



Connecticut's Health Insurance Marketplace

Board of Directors Meeting

June 26, 2013

Agenda

- a. Welcome and Introductions
- b. Public Comment
- c. Review and Approval of Minutes
- d. CEO Report
- e. Operations & Information Technology Update
- f. Independent Verification and Validation Report
- g. Finance – Annual Report and FY'14 Budget
- h. Marketing Update
- i. Navigator / In Person Assister
- j. Standard Plan Design Update
- k. Executive Session to discuss Personnel Matters and Security

WELCOME AND INTRODUCTIONS

PUBLIC COMMENT

REVIEW AND APPROVAL OF MINUTES

CEO REPORT

OPERATIONS AND INFORMATION TECHNOLOGY UPDATE

PROGRAM SUMMARY: Yellow

Schedule Risks	Overall
Resource Risks	
Quality Risks	
Scope Risks	
Issues	

Schedule Risk: The agreed-upon or required schedule will not be met.

Resource Risk: Resources such as people, budget, equipment, or other limited assets are not leveraged efficiently and effectively to achieve program success.

Quality Risk: Product (deliverables/solution) of the program will not meet the intended requirements or needs.

Scope Risk: Objectives of the program are not well defined/understood and progress/completion can not be effectively measured.

Issues: Critical concerns that impact above risks and require Board guidance

SCHEDULE RISKS

Level	Risk Definition	Remediation Approach	Resolution Date	Responsible Party
	Late emergence of federal government guidelines (e.g. - new Single Streamlined Applications released on 4/30) are requiring additional IT development and operation model revisions.	AHCT is working with systems integrator and DSS to develop required technology and processes.	07/31/13	ACHT COO
	SHOP and document intake vendors were on-boarded later than plan which is compressing the schedule.	SHOP, their IT vendor, and intake vendor are now on board. AHCT is using lessons learned from Call Center On-boarding to bring others up to speed quickly.	06/30/13	AHCT COO
	The technical and environmental complexities and dependencies may impact the timely availability of the environments for the scheduled User Acceptance and Performance testing phases.	BEST, DSS and AHCT continue to closely monitor the progress of the required environmental deployments.	07/31/13	AHCT CIO

RESOURCE RISKS

Level	Risk Definition	Remediation Approach	Resolution Date	Responsible Party
	Key System Integrator project resources have left the project (e.g. - functional lead, testing, work flow, security, project management, and system functional areas). The onboarding of replacement resources has impacted project milestones.	System Integrator has provided additional resources and System Integrator is providing daily updates to the AHCT senior leadership team.	07/31/13	AHCT CIO
	Insufficient System Integrator management, coding, testing, and implementation resources to make critical dates.	System Integrator has provided additional resources and System Integrator is providing daily updates to the AHCT senior leadership team.	07/31/13	AHCT COO

QUALITY RISKS

Level	Risk Definition	Remediation Approach	Resolution Date	Responsible Party
	System Integrator deliverables have not met quality expectations, requiring multiple, iterative review cycles - ultimately leading to significant delays and no confirmation of system functionality.	Tighter requirements on System Integrator to provide progress updates and to submit partial-drafts ahead of due dates has helped but AHCT leadership has escalated this risk with System Integrator.	Ongoing	AHCT CIO
	The planned dates for the finalization for the Federal Data Services Hub (FDSH) deployment has left little time for testing these critical services.	AHCT continues to monitor and escalate to the Connecticut CMS Technical Lead as appropriate.	08/31/13	AHCT CIO
	Data format inconsistencies between Federal data templates and AHCT are hindering QHP data uploads.	Working with CMS to understand their changes. Using manual and technical tools to ensure clean data uploads.	7/15/13	AHCT COO

SCOPE RISKS

Level	Risk Definition	Remediation Approach	Resolution Date	Responsible Party
	Operational and systems integration with DSS not finalized (e.g. - appeals, notifications, and call center operations, etc.).	Documentation and implementation of processes and workarounds is underway across AHCT, DSS and other parties.	7/15/13	AHCT COO

Operations Update

- Customer Service:
 - Customer Response Team in operation
 - Information Analysts: Tier 1 - simple questions; eligibility, timelines, rates,
 - Operations Analysts: Tier 2 - complex questions; service levels, rating policies
 - All exchange staff will be involved
- Plan Management
 - Release 1 to production on time; June 4
 - Working technical data issues precluding efficient update of carrier information
- Operating Model:
 - Developing manual processes to compensate for deferred technology
 - Operating model testing will be concurrent with technical testing
 - Updated workflows to be presented in July
 - Will address contingencies
- Call Center:
 - Hiring of Connecticut employees on track
- Small Employer Health Option Program:
 - Addressing their configuration questions by 6/28
- Training and Education:
 - Trainers have been hired
 - Schedule, audiences and curriculum are set

Who Is To Be Educated And Trained

- AHCT Staff
- Brokers
- NIPA
- Healthpass (SHOP)
- Deloitte TTT
- Field Staff
- Department of Social Services
- Maximus (Call Center)
- Xerox (Mail / data entry)
- Certified Application Counselors
- Congressional Delegation Staff
- State Legislative Senior Representatives' Staff
- Advisory Committees

The Core Educational Modules

- ACA and AHCT 101
- Insurance Concepts
- Referrals and AHCT Consumer Assistance Model
- Conflict of Interest, Legal and Liability Aspects
- Customer Relationship Management (CRM) System
- Privacy and Security (e.g., PII, Tax, HIPAA)
- Appeals/Fair Hearing Process
- Roles of Navigators and In Person Assisters
- Eligibility and Enrollment Policy, Procedures, and Exchange System Training

- Completed User Acceptance Testing for Release 1(Plan Management)
- Signed off and completed Release 1 into Production
- Began Cycle 1 of 4 cycles of System Integration Testing as well as completed Cycle 1
- Began Cycle 2 of System Integration Testing and on track for 6/28 end date
- Code development on track for new end date of 6/28 - Final 10-15% of construction delayed because of additional unplanned complexities in design
- Hired Cognizant Consulting Group to assist AccessHealthCT with User Acceptance Testing
- User Acceptance Testing on track to begin on 8/1

AHCT Critical Milestones

Critical Milestones	Date	Status
AHCT Demonstration for Advocates	03/20/13	Complete
CMS Final Detail Design Review	03/27/13	Complete
CMS Milestone "Last date to enter testing"	05/01/13	Complete
Release One Deployment to Production	06/04/13	Complete
CMS Final Determination of State Based Exchanges	07/02/13	On Track
AHCT R2 User Acceptance Testing Start	07/31/13	On Track
AHCT QHP Review of Plan Data	08/30/13	At Risk
Implementation Readiness Review	08/31/13	At Risk
AHCT Start of Open Enrollment	10/01/13	On Track

**FIRST DATA
INDEPENDENT
VERIFICATION &
VALIDATION UPDATE**

Today's Topics

- Understanding the IV&V Engagement
- Organizing the IV&V Effort
- IV&V Efforts to Date
- IV&V Findings to Date
- Upcoming IV&V Activities

IV&V's Purpose

- Independent Evaluation
 - CMS's Second Set of Eyes
- Confirm the Solution Functions as Promised
 - Stakeholder Requirements
- Confirms that the Solution is Built Properly
 - Industry Standards
 - Best Practices
 - Documentation Review

Defining the IV&V Engagement

- The Value IV&V Brings to an Engagement
 - True independent evaluation
 - Relevant technical and policy experiences
 - Knowledge of industry standards and best practices
- IV&V Engagements Vary
- IV&V Refines Our Understanding Based Interviews and Documentation

The First Data IV&V Team in Connecticut

- Matt Cullen
- Ed Picard
- Chuck Smith
- Robert Dixon
- Gary Therrien

Key Driving Documents

Draft Blueprint for Approval of Affordable State-based and State Partnership Insurance Exchanges



Centers for Medicare & Medicaid Services

Enhanced Funding Requirements:
Seven Conditions and Standards

IV&V Effort Areas

- Project Management
- Technical Assessment
- IV&V Testing

The Project Management Effort

- Key Findings to Date

- The HIX project has an established, well-organized and professional management team in place with the commitment, knowledge and experience necessary for a successful implementation.
- The HIX project management team is working effectively while dealing with the additional complexity of integration with the DSS ConneCT project.
- Leadership communicates a clear vision of the project.
- Leadership is responsive to information, findings and developments.
- Leadership is collaborative. *

The Project Management Effort

- Key Findings to Date
 - The process of migrating requirements into the application design for traceability is on-going. There have been some internal project concerns brought to the attention of the IV&V team that the task of traceability to functionality is unfinished with concerns about the traceability.
 - Deloitte has a new schedule for completing the requirement traceability mapping. The final traceability is scheduled to be completed by June 28th.
 - A comprehensive plan was presented to AHCT by Deloitte that addresses the Release 2 slippage. First Data has requested a copy of the plan as well as the most recent project plan and will report its finding in the July IV&V Status Report.

The Technical Assessment Effort

- Organizing the Technical Assessment Effort
 - Technical Architectural Review
 - Solution Architectural Review
 - Security Architectural Review
 - Operational Support Capacity Review

The Technical Assessment Effort

- Key Findings to Date

- There appeared to be eligibility rules embedded in the application in Java code instead of the Corticon business rules engine. This would make it more difficult to make changes to the eligibility rules in the future. This finding was addressed by Deloitte.
- It is our understanding that Deloitte has been working with AHCT to develop the roles and privileges. The IV&V team is waiting for documentation demonstrating the extent to which roles and responsibilities are being created for the respective entities (AHCT, Maximus, HealthPass, DSS, Xerox, and BEST).
- The complexity of the technical architecture and the infrastructure being implemented to support it will require careful planning, testing in a staging environment, and implementation with appropriate technical staff training for operational support capability.

The IV&V Testing Effort

- **Key Findings to Date**
 - A **release** is a pre-determined set of functions that support major exchange processes.
 - NAIC was unable to provide test data for Release 1 System Integration Testing.
 - In excess of 700 use cases will be employed for Release 2 User Acceptance Testing.
 - **Wave Testing** deals with an exchange's ability to communicate with the Federal Data Sharing Hub. There are a number of Wave testing instances. Access Health is preparing to conduct Wave 3 testing this week.
 - 4 times the record volume than earlier Wave testing
 - Five of the seven functions being tested have already been certified.
 - BEST current practices normally doesn't allow outside Internet access to the UAT environment.
 - At the CMS Weekly Call Meeting, the Test Manager reported a high degree of cooperation by DSS to provide testers for UAT.

Upcoming IV&V Activities

- Monthly CMS Status Report
- Test Scenario Documentation Review
- Test Result Confirmation
- Independent Testing



Additional Questions?

Contact Information

Ed Picard

508-954-2363

ed.picard@firstdata.com

Matt Cullen

608-359-0045

matthew.cullen@firstdata.com

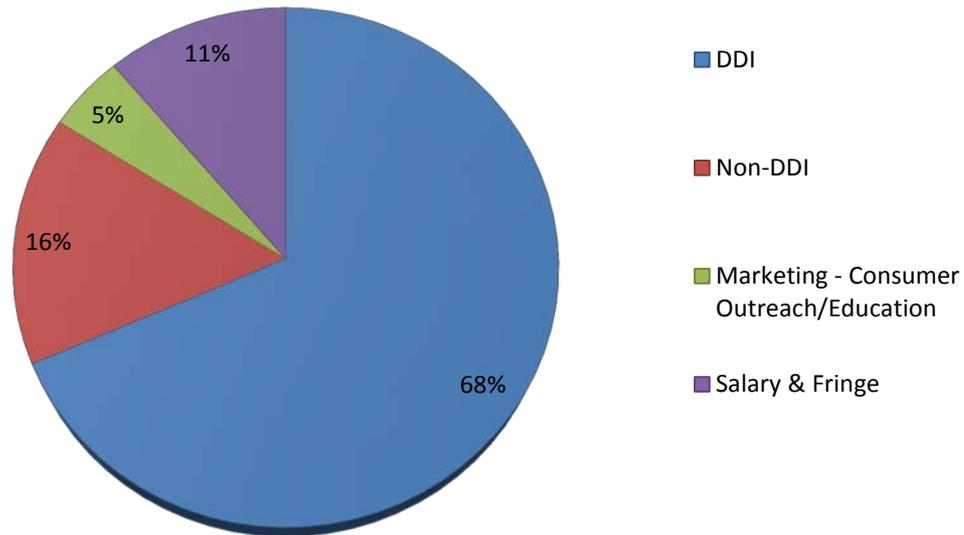
FINANCE UPDATE

- Completed and submitted the Level II Grant Supplement and the In-Person Assister Grant Supplement requests
- Completed and submitted the Third Quarter Quasi-Public Financial and Personnel Status Report
- Awarded approval of the artifact filed to lift restrictions on IT funding in the Level II Grant
- Completed the 2012 Quasi-Public Annual Report
- Completed the FY 2014 Budget and presented it to the Finance Sub-Committee
- Board approval will be requested for the latter 2 items

Expense Dashboard May 2013

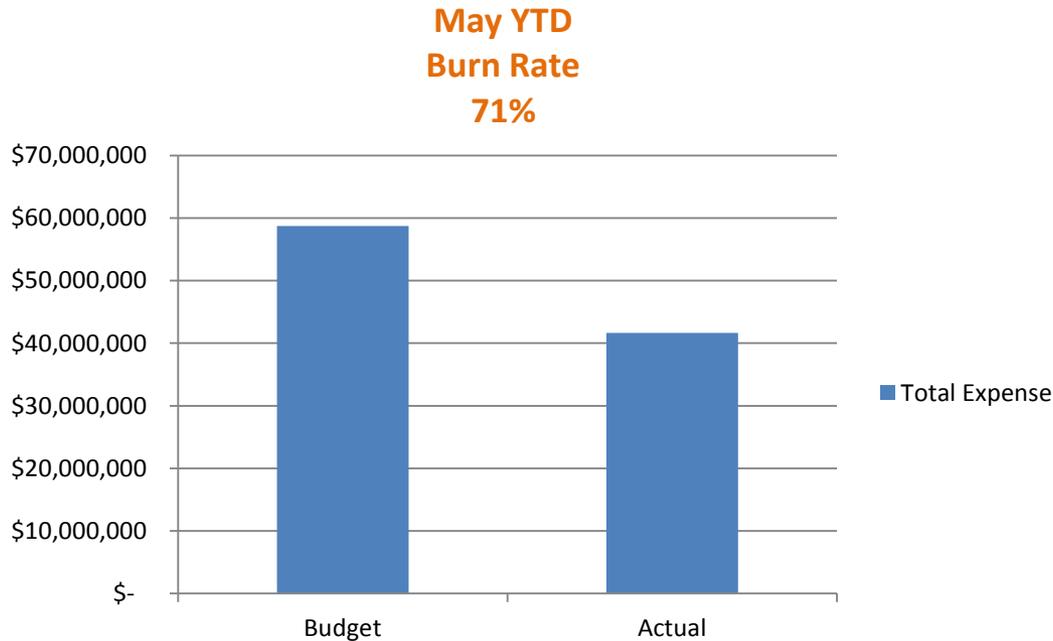
May YTD Budget Snapshot

Total YTD Budget
\$58.7M



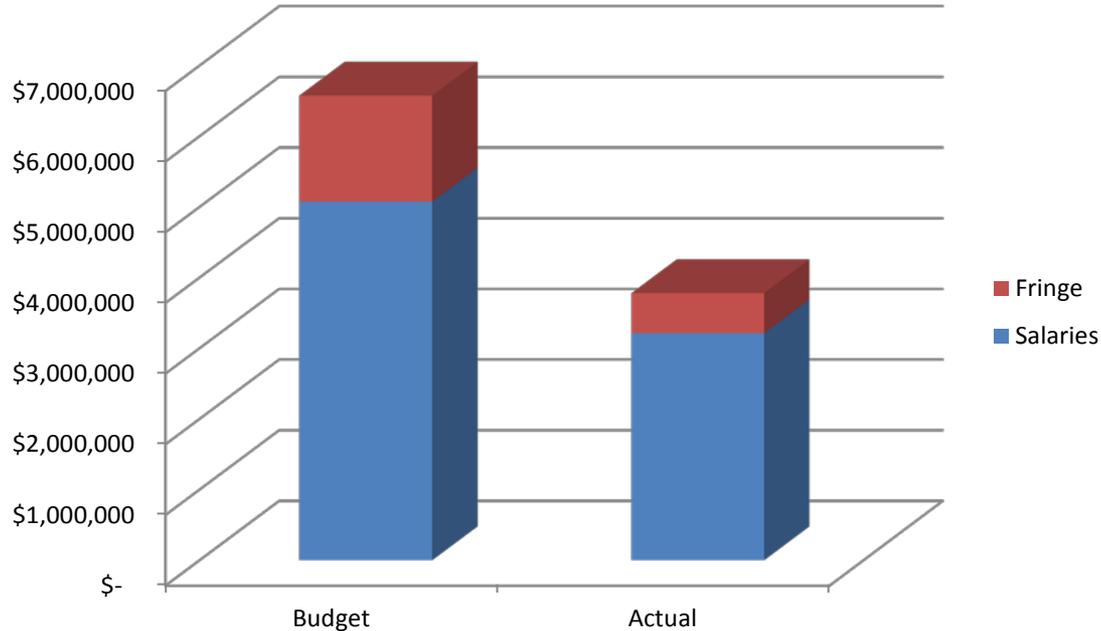
YTD Overall Expense Narrative/Exhibit Budget vs. Actual

- Actual Spend is Behind Budget Trend
 - Staffing ramp-up slower than projected



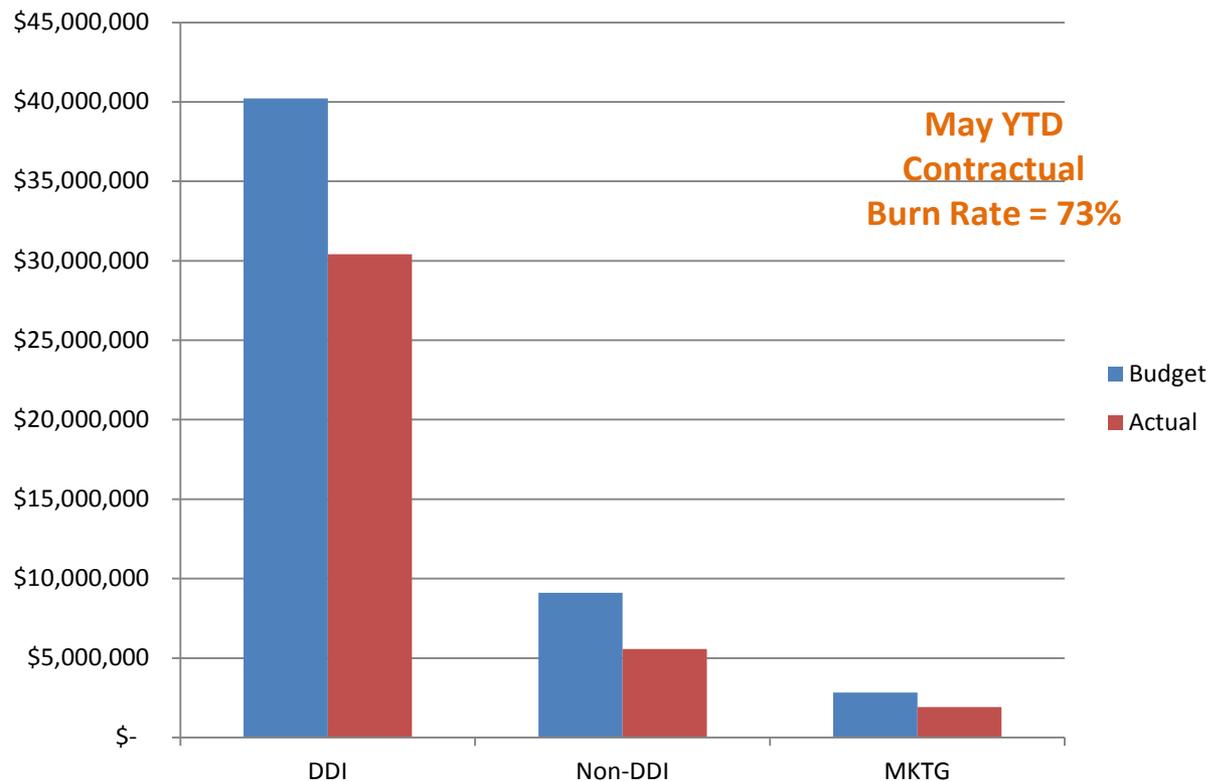
YTD Personnel Cost Budget vs. Actual

- **Actual Spend is Behind Budget Trend**
 - **Staffing ramp-up slower than projected**



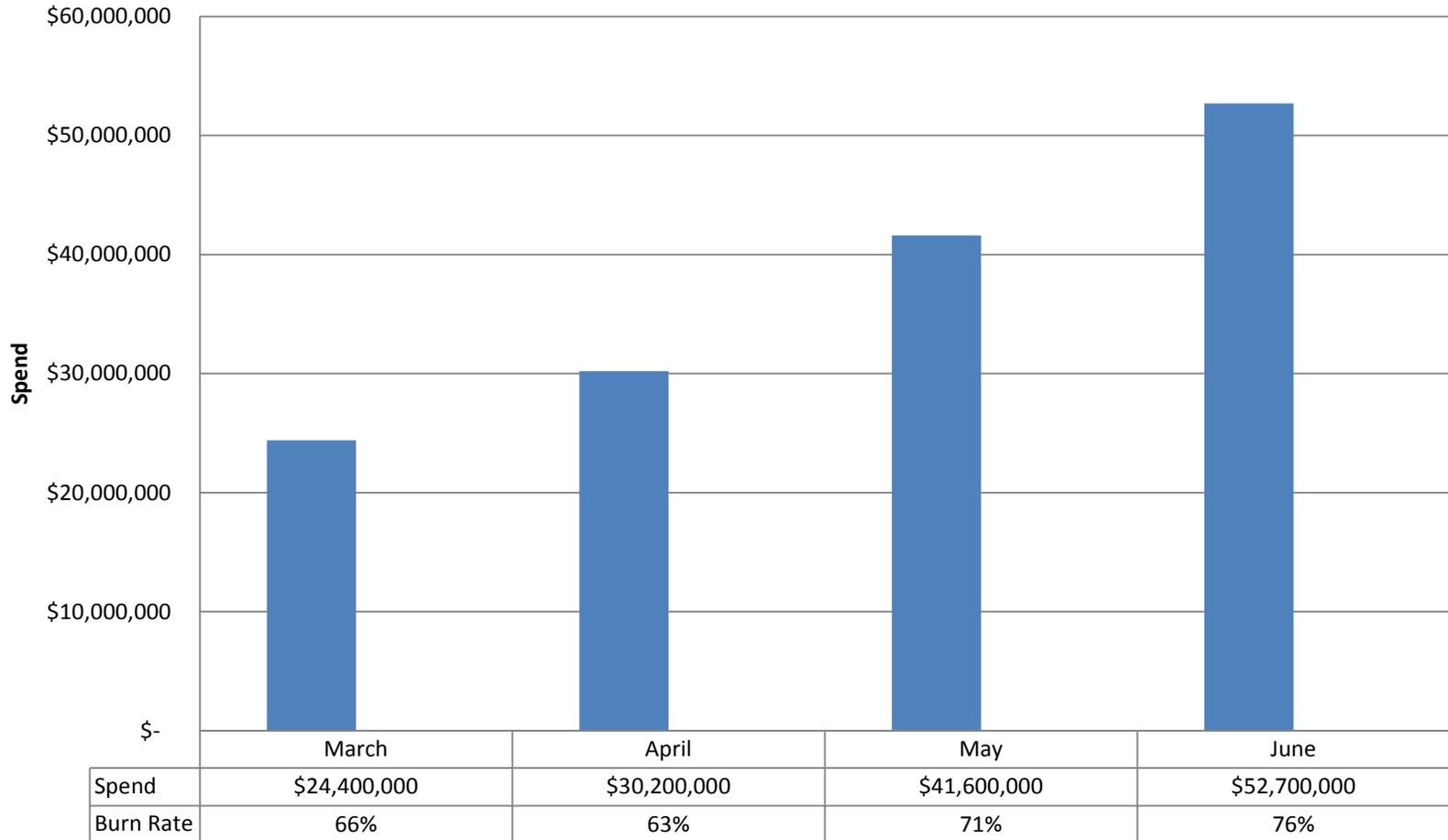
Project Expense Narrative/Exhibit Budget vs. Actual

- Level 2 Grant – Development ramp-up slower than projected
 - SDLC follows Waterfall Methodology vs. Agile Methodology

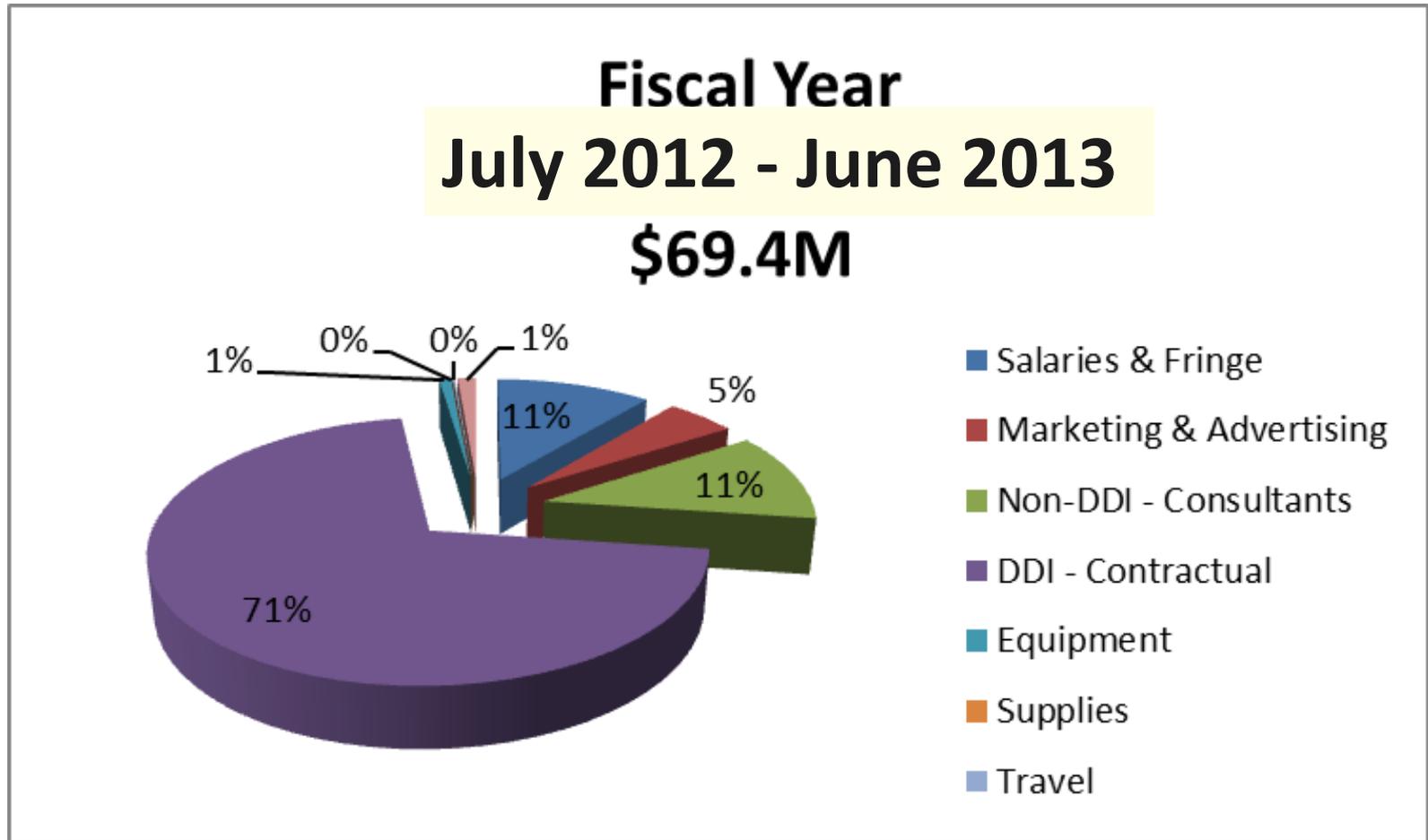


Spending Trend

Accrual Based



Fiscal Year July, 2012-June, 2013 Budget Snapshot



VOTE



Connecticut's Health Insurance Marketplace

2014 Fiscal Year Budget

June 2013

- Budget Cycle & Funding
- Budget Approach
 - Process
 - Financial Oversight & Controls
 - Cost Allocation
 - Financial Calendar
- Budget Overview
- Proposed 2014 Fiscal Year Budget
- FTE Comparison
- Sustainability Comparison

Access Health CT Budget Cycle

FY 2012-13

Entirely Federal Grant oriented and based on Board approval of spending plans reflected in the Level 1, Level 1 Supplemental, and Level 2 Federal Grants

FY 2013-14

Funded primarily by the Level 2 Federal Grant and Level 2 Supplemental Federal Grant. Driven by specific business needs that reflect changes from the original Grant allocation to this period/Seeking Board approval in June

FY 2014-15

Partially funded by the Level 2 Federal Grant, combined with the first complete year of Market Assessment revenue. Self-Sustainability Plan approved by the Board in May 2013

Key Drivers:

- **Process**
- **Financial Oversight & Control**
- **Cost Allocation**

Process

- Quantification of remaining infrastructure work needed to satisfy requirements of the ACA.
- Quantification of supplemental spend required to support a successful launch of the Connecticut Health Insurance Marketplace.
- Maintain a conservative underlying operational budget build with sufficient flexibility to meet year three sustainability targets.

Financial Oversight and Controls

- Utilize private and public sector expenditure monitoring techniques that promote accountability at the lowest level of the organization.
- Monthly Budget meetings with each organizational unit.
- Internal Vendor Management process for funding prioritization, compliance review of new initiatives, and Compliance with Procurement Process.

Cost Allocation Proposal

- Medicaid Allocable cost share for development was set at 28.53%, while AHCT is at 71.47%.
- Cost allocation between DSS and AHCT will be based on this set percentage for development, however, expenses incurred by either party for Call Center, Scanning, Printing, Appeals and overhead should be based on actual product volumes or a predetermined metric.
- Robust Cost Allocation process and model is in construction phase which will identify benefits across products and set appropriate transfer cost methodology for each function.
- Construct of 4 Cost Pools for Allocation:

Volume
Based

Development
Based

100% to
Either Party

No
Allocation

Financial Calendar

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Fed Reporting	Bi-Annual Progress						Bi-Annual Progress					
	QTRLY Grant Report			QTRLY Grant Report			QTRLY Grant Report			QTRLY Grant Report		
State Report	Annual CEO Report			FY Q3 Financial Report			FY Q4 Financial Report	FY 2014 External Audit Review	FY 2014 Annual Report	FY Q1 Financial Report		
Finance Process	Dec Expense Dashboard (EDB)	Jan EDB	Feb EDB	Mar EDB	Apr EDB	May EDB Establish 2015 FY Budget Establish 2015 Assessment	Jun EDB	Jul EDB 2014 FY End Review	Aug EDB	Sep EDB	Oct EDB	Nov EDB

Access Health CT 2014 Fiscal Year Budget is Proposed at \$74.9 Million

- Fiscal Year runs from July 1, 2013-June 30, 2014.
- Source of funding is from the Level Two Establishment Grant and a Supplemental request submitted in May for \$26.7 Million.
- \$34.9 Million of the Fiscal Year Budget is to support ongoing operations, which is consistent with sustainability presentation provided to the Board in May.
- \$29.0 Million of the Fiscal Year Budget is to support the continued build of the technical and marketing infrastructure of Access Health CT.
- \$5.0 Million represents the build-out of the All Payers Claim Database (APCD).

Proposed 2014 Fiscal Year Budget

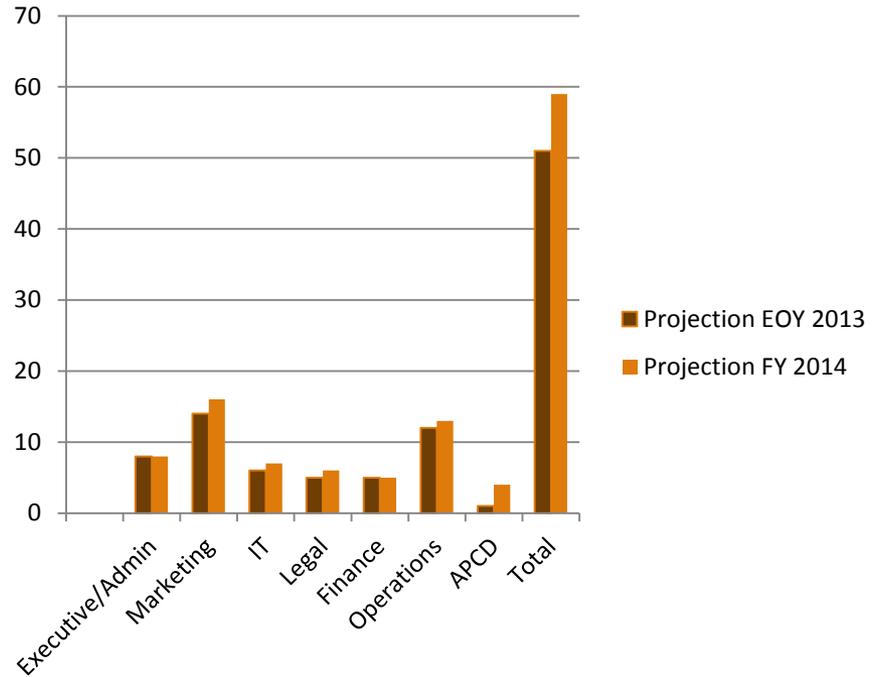
Operational Expense	Fiscal 2014 Budget	Fiscal 2013 Budget	Fiscal 2013 Projection
Salaries	\$ 5,857,790	\$ 5,774,354	\$ 3,632,590
Fringe	\$ 1,717,548	\$ 1,710,097	\$ 696,402
SHOP	\$ 4,140,000	\$ -	\$ 1,800,000
Call Center	\$ 6,100,000	\$ -	\$ -
Marketing	\$ 6,000,000	\$ -	\$ 3,409,067
Capital Investments	\$ 3,000,000	\$ -	\$ -
Maintenance & Operations	\$ 3,043,935	\$ -	\$ -
Other	\$ 4,056,180	\$ 1,574,634	\$ -
Medicaid Allocable	\$ (1,045,772)	\$ -	\$ -
Total Operating	\$ 32,869,681	\$ 9,059,085	\$ 9,538,059
Build	Fiscal 2014 Budget	Fiscal 2013 Budget	Fiscal 2013 Projection
Design, Development & Imp.	\$ 40,536,313	\$ 48,262,651	\$ 45,000,000
Non-DDI (includes Marketing)	\$ 6,001,827	\$ 10,197,706	\$ 11,000,000
APCD	\$ 5,067,366	\$ 2,261,360	\$ -
Medicaid Allocable	\$ (11,582,441)	\$ (9,309,612)	\$ (12,857,850)
Total Build	\$ 40,023,065	\$ 51,412,105	\$ 43,142,150
Non-Cash	Fiscal 2014 Budget	Fiscal 2013 Budget	Fiscal 2013 Projection
Depreciation	\$ 2,000,000	\$ -	\$ -
Total Non-Cash	\$ 2,000,000	\$ -	\$ -
AHCT Net	\$ 74,892,746	\$60,471,190	\$52,680,209

2014 Marketing & Capital	
Advertising	\$ 1,475,000
Outreach and Education	\$ 4,175,000
CRM Marketing Database	\$ 1,500,000
Web Design & Social Media	\$ 1,500,000

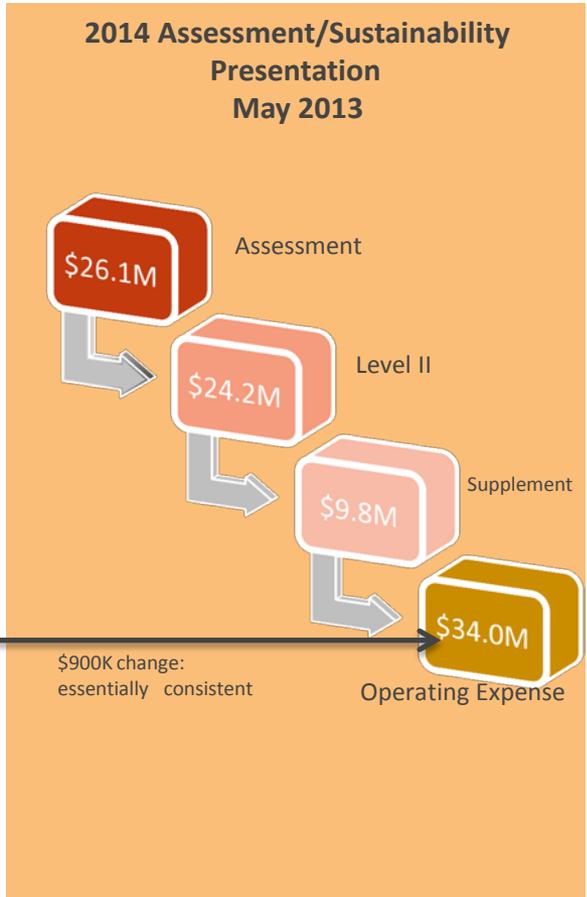
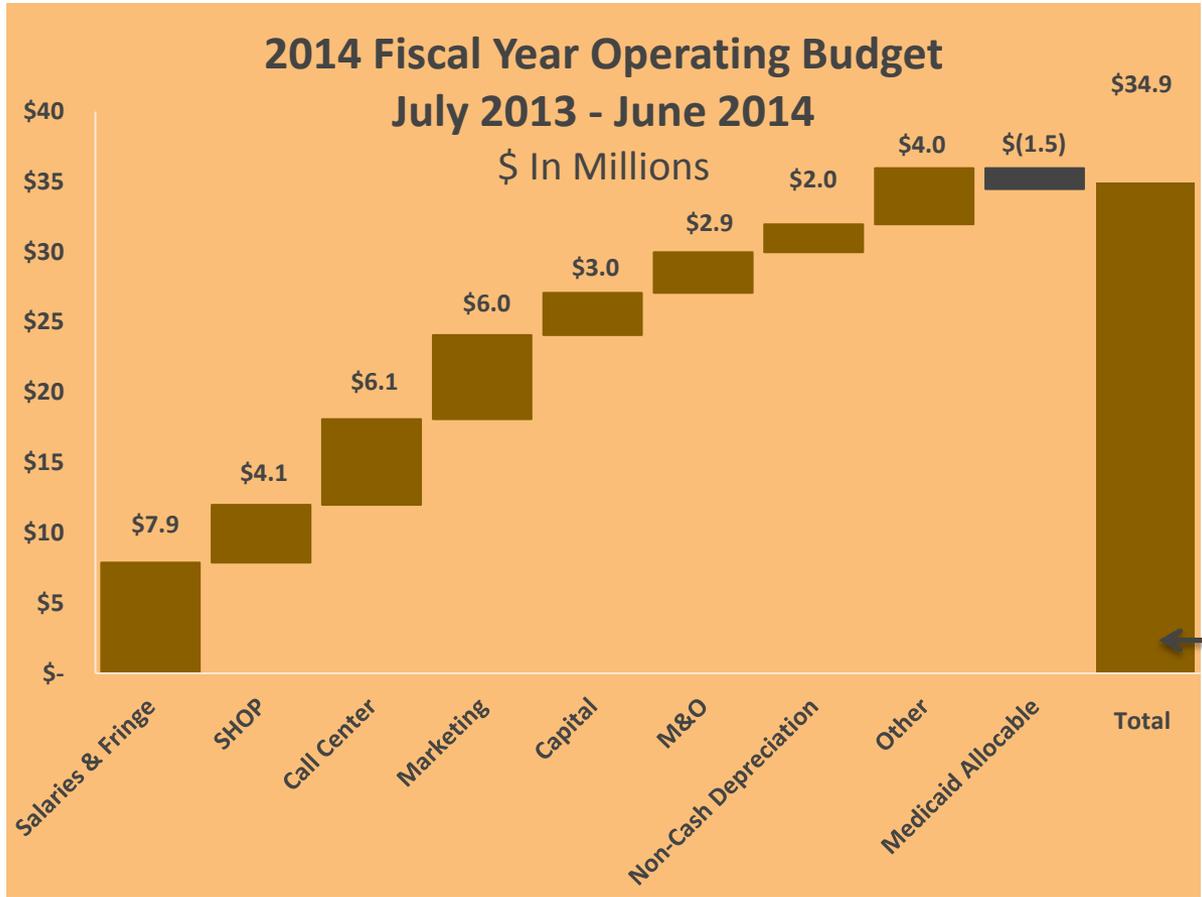
2014 Other	
Accounting Fees	\$ 100,000
Legal Fees	\$ 200,000
Other Professional Service Fees	\$ 2,300,000
Computer Equipment	\$ 400,000
Software	\$ 100,000
Travel	\$ 140,000
Rent	\$ 300,000
Supplies	\$ 16,000
Misc	\$ 500,179

2014 vs 2013 FTEs

Program Area	Projection	Projection
	EOY 2013 FTEs	FY 2014 FTEs
Executive/Admin	8	8
Marketing	14	16
IT	6	7
Legal	5	6
Finance	5	5
Operations	12	13
APCD	1	4
Total	51	59



2014 Fiscal Year Budget Operating/Sustainability Comparison





Connecticut's Health Insurance Marketplace

Fiscal Year 2012 Annual Report

VOTE

MARKETING UPDATE

Broadcast media providing full state coverage with high message frequency began on July 17th

Radio Commercial



Television Commercial



2 additional spots focusing on small business and the Affordable Care Act are in production and will begin airing after the July 4th holiday

Additional Paid Media Tactics

Newspaper insertions in the Hartford Courant and New Haven Register are currently in circulation, with exposure in key community, Spanish language and ethnic newspapers coming at the end of July



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AccessHealthCT.com

access health CT 
Connecticut's Health Insurance Marketplace

Billboard placement in Hartford, Bridgeport and New Haven will provide ongoing top-of-mind awareness in key cities beginning in July.

Billboard 10 x 30

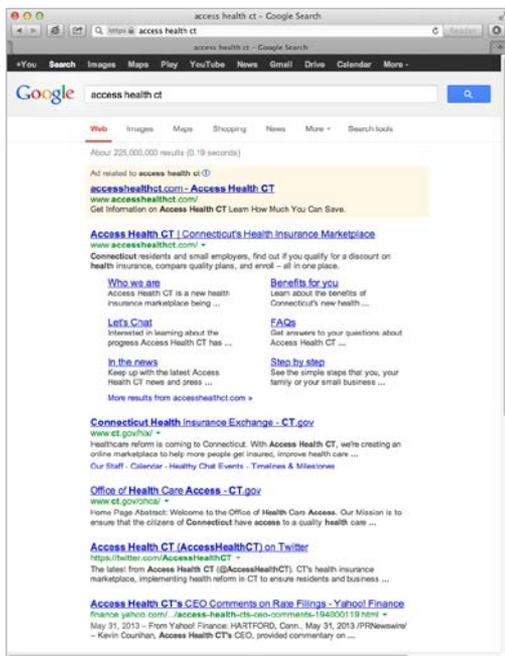


CHANGE IS HERE.
New ways to save on health insurance.
AccessHealthCT.com

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Search, display, and mobile are already running, reaching individuals who are engaged in their communities as well as providing data and intelligence regarding search behavior and creative effectiveness

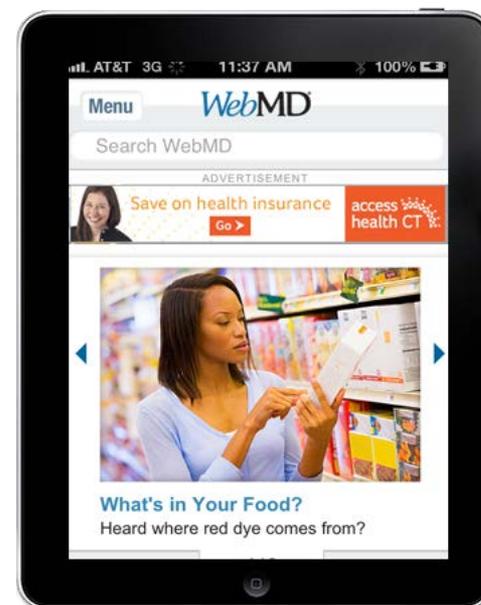
Search



Display 728 x 90



Mobile Display 320 X 50



Display 300 x 250 Banner



Display 300 x 600



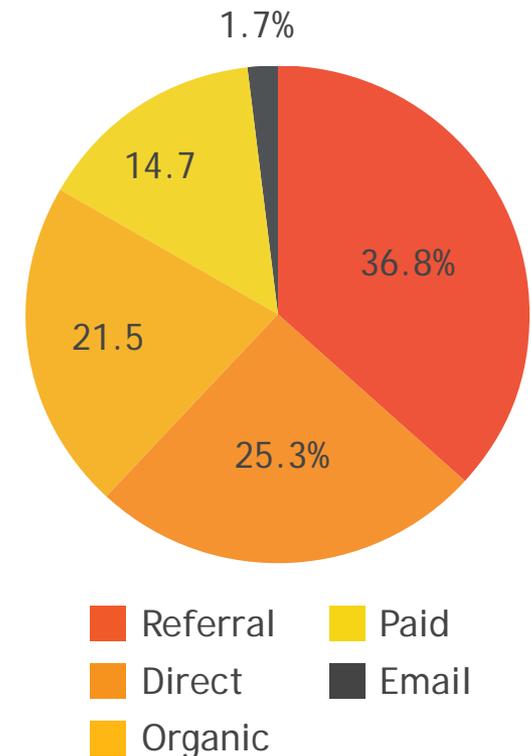
Display 160 x 600



Website Activity: February 22- June 5, 2013.

- 27,000+ visits
 - (incl. 3,600 visits on mobile devices)
- 17,000+ unique visitors
- Average visit duration: 3 min. 54 sec.
- Bounce rate of 32% is extremely low, which indicates that visitors found what they were looking for.
- After home page (27K+), savings calculator page (13K+) is most popular
- Traffic sources:
 - Google: almost 8K (incl. paid search)
 - Direct traffic: almost 7K
 - Referrals from ct.gov/: 6K+

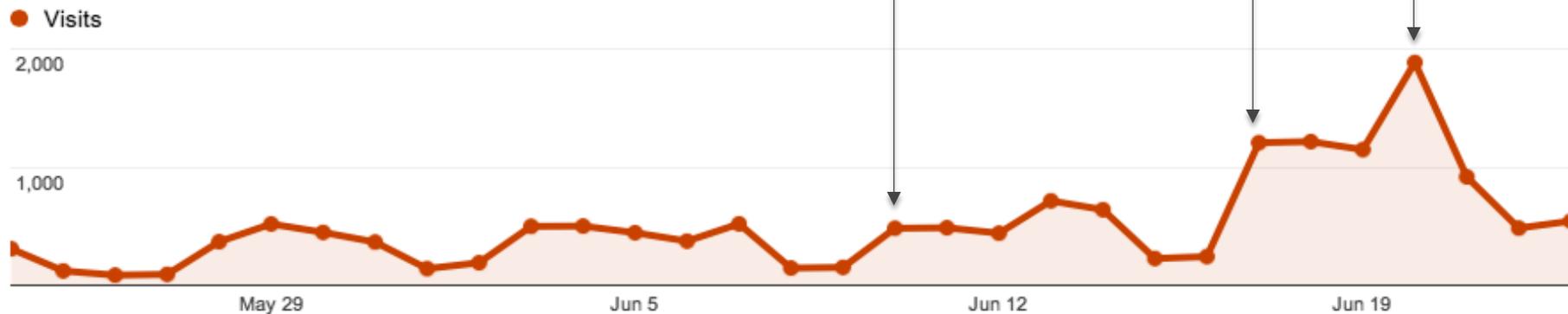
Visits by traffic source



Website Activity: Pre and post marketing campaign launch

Average weekly visits

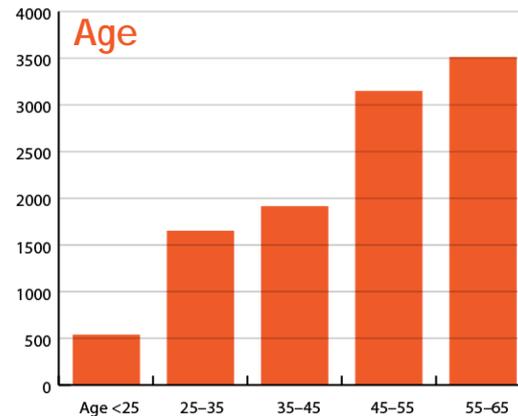
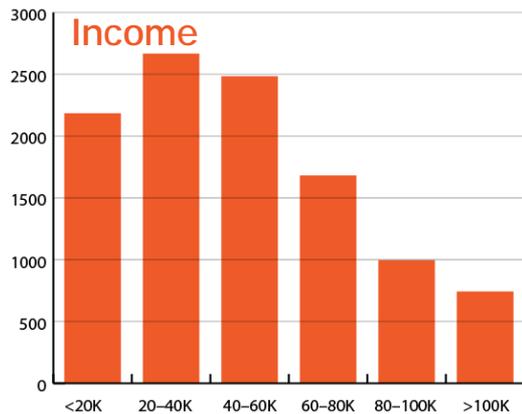
Feb–May	1,800
June 2–8	2,676
June 9–15	3,145
June 16–22	7,102



Website

Website Activity: Savings Calculator

Metrics from savings calculator use:



Metrics from small business calculator use (2,000+)

- Median company size: 6 full-time employees
- Median annual wages paid: \$200,000
- Estimated tax credit for the median company:
 - \$4,760 for 2010-2013
 - \$6,800 for 2014 and later

Website

Myth vs. Fact Quiz

Quiz

The screenshot shows the top navigation bar of the Access Health CT website. It includes the logo, a 'Follow us' link, and a 'Select Language' dropdown. Below the navigation is a horizontal menu with links for Home, Benefits for you, How it works, How to save, News & events, Who we are, and Contact us. The main content area features a large yellow banner with the text 'Myth vs Fact' in a ribbon, followed by 'What's true? What's not? Take our healthcare reform quiz.' and a prominent red 'START' button. The background of the banner shows a stylized landscape with a sun, trees, and people.

Results

The screenshot displays the results of the 'Myth vs Fact' quiz. At the top, it says 'You got 3 answers right!' and shows a row of 10 human icons, with 3 of them highlighted in red. Below this, it states '6 out of 10 people got the same score as you.' and provides a 'REPLAY' button. The page lists several quiz topics with brief descriptions and links to learn more:

- Save with tax credits:** Access Health CT is the only place in CT where you can get discounts on health insurance in the form of tax credits. Individuals earning up to \$45,900 may qualify. See how much you could save.
- Get the benefits of healthcare reform:** The new law removes many barriers to getting healthcare. You can no longer be turned down for insurance – or charged more – because of a pre-existing condition. You now have more access to free preventive services. And children can stay on a parent's plan until age 26.
- Avoid a tax penalty:** Being insured protects your family's physical and financial health. That's why the government is encouraging everyone to get coverage. Enroll through Access Health CT and you'll avoid a 2014 penalty of \$95 or 1% of your income, whichever is greater.
- Shop for name-brand plans:** Access Health CT will provide a single online marketplace for both insured and uninsured CT residents. You can compare name-brand health insurance plans, see if you qualify for discounts for Medicaid, which could be free, and enroll.
- Get help from a broker:** Don't worry if you're confused by the changes in health insurance. A broker can meet with you to answer your questions, recommend a plan, and help you enroll through Access Health CT. You can also email at AccessHealthCT.com or get help by phone.

On the right side, there are two additional sections: 'Hear the latest' with a sign-up form for a monthly newsletter, and 'Savings calculator' with a note that it is only available for those who qualify for discounts on health insurance through Access Health CT.

Face-to-Face Outreach

- With a pronounced need to establish a robust community presence and to staff a large number of event, outreach and retail opportunities, the Exchange is building out a field staff to execute these program elements.
- Field force activities will be focused on 7 key activity areas beginning this summer.

Activity Areas

1) Street fairs and festivals: Outreach at 46 festivals across CT from June to January

2) Canvassing: Door-to-door canvassing to 120,000 households in key zip codes and dense uninsured prospect groups

3) Retail Intercepts: Prospect engagement outside high-traffic, targeted locations to distribute information and capture leads

4) Seasonal outreach: Access Health CT presence at CT shoreline beaches and key fall locations

5) “Healthy Chat” and “Get Covered” events: More than 250 consumer-focused education and enrollment focused events occurring in community locations and coordinated with legislative and municipal leaders, as well as general advertising

6) Store fronts: Branded retail presence in 6 major metros to provide a space for both independent consumer enrollment, as well as enrollment programs for brokers, navigators and outreach workers

7) Partnerships: Ongoing Access Health CT presence at key community partner locations such as community colleges, hospitals and libraries as well as commercial endeavors

June 2nd Puerto Rican Day Parade and Festival del Coqui in Hartford

- Access Health CT team marched in the parade with a banner and distributed “El Cambio Ya Está Aquí” stickers and branded promotional items.
- Access Health CT team set up a booth at the festival, where we signed up people who had questions and sought information.
- Access Health CT team distributed 1,000 flyers in English and Spanish, 1,400 branded promotional items, and hundreds of stickers.
- While we focused only on consumer education and brand awareness, we captured 81 leads from interested consumers.



June 22nd Noche de San Juan

- Access Health CT set up a booth at the event and spoke with event attendees in Spanish and English
- We distributed palm cards in Spanish and English along with premium items to engaged consumers
- We utilized the online savings calculator on tablet computers to engage consumers and show them how much they could save
- Consumers are eager to learn how to enroll for themselves and for their uninsured family members



CT Business Expo

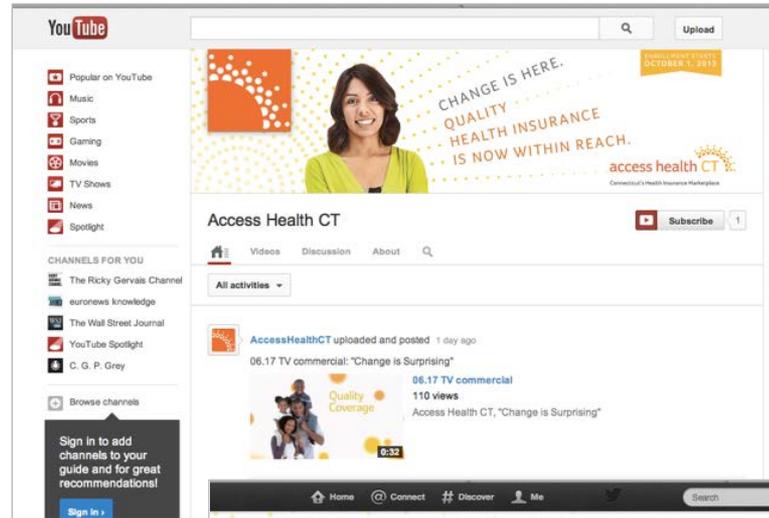
- 12th annual expo at Connecticut Convention Center, Hartford
- Significant floor presence for presenting four seminars and interacting with attendees
- 300+ small-business interactions



Upcoming street fairs and festivals

- June 29: Ray Gonzalez Latin Jazz and Salsa Festival
- July 5 - 7: Enfield 4th of July Celebration
- July 6: Riverfest Hartford
- July 12 - 14: Sailfest New London
- July 14: Puerto Rican Parade and Festival of Fairfield County

- YouTube channel launched, first TV spot featured
- Twitter feed populated approximately 3 x per/week
- Full social strategy in planning now: examples
 - Facebook with savings calculator, Myth/Fact Quiz interaction
 - Shortform videos, testimonials
 - Influence word of mouth, share, likes



Overview

Ongoing proactive national and CT media outreach to tell Access Health CT story



IDENTIDAD *Hispanic Newspaper Connecticut*
Publicado el 06-06-2013
Lo que debe saber sobre el intercambio de Seguros Médicos



boston.com
Conn. health insurance exchange gets new name
AP / February 19, 2013



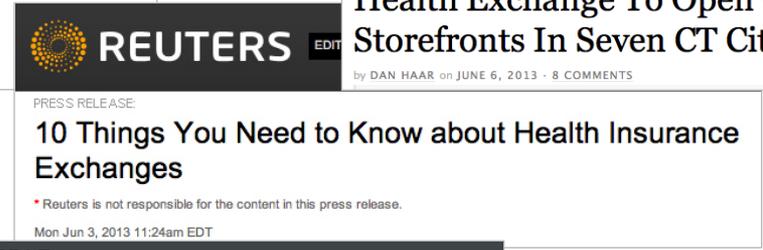
dt DarienTimes.com
THE NEWS OF DARIEN, CONN. A HERSAM ACORN SITE
Affordable care act: Experts explain upcoming changes
By Yevgeniya Davydov on May 10, 2013 in News · 0 Comments



The Haar Report | Hartford Courant
The CT Business & Economics Scene
Health Exchange To Open Obamacare Storefronts In Seven CT Cities
by DAN HAAR on JUNE 6, 2013 · 8 COMMENTS



the ct mirror To inform and engage one Connecticut
Aetna files rate proposals for Obamacare exchange plans
By Arielle Levin Becker
Friday, May 31, 2013



REUTERS EDIT
PRESS RELEASE:
10 Things You Need to Know about Health Insurance Exchanges
* Reuters is not responsible for the content in this press release.
Mon Jun 3, 2013 11:24am EDT



THE WALL STREET JOURNAL.
U.S. EDITION | Wednesday, April 17, 2013 As of 3:01 PM EDT
PRESS RELEASE | April 17, 2013, 3:01 p.m. ET
Access Health CT Implements SHOP; Selects HealthPass to Provide Small Business Exchange Services

Next Steps

1. Monitor media performance
2. Investigate and secure retail locations
3. Training: Navigator, In-Person-Assister and Outreach staff
4. Production of fall campaign elements and support collateral
5. Implementation of tracking and performance monitoring system

NAVIGATOR AND IN-PERSON ASSISTER UPDATE

The Need

- **People are uninsured/under-insured.**
 - Thompson-Reuters study reports 344,000 uninsured residents including 60,000 children /65% are people of color.
- **People are uninsured for many reasons, including:**
 - Inability to afford coverage
 - Ineligibility for public programs
 - Being denied coverage based on a pre-existing condition
 - The complexity of enrollment processes
 - Living in remote areas
 - Low literacy and health literacy
 - Limited understanding of health insurance
 - Cultural and linguistic barriers

The Partnership

- In order to address the challenges in implementing the ACA, Access Health CT and the Office of the Healthcare Advocate created a unique partnership.
 - Designed to provide support through linguistically and culturally appropriate community engagement initiatives and outreach programs.
 - Trusted community-based organizations help consumers enroll in the health insurance plan that is best for their families.

Navigator and Assister Program

An initiative designed to engage all stakeholders in a sustainable, vibrant and effective community focused enrollment assistance program

- Connecticut was divided into six regions – each with a Navigator and a number of Assisters based on the number of uninsured
- Their mission is to engage, educate and enroll consumers in health coverage
- Navigators and Assisters are trusted community messengers
- They bring the health insurance marketplace directly to the people

Navigator and Assister Program

- Navigator program cannot be funded with Federal funds
 - We are seeking to raise \$650,000
 - Navigator program has just received a \$125,000 grant from the Connecticut Health Foundation
 - CT Health has encouraged other CT foundations to join them in this support
- Assister program is funded by Federal funds from CCIIO

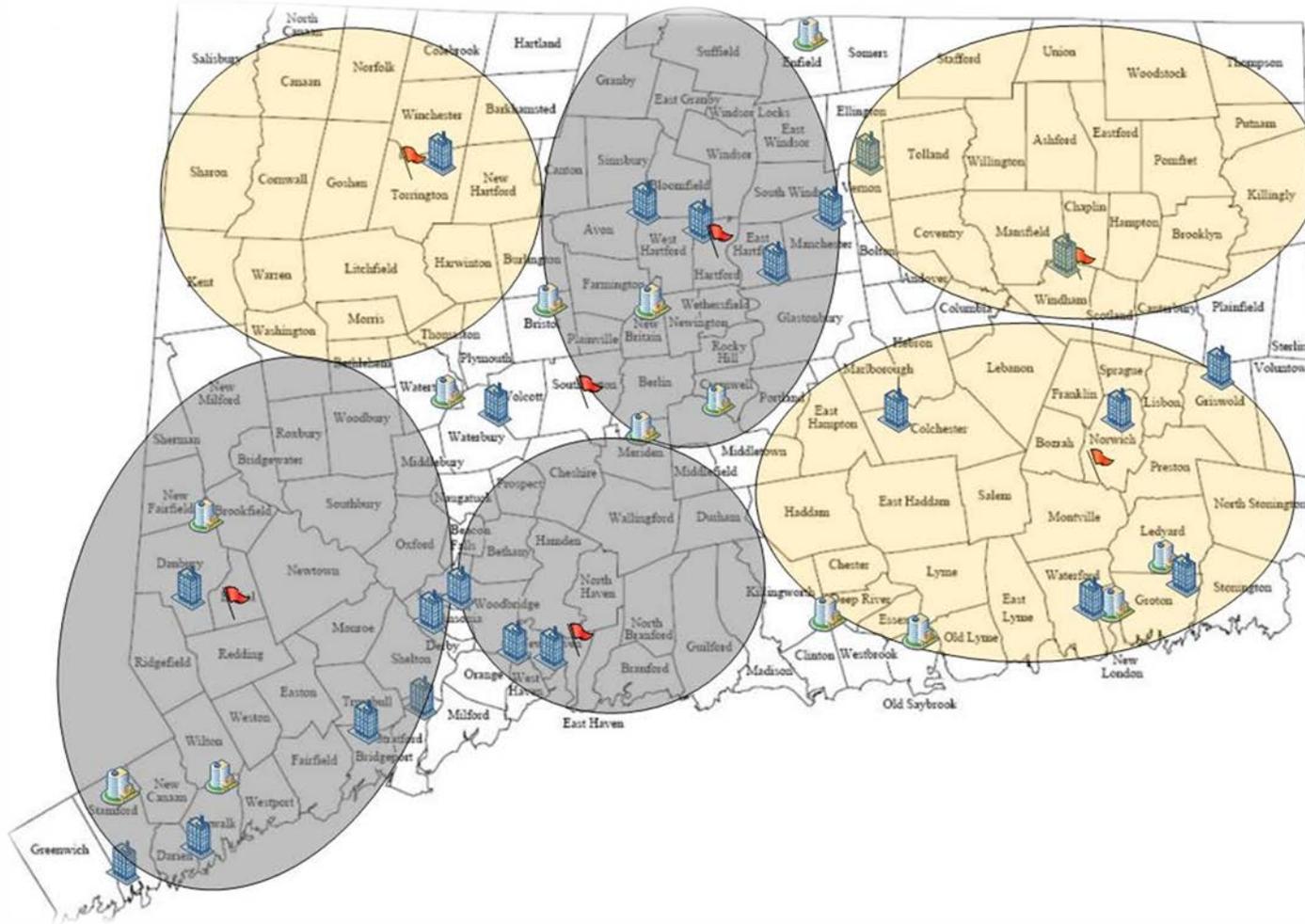
Navigator and Assister Strategies

- Provide linguistically and culturally appropriate access points to a new and improving health system
- Engage community leaders and influencers to promote health in all forms
- Use data and measurable outcomes to improve the system
- Educate consumers so they can make informed decisions and self-advocate
- Build on existing organizations in the community for a permanent system that increases community strength

Navigators

- Act as a conduit for data and information to and from the Assisters
- Act as a resource to the Assisters, answering technical questions on insurance, Medicaid and subsidies offered through Access Health CT
- Act as a resource to the Assisters on outreach to specific communities and provide regional support for events and other activities
- Conduct public education activities about Access Health CT and the importance of health insurance

Navigator Regions



Navigator RFP Response

- NIPA received 26 Navigator applications
- Navigator applications represented a cross-section of health departments, community action agencies, advocacy groups, hospitals, associations, and community groups
- NIPA will select 6 Navigator organizations to cover each of the six regions

Navigator Selection

The Request for Proposals for the Navigator organizations were scored based on several key criteria:

- Geographic Focus
- Number of Persons to be Engaged
- Population Demographics
- Age Demographics
- Income Demographics
- Experience in Healthcare Outreach
- Alignment of Navigator Program to Organization's Mission
- Organizational Capacity in Communications and Infrastructure
- Collaborations/Quality of Partnerships
- Training Expertise
- Project Plan
- Proposed Budget/Cost per Engagement

Assisters

- Community, faith, unions, social service organizations and small businesses responded to an Request for Proposals to receive \$6,000 grants
- Grants will fund existing staff to help community members and their constituents learn about and enroll in health insurance
- Assisters will present plan options but will not recommend a particular plan
- Assisters will refer consumers to other sources if they need further help

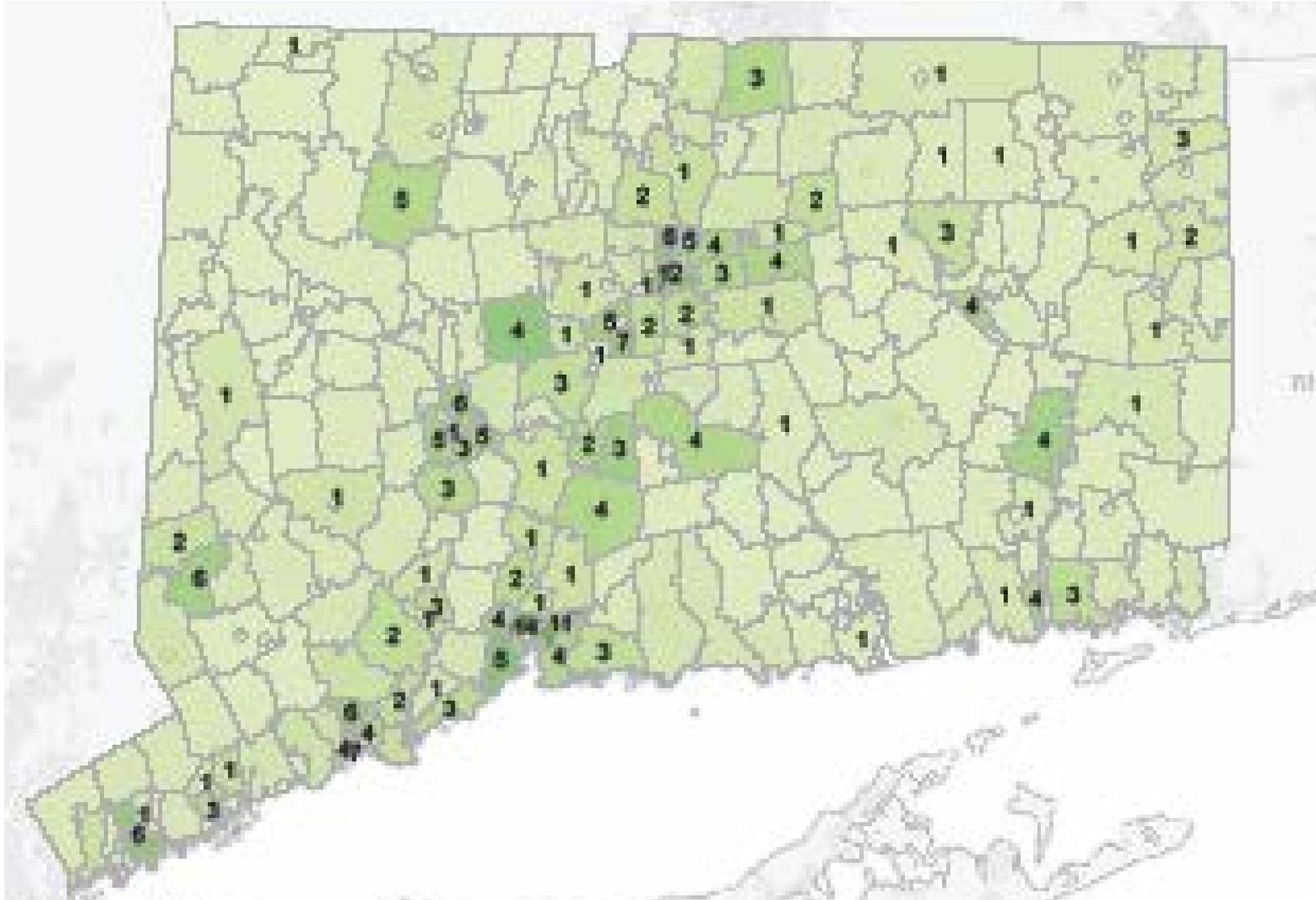
Assister RFP Response

- NIPA received 422 Assister applications, representing 718 grant requests
- 32 distinct languages were identified on the applications
- All geographic areas were well represented including those areas with the highest rates of uninsured
- NIPA has selected approximately 300 Navigator organizations
- Groups will be notified before July 1, 2013

Assisters

- Navigators will help Assisters in each community develop their strategies and identify where the gaps exist and the resources they need to fill them.
- The Assisters in each community will develop their own outreach program collaboratively and will connect together for programs and ideas.

Assister Placement by Zip Code



Uninsured
0 12,001

Assister Selection

The Request for Proposals for the Assister organizations were scored based on several key criteria:

Determinant	Need
Organization Type	Big Tent
Geographic Area/Zip Codes	Addresses Focus Areas
Pop. Demographic	Determines who
Number of Persons Engaged	Determines reach
Age Demographics	Determines who
Income Demographics	Determines reach
Benefit of Assister on Staff	Links to mission
Communications Tools	Links to outreach capacity
Ethnic, cultural, language requirements of Pop./Languages of Assister	Links to diversity
Assister Candidate Capacity	Determines capability
Program Plan	Determines quality

Navigator and Assister Certification Process

Following selection of the Navigator and Assister organizations, candidates must:

- Undergo background check
- Attend Kick-off event with Supervisor
- Sign contract and other materials
- Complete 40 hours of training
- Pass certification test
- Receive photo identification badge

Training

Online and In-Person in six regions for Navigators, Assisters and Additional Staff at Navigator and Assister Organizations.

- **Phase One: July 2013** – One online module (4 hrs) and one in-person session (7 hrs)
 - **Phase Two: August 2013** – One online module (4 hrs) and one in-person session (7 hrs)
 - **Phase Three: September 2013** – One online module (4 hrs) and two in-person sessions (14 hrs)

Training Modules

- ACA 101
- Access Health CT 101
- Cultural and Linguistic Appropriate Access
- Ethical Guidelines for Community Engagement
- Outreach, Education and Enrollment
- Access Health CT Web Portal
- CRM Database
- Monitoring

Community Engagement

- **Link**
 - Online Network and Newsletter
 - Social Media (Facebook, Twitter)
 - Print Materials in Multiple Languages
 - Community Partnerships
- **Get Trained**
- **Hold an Event**
- **Volunteer**
 - Staff an event
 - Distribute marketing materials
 - Share your story
 - Speakers Bureau

Contact Us

Navigator and Assister Outreach Program

280 Trumbull Street, 15th Floor

Hartford, CT 06103

860-757-6800

outreach.ahct@ct.gov

Visit us Online

www.AccessHealthCT.com/OutreachPrograms

ESSENTIAL COMMUNITY PROVIDERS

Essential Community Providers: Definition

- Essential Community Providers are health care providers that through legal obligation or mission play a significant role in health care for patients and populations who are at risk for inadequate access to health care.

Examples of Population Served by ECP's:

Uninsured persons	Seriously and chronically ill and disabled low-income populations including Medicare/Medicaid “dual eligible”
Underinsured persons	Disadvantaged patients who seek family planning and primary reproductive health services
Homeless individuals	Children with special health care needs and serious and chronic conditions
High risk pregnant women and newborns	Adults with mental illness and substance abuse disorders
Farm workers and their families	Residents of medically underserved urban and rural communities with primary care shortages
Persons with HIV/AIDs	

- Essential Community Providers: 45 CFR §156.235
 - (a) General requirement.
 - (1) A QHP issuer must have a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the QHP's service area, in accordance with the Exchange's network adequacy standards.
 - (c) Definition. Essential community providers are providers that serve predominantly low-income, medically underserved individuals, including providers that meet the criteria of paragraph (c)(1) or (2) of this section, and providers that met the criteria under paragraph (c)(1) or (2) of this section on the publication date of this regulation unless the provider lost its status under paragraph (c)(1) or (2) of this section thereafter as a result of violating Federal law:
 - (1) Health care providers defined in section 340B(a)(4) of the PHS Act; and
 - (2) Providers described in section 1927(c)(1)(D)(i)(IV) of the Act as set forth by section 221 of Public Law 111–8.

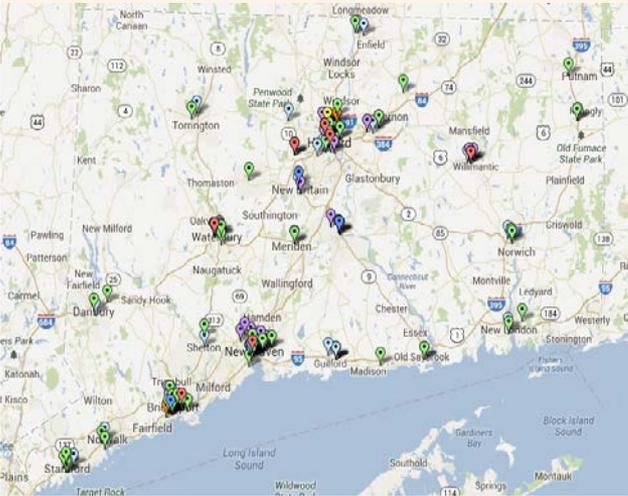
Essential Community Providers: Initial Connecticut Approach November 2012

- Criteria Set by Connecticut Health Insurance Exchange Board of Directors
 - Essential Community Providers: With respect to essential community providers, sufficiency shall be defined as carriers having contracts with:
 - At least 75% of the essential community providers located in any county in Connecticut; and,
 - At least 90% of the federally qualified health centers (FQHC) or “look-alike” health centers in Connecticut. Connecticut QHP Requirements
 - The network is consistent with the network adequacy provisions of section 2702(c) of the PHSA

Locations / Services

						
Hospital	BH-SA	HLTH CTR	Dental	SBHC	Spec Clinic	HIV-AIDS

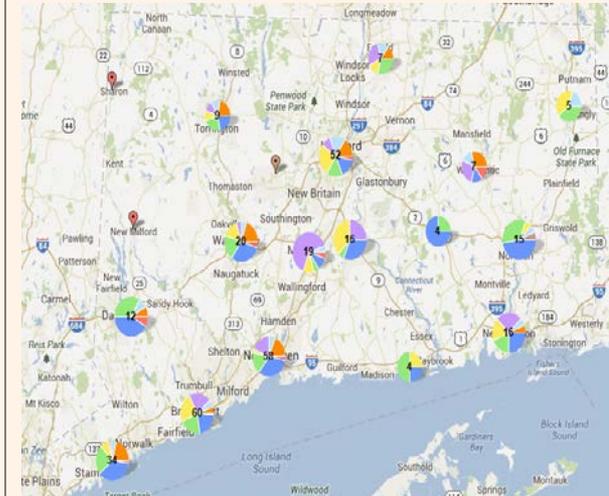
340B List



29 unique entities
156 locations / services

Without FQHCs:
15 unique entities
70 locations / services

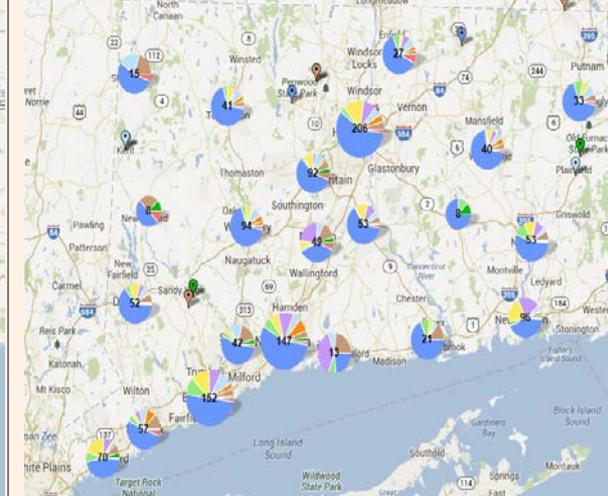
CMS Non-Exhaustive List



68 unique entities
345 locations / services

Without FQHCs:
54 unique entities
297 locations / services

Exchange List



299 unique entities
1393 locations / services

Without FQHCs:
285 unique entities
1127 locations / services

Essential Community Provider Recommendation

- Staff and advisory committees recommend;
 1. 75% of the March 2013 CMS non-exhaustive list must be contracted by 1/1/2014.
 2. The Exchange's full list of Essential Community Providers as of May 2013 be phased in over two years. 35% of the providers on that list will be contracted with by 1/1/2014 and 75% by January 1, 2015. The percentages are to be taken on this list net of the March 2013 CMS non-exhaustive list; i.e. no duplication.
 3. Carriers must show consideration for geography and access to the variety of provider types.
 4. Recognizing the challenges of implementation, consideration will be given for carriers that demonstrate good faith effort to accomplish these standards.

VOTE

STANDARD PLAN DESIGN UPDATE

Standard Plan Design Background

- Finished Standard Plan Design in March 2013
 - Used a Joint Team from all advisory committees to work the designs
 - Significant time and effort invested from December 2012 to March 2013
- Received new information in May
 - Actuarial Review: Dental plans
 - Legal Review: Dental Wellness plan
 - Department of Insurance Review: Bronze plans
- Joint Team Engaged for Advice
 - Approved recommendations unanimously

Standard Plan Design Recommendations

- Staff and joint advisory team recommend;
 1. Change HHC benefit in Bronze 1 standard plan from \$0 for each visit after the deductible of \$3,250 is met to a HHC specific deductible of \$50 after which enrollees have a HHC coinsurance of 25%.
 2. Deletion of the Bronze 2 standard plan.
 3. Change in Standalone Dental plans
 - Standard Dental Plan AV 70%: Change deductible from \$50 to \$75
 - High Option Dental Plan AV 85%: Change OOP from \$500/\$1,000 to \$300/\$600
 4. Deletion of the Dental Wellness Plan

VOTE

EXECUTIVE SESSION

ADJOURNMENT