Board Agenda

A. Call to Order and Introductions

B. Public Comment (please submit to Marcin.Olechowski@ct.gov by 4 p.m. on September 16)

C. Vote
   • Review and Approval of Minutes

D. CEO Report

E. Connecticut Insurance Department Presentation: 2021 Rate Review

F. AHCT COVID-19 Response Update

G. Open Enrollment 8 Readiness Update

H. Marketing and Outreach Update

I. Legal Update

J. Future Agenda Items

H. Executive Session

J. Adjournment
Public Comment
Vote

Review and Approval of Minutes
(*June 18, 2020 Regular Meeting Minutes)
CEO Report
James Michel
CID Review
Of 2021 Health Insurance Rates

PRESENTED BY:
PAUL LOMBARDO
INSURANCE DEPARTMENT
TO:
ACCESS HEALTH CT BOARD
SEPTEMBER 17, 2020
2021 Health Insurance Rates

SCOPE OF REVIEW

• 10 companies
• 14 rate filings on individual & small group
• Approx. 214,600 covered lives in Connecticut
Items Contributing to 2021 Rate Increases

• Annual Trend (medical Inflation) – Trend is a factor that accounts for rising health care costs, including the cost of prescription drugs, the increased demand for medical services and the severity of future claims. This year, it has risen to an average increase of 8.8 percent.

• Experience Adjustments – accounting for worse than expected or better than expected experience in 2019 and recalibrating the approved base rate from 2019.
Items Contributing to 2021 Rate Increases (con’t)

• COVID-19 – Two carriers, Anthem and CTCare have increased rates 2%-2.5% due to the projected impact of COVID-19 in 2021, including pent-up demand and the potential for a vaccine.

• Deteriorating Morbidity – As the small group market continues to shrink the overall risk of the fully insured small group market continues to deteriorate.
## 2021 Health Insurance Rates

### ON EXCHANGE - INDIVIDUAL

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>Original Average Request</th>
<th>Original Range</th>
<th>Approved Ave. Request</th>
<th>Approved Range</th>
<th>Covered Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Anthem Health Plans</td>
<td>9.9%</td>
<td>-2.1% to 14.2%</td>
<td>1.9%</td>
<td>-9.3% to 5.9%</td>
<td>22,071</td>
</tr>
<tr>
<td>CTCare Benefits Inc.</td>
<td>5.5%</td>
<td>-2.4% to 15.0%</td>
<td>-0.1%</td>
<td>-5.5% to 8.9%</td>
<td>75,174</td>
</tr>
<tr>
<td>COMPANY</td>
<td>Original Average Request</td>
<td>Original Range</td>
<td>Approved Ave. Request</td>
<td>Approved Range</td>
<td>Covered Lives</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------</td>
<td>-----------------</td>
<td>-----------------------</td>
<td>-----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>*Anthem Health Plans</td>
<td>9.5%</td>
<td>3.8% to 13.7%</td>
<td>2.6%</td>
<td>-2.8% to 6.4%</td>
<td>25,500</td>
</tr>
<tr>
<td>CT Care Benefits Inc.</td>
<td>-0.2%</td>
<td>-7.5% to 5.0%</td>
<td>-4.1%</td>
<td>-10.4% to 1.7%</td>
<td>254</td>
</tr>
</tbody>
</table>
### 2021 Health Insurance Rates

#### OFF EXCHANGE – INDIVIDUAL

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>Original Average Request</th>
<th>Original Range</th>
<th>Approved Ave. Request</th>
<th>Approved Range</th>
<th>Covered Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>CTCare Inc.</td>
<td>5.2%</td>
<td>3.3% to 6.7%</td>
<td>2.5%</td>
<td>0.7% to 4.0%</td>
<td>519</td>
</tr>
<tr>
<td>CTCare Insurance Co.</td>
<td>4.0%</td>
<td>-1.4% to 7.4%</td>
<td>-4.0%</td>
<td>-9.0% to -0.9%</td>
<td>8,606</td>
</tr>
</tbody>
</table>
## 2021 Health Insurance Rates
### OFF EXCHANGE – SMALL GROUP

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>Original Average Request</th>
<th>Original Range</th>
<th>Approved Ave. Request</th>
<th>Approved Range</th>
<th>Covered Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Life Insurance Company</td>
<td>18.9%</td>
<td>18.9%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>168</td>
</tr>
<tr>
<td>CTCare Inc.</td>
<td>10.0%</td>
<td>0.6% to 13.3%</td>
<td>4.7%</td>
<td>-3.3% to 8.8%</td>
<td>67</td>
</tr>
<tr>
<td>CTCare Insurance Co.</td>
<td>10.3%</td>
<td>-4.2% to 12.8%</td>
<td>4.2%</td>
<td>-7.9% to 8.5%</td>
<td>22,049</td>
</tr>
<tr>
<td>Harvard Pilgrim Health Care, Inc</td>
<td>12.7%</td>
<td>10.5% to 14.3%</td>
<td>11.1%</td>
<td>9.0% to 12.8%</td>
<td>5,216</td>
</tr>
<tr>
<td>HPHC Insurance Company, Inc.</td>
<td>8.4%</td>
<td>3.5% to 12.4%</td>
<td>6.9%</td>
<td>2.2% to 10.8%</td>
<td>8,427</td>
</tr>
<tr>
<td>Oxford Health Plans (CT), Inc.</td>
<td>14.5%</td>
<td>-3.1% to 16.9%</td>
<td>9.6%</td>
<td>-7.1% to 12.0%</td>
<td>3,492</td>
</tr>
<tr>
<td>Oxford Health Insurance, Inc.</td>
<td>13.4%</td>
<td>3.4% to 16.8%</td>
<td>8.6%</td>
<td>-1.0% to 11.9%</td>
<td>41,791</td>
</tr>
<tr>
<td>UnitedHealthcare Insurance Co.</td>
<td>10.3%</td>
<td>-2.4% to 17.4%</td>
<td>5.7%</td>
<td>-6.5% to 12.5%</td>
<td>1,243</td>
</tr>
</tbody>
</table>
September COVID-19 Response Updates

Customer Verification Deadline Extension Continues
- 5.9k verifications currently on hold for QHP enrollees
- Communication campaign continues
- Re-establishment of deadline for new QHP enrollees planned for Open Enrollment

Supporting HUSKY Coverage Extensions
- HUSKY coverage continues to be extended for the duration of the public health crisis
- Mail / Email / Outbound call campaign to communicate extended coverage to 2.6k dually enrolled in a QHP

COVID-19 System Updates and Enhancements
- Updated unemployment compensation rules
- Revised web guidance for income reporting
- Incorporation of Public Health Emergency within eligibility rules engine
- Streamlined special enrollment event functionality

Current Enrollment & Activity During The Emergency Period:

<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>9/15/19</th>
<th>9/15/20</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>QHP</td>
<td>96,625</td>
<td>100,696</td>
<td>4.2%</td>
</tr>
<tr>
<td>HUSKY</td>
<td>725,090</td>
<td>792,514</td>
<td>9.3%</td>
</tr>
</tbody>
</table>
2021 Open Enrollment (OE) Preparations and Readiness
2021 Open Enrollment Planning

- 2021 Open Enrollment Scheduled: November 1 - December 15, 2020
- OE Readiness Workgroup Assembled
- Focus For 2021 OE:
  - Enhanced Content Delivery
  - Acquisition, Win Back & Retention Efforts
  - Continued Improvements in Customer Experience
  - Adapting Customer Support
2021 Open Enrollment Planning

**September**
- 9/1 – 1st Wave of Call Center Staffing And Training Complete
- 9/1 – Virtual CAC*/Broker Training Begins
- 9/18 – Carrier Participation Decision

**October**
- 10/2 – Final AHCT System Release Before OE
- 10/22 – 2020 to 2021 Plan Renewal Notifications Begin
- 10/26 – 2021 Window Shopping Enabled
- 10/30 – CAC/Brokers Activated for 2021 & Last Wave of Call Center Training Complete
- 10/31 – Public Health Emergency Expiration

**November**
- 11/1 – Open Enrollment Begins, 2021 Shopping Opens
- 11/1 – OE Marketing Campaign Begins
- 11/18 – QHP 2021 Automatic Renewals Begin

**December**
- 12/1 – Non-renewal Retention Efforts Begin
- 12/15 – Open Enrollment Ends
- 12/15 – 12/31 – Enrollee Receives PY 2021 Invoice From Carrier

*CAC – Certified Application Counselor*
Yearly Open Enrollment Challenges:

- **Short Enrollment Window**
  - Approx. 80% of annual enrollment within a 45 day period

- **2020 to 2021 Premium Changes**
  - Customer premium impact analysis underway

- **Customer Plan Selections**
  - Two 2020 plans discontinued in 2021
  - Two new Anthem HMO plans in 2021
  - Three new ConnectiCare POS plans in 2021

- **Consumer Confusion**
  - Changes in law, misinformation, etc.

2021 Open Enrollment Challenges:

- **Public Health Emergency**
  - 80k with coverage ending on 10/31 unless PHE is extended
  - Increased processing and requests for customer assistance anticipated

- **Impact of Pandemic**
  - Changes in purchasing behavior and market demand
  - Increased barriers to in-person assistance channels
  - Policy driven technology and operational changes
New Features For 2021 OE

1) Optimized Experience For Mobile Users Fully Implemented
Responsive web design rolled out to entire consumer website.

2) New Home Page Experience
Brand new home page experience with improved usability, user content, and SEO.

3) New Customer Self Service Capabilities
New customer self-service functionality to support plan cancelations, SSN applicant eligibility, etc.

4) Shopping & Decision Support Features
New alert system to inform consumers of highly probable detrimental plan selections.

5) Improved Customer Experience
Over 120 system updates to improve customer experience and satisfaction.
Marketing & Community Outreach Update
Ongoing Efforts

- Collateral & posters:
  - COVID testing sites
  - Food Share
  - Supermarkets (Geisler's, It's Only Natural, C-Town)
  - Places of worship
  - Census events
  - Newsletters & E-communications

- DOL Partnership targeting layoffs/furloughs

- Educational videos (social media)
  - Webinars (Mohegan Sun)
  - Events/Sponsorships (Pride)
• In-person & virtual enrollment help
  – Conducted survey to evaluate willingness for in-person help
  – Enrollment Centers (scouting locations)
  – Virtual Enrollment Fairs
• Navigator Program
  – Selected (2): Project Access & CRT
  – Continuous efforts FY21
• Community outreach efforts
  – Community summit, webinars, healthy chats, etc.
  – Primary goal inform, educate and increase partner list.
Advertising & Comms.

• Homepage redesign
  – Support page
  – Blog

• OE8 Communications Plans
  – Focus on acquisition, win-back, retention
  – Direct to Consumer Campaign (e-mail, Direct mail, text)
  – Increased video communications

• Open Enrollment campaign and beyond
  – Concluded 8 Focus groups testing brand awareness & creative concepts
  – Media buy
    • Adapting to COVID environment (different channels)
Legal Update
Legal Update

- California v. Texas Update
- Separate Billing Rule Update
- Coverage for COVID-19 Testing
California v. Texas

• Oral arguments scheduled for November 10, 2020
• Decision will come out in 2021
• All briefs filed now
• Federal District Court in Maryland vacated and enjoined separate-billing rule for abortion services

• Certified proposed class for class action lawsuit

• Found separate-billing rule for non-Hyde abortion services and 6-month implementation period violated Administrative Procedures Act
Coverage for COVID-19 Testing

- FFCRA and CARES Act included requirements for coverage for COVID-19 testing during the public health emergency
- Guidance released by HHS, Treasury and US Dept. of Labor clarifying Section 6001 of FFCRA as amended by CARES Act
  - Employers and health plans only required to cover COVID-19 testing with no cost-sharing for diagnostic purposes, not for back-to-work or general screening
  - Self-funded employer plans are required to comply with Section 6001
  - Covered testing not limited to 1 test per person if medically necessary
Future Agenda Items
Executive Session
Adjournment