. Commissioner Deidre Gifford expressed her concern that many people are price-conscious and may unknowingly select the least expensive plan that does not cover a service that they may need. Dr. Gifford added that it would be useful to educate consumers about their plans and what they do and do not cover. Mr. Blundo elaborated that this information is provided, however, one of the most challenging elements is to display it in a form that is fully understandable to all consumers. Mr. Michel stressed that brokers add a great value in providing this information to the enrollees. Discussion ensued around the ways of providing consumers with the most accurate information in format that consumers would be able to make fully informed decisions. Mr. Philpott noted the possibility of forecasting unintended consequences of otherwise positive undertakings. Mr. Philpott added that those unintended consequences are a result of the complexity of the insurance market for AHCT and the carriers.

#### **F. Marketing Update: Open Enrollment 7 Wrap-Up and Next Steps**

Andrea Ravitz, Director of Marketing, presented the Marketing Update. Ms. Ravitz indicated that a lot of research had been conducted in order to determine the best outreach and marketing strategy for the organization. Among the research techniques that were utilized were focus groups that provided useful information as well as the uninsured research study that provided vital data.

Ms. Ravitz added that AHCT implements a year-round strategy with the public service announcements such as the Choose.Use.Be Well campaign which aims at educating Connecticut residents about the importance of preventative care and plan benefit utilization. Ms. Ravitz elaborated on other year-round initiatives that take place with the purpose of providing useful information about Access Health CT and its important role in providing Connecticut residents with affordable healthcare coverage. Numerous media outlets are employed on a regular basis along with social media platforms to publicize AHCT's important role. Ms. Ravitz remarked that the importance of reminding the audience about the AHCT's mission and vision is crucial to a successful implementation of the marketing strategy. The improvement of content and user experience across all platforms presents AHCT with a unique opportunity to better serve its customers and encourages others to explore the Exchange's offerings. Ms. Ravitz enumerated OE7 Campaign assets which included, but were not limited to billboards, cinemas, Webster Bank and XL Center arenas as well as public transport. In addition, TV/Digital advertising, Email, Social Media and online banners as well as direct mail were used extensively. Community outreach also played a significant role in providing target audiences with an opportunity to learn about the importance of having a medical coverage.

Ms. Ravitz emphasized that AHCT is also playing an integral part in an effort to reduce healthcare disparities in the Nutmeg State. Both, Victoria Veltri and Vice-Chair Paul Philpott praised all of

the efforts to market the Exchange with its very valuable services, taking under consideration various unfavorable efforts by the Federal Administration along with the limited financial resources. Mr. Michel added that himself and other members of the Senior Leadership Team (SLT) travelled throughout the state to talk with local healthcare organization as well as local community leaders and stakeholders to talk about the results of the uninsured research study. Mr. Philpott encouraged AHCT to make customer surveys more concise to obtain a better rate on return with responses.

### **G. Adverse Selection Study**

Julie Andrews from Wakely Consulting presented the 2019 Adverse Selection Study. Wakely was retained by AHCT to perform this study. AHCT is required by its enabling legislation to report annually on the impact of adverse selection on the Exchange, provide recommendations to address any negative impact reported, and provide recommendations to ensure the sustainability of the Exchange. Data for the study have been collected from various sources. Carriers' perspective was added through the survey responses. Risk factor profiles were presented. The nature of adverse selection, areas of potential adverse selection, and the study methodology were reviewed. Ms. Andrews provided a summary of various regulatory changes either being introduced or contemplated by the administration.

Ms. Andrews enumerated data types that were utilized in the research. Ms. Andrews expressed her words of appreciation to both participating carriers in support of the study. Potential adverse selection of the grandfathered versus non-grandfathered plans in the individual marketplace was reviewed. On and off-Exchange adverse selection was summarized. Ms. Andrews explained the minimum loss ratio which requires the carriers to spend at least 80 percent of the premium dollars to be used on claims. Discussion ensued around rate filings, stop-loss, risks adjustments, indemnity as well as self-funding ERISA plans. Mr. Philpott provided an example of a small insurance carrier from New York that tried to innovate by having narrow network of doctors and offered low premiums. They had to go out of business because of the risk adjustment requirement that forced them to pay money due to this rule. Similar issue has happened in Connecticut with HealthyCT which was ordered to pay the Federal Government to be later distributed to the carriers that have more sicker populations. Ms. Veltri inquired about the risk scoring measurements and who performs them. Paul Lombardo stated that it is performed by the carriers who submit them to the Federal Government on the quarterly basis. Theodore Doolittle commented that one of the weakest elements of the healthcare system in the United States is a very short relationship between the consumer and the carrier which only lasts one year and has to be renewed annually. Mr. Doolittle added that if the contracts were longer, the carrier may have benefited from certain elements offered to the consumer, such as wellness programs. Mr. Doolittle added that this short-term relationship is a weakness when the individual market is competing with the self-funded plans.

Vice-Chair Paul Philpott requested a motion to accept and submit the Connecticut Exchange Adverse Selection Study – Based on 2017 and 2018 Data to the General Assembly as required

by C.G.S. §38a-1084(25). Motion was made by Grant Ritter and seconded by Victoria Veltri.  
**Motion passed unanimously.**

## H. Legal Update

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the Legal Update. Ms. Rich-Bye described three major legal developments that are of importance of AHCT. A draft of the he Proposed Notice of Benefit and Payment Parameters for 2021 was issued. It is the regulatory vehicle used by Health and Human Services (HHS) every year to make changes for the marketplaces, plans and issuer requirements. AHCT is planning to submit comments to the proposed rule. AHCT usually joins with other State-Based Marketplaces (SBMs) to submit joint comments through the National Academy of State Health Policy (NASHP). Some of the issuer changes have to do with the state reporting on state-required benefits outside of the Essential Health Benefits (EHB) requirements. They also include changes to the EHB Benchmark plan selection by states as well as the changes to Medical Loss Ratio Calculations. Ms. Rich-Bye enumerated proposed changes for the exchanges that include seeking comment on changes to auto-reenrollment process for customers eligible for \$0 premium plans. The Exchange changes also include termination of coverage, data matching and verification along with encouraging plans to include Value-Based Insurance Designs (VBID) in benefit design.

Ms. Rich-Bye provided a summary of the Supreme Court ruling that the New York District Court could not issue a nationwide injunction for the Public Charge rule. As a result of that decision, the Public Charge rule will go into effect on February 24, 2020. Ms. Rich-Bye added that in the meantime, the Public Charge rule is still being challenged on its merits. The rule affects people who are seeking permanent residency status or are looking to enter the country, to extend their stay and to legally change visa types. The new rule extends the benefits that immigration officials can look at to determine if a person can be deemed as a public charge and be inadmissible to the United States based on this new rule. Ms. Rich-Bye stressed that it does not affect individuals who are receiving APTCs and CSRs. AHCT works closely with DSS to make sure that consumers understand the impact of this ruling.

Ms. Rich-Bye also provided an update on the Texas v. U.S. litigation. The Supreme Court announced that it will consider whether to hear the appeals at its February 21 Conference. Ms. Rich-Bye added that that if the Court decides to hear the case, they could take it up in an expediated manner during this term, but they could also wait for the next Court term which begins in October. Ms. Rich-Bye added that five justices would need to agree to both of those factors.

### **I. Future Agenda Items**

Mr. Michel provided the Board with a brief list of future agenda items. They include the 10th Anniversary of the signing the Affordable Care Act by President Barack Obama. In addition, more information on the 1332 Waiver for a reinsurance program will be provided. Mr. Michel added that the FY2021 Budget will be presented to the Finance Committee in April as well as the Board. Mr. Michel added that the April Board meeting will be held at the call center in Bristol. Anne Foley added that the Governor submitted legislative language pertaining to the All Payer Claims Database (APCD). This proposal would allow for the APCD to be funded by both, AHCT and the Office of the Healthcare Strategy.

### **J. Adjournment**

Vice-Chair Paul Philpott requested a motion to adjourn. Motion was made by Victoria Veltri and seconded by Grant Ritter. Motion passed unanimously. ***Meeting adjourned at 11:10 a.m.***