

VERBATIM PROCEEDINGS

CONNECTICUT HEALTH INSURANCE EXCHANGE
BROKERS, AGENTS AND NAVIGATORS COMMITTEE MEETING

JULY 10, 2012

LEGISLATIVE OFFICE BUILDING
300 CAPITOL AVENUE
HARTFORD, CONNECTICUT

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
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1 . . .Verbatim Proceedings of a meeting
2 before the Connecticut Health Insurance Exchange,
3 Brokers, Agents and Navigators Committee, held on July
4 10, 2012 at 1:04 p.m., at the Legislative Office
5 Building, 300 Capitol Avenue, Hartford, Connecticut. . .

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10 CHAIRPERSON MICKEY HERBERT: Let's call
11 the meeting to order. It's too nice a day for us not to
12 get done on time. Well once again, particularly for
13 people who are here as visitors, let's one more time go
14 around the room and everybody quickly identify
15 themselves.

16 I'm Mickey Herbert and I'm a member of the
17 Board of the Exchange and Co-Chair of this Committee.

18 CHAIRPERSON MARK CZARNECKI: I'm Mark
19 Czarnecki, I am also Co-Chair of the Committee. I'm with
20 Douglas Financial Services in Branford, Connecticut. I
21 am a broker and agent.

22 MR. JOHN CAULKINS: I'm John Caulkins, I'm
23 a broker and agent in Watertown, Connecticut and
24 Legislative Chairman for the Connecticut Chapter in NAHU.

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1 MR. PHIL BOYLE: I'm Phil Boyle, I'm with
2 the Connecticut Benefit Brokers. I'm also on the
3 Governor's Health Care Cabinet and I'm an agent with the
4 Health Consultant's Group.

5 MR. MATTHEW FAIR: Matt Fair with Pierson
6 & Smith, also part of CBB NAHU.

7 MS. ELLEN ANDREWS: I'm Ellen Andrews from
8 the Connecticut Health Policy Project.

9 MR. KEVIN COUNIHAN: Kevin Counihan, CEO
10 of the Insurance Exchange.

11 CHAIRPERSON HERBERT: Welcome Kevin.

12 MR. DAVID GUTTCHEN: I'm David Guttchen
13 with the Office of Policy and Management.

14 MS. NELLIE O'GARA: Nellie O'Gara,
15 facilitator.

16 MR. JASON MADRAK: Jason Madrak, the
17 Director of Marketing and Communications for the
18 Exchange.

19 MR. KEN LALIME: Ken Lalime, Executive
20 Director of the State Medical Society IPA.

21 MR. ANTONIO CAPORALE: Tony Caporale with
22 the State Insurance Department.

23 MR. STEPHEN GLICK: Steve Glick,
24 Administrator of the Chamber Insurance Trust. And I have

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1 the apologies of Mike Nicastro, he cannot make it this
2 afternoon.

3 MR. JAY FESTA: My name is Jay Festa, I
4 own CPM Group. We work with medium and small employers
5 for their health insurance plans.

6 CHAIRPERSON HERBERT: And on the phone?

7 MS. O'GARA: We have Barbara Saxton.

8 CHAIRPERSON HERBERT: Okay, welcome
9 Barbara. Can you hear us okay?

10 MS. BARBARA SAXTON: I can hear you just
11 fine. It's Barbara Saxton, Senior Vice President, Hub
12 International.

13 CHAIRPERSON HERBERT: Okay, great. You
14 know, Kevin introduced himself. This is the first -- he
15 has been here all of one week officially. So Kevin
16 Counihan our new CEO, welcome.

17 We didn't approve a set of minutes last
18 time because they weren't quite completed so, we actually
19 have two sets of minutes to approve. And I'm aware of
20 one change already in that Ken wasn't listed as attending
21 last meeting Ken? So make sure those minutes reflect
22 that he's a member of the Committee and was here.

23 Any other corrections or additions to the
24 minutes, either set? Okay, motion to approve both sets

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1 with that change?

2 MALE VOICE: So moved.

3 MR. LALIME: Second it, I'll second it.

4 CHAIRPERSON HERBERT: Okay, all in favor
5 say Aye.

6 ALL VOICES: Aye.

7 CHAIRPERSON HERBERT: Opposed say no.

8 Okay, we're going to talk about the role of the navigator
9 broker. Who takes the ball -- oh yeah, go ahead.

10 MR. MADRAK: Thanks Mickey. We have a
11 pretty robust agenda today and this really builds off of
12 the conversation that we had at our last meeting where we
13 really proposed a whole slew of questions to this group
14 to get your feedback, opinions, thoughts around things
15 that we were considering as we looked to put forward a
16 recommendation for the navigator program here in
17 Connecticut, and obviously with it the role that brokers
18 will play in this new Exchange marketplace.

19 Rather than a freewheeling discussion,
20 which we had last time, we've come in with some very
21 specific things for each of you to react to. The
22 presentation here is really a manifestation of the seven
23 page series of recommendations that we put forward as
24 part of the pre-read, and so we'll take you through that

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1 and hopefully we'll pause at each spot and get your
2 feedback and thoughts and opinions on that. Again,
3 they're very specific recommendations. But we're not
4 being overly prescriptive, we're really being a little
5 bit provocative in giving something to react to. So
6 hopefully we'll have a really good dialogue around that.
7 We'll also, after that point, transition to some
8 preliminary thoughts around funding options. And so the
9 thought here as we start to move down the processes that,
10 you know, we'll end each meeting with a little preview of
11 some of the things that we're going to talk about at our
12 next go around as we start to move through the series of
13 questions and areas of focus that we laid out before.

14 And then lastly, the question came up at
15 the last meeting around some more information regarding
16 where the people that were ultimately going to be
17 interacting within serving with this navigating program,
18 where do they live, where do these people reside? And so
19 Thomson Reuters was commissioned by the Exchange to put
20 together a fairly comprehensive geographic overview of
21 the uninsured population and also some other populations
22 with different types of insurance. And so we'll go
23 through some of that information in detail. I know a lot
24 was actually put in your lap through the pre-reads.

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1 There were several summary tables which were actually
2 quite dense but we'll got through that information here,
3 hopefully acclimate you with the data, and then if you do
4 have additional follow-up questions after that by any
5 means you're also welcome to reach out to me as well,
6 okay.

7 Comments, questions before we go ahead and
8 jump in? Alright. In terms of a timeline, obviously we
9 are here in July and we're really focused right now on
10 the major issue, which is defining the role of the broker
11 and navigator program. As mentioned before, we are going
12 to move on to other topics as we look to round out the
13 entire structure here and those include things like the
14 funding and compensation model that we talked about,
15 considerations for the SHOP program, and then issues
16 around how we're going to recruit organizations to
17 participate in the navigator program, how we're going to
18 monitor and oversee those organizations and how we're
19 going to train and certify those individuals as well. So
20 those are all very meaty topics in and of themselves, but
21 just to give you a sense we're going to really be looking
22 to focus on those areas in each of the following meetings
23 especially once we have this launching pad of getting a
24 firm grasp of what the navigator role is going to be

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1 defined as.

2 Just very quickly, I know that we're all
3 somewhat familiar with some of the ACS parameters around
4 the navigator program. But just to spend a quick five
5 minutes just getting ourselves once again, you know,
6 acclimated with the parameters that we're sort of
7 operating in, in terms of the populations that our
8 navigator program is going to be charged with serving
9 there really are three primary groups. Individuals
10 buying via the Exchange, and that includes people who are
11 going to be buying and interacting with the Exchange
12 under a subsidy as well as those people who may choose to
13 purchase insurance through the Exchange even without the
14 subsidy.

15 Individuals qualifying for and enrolling
16 in Medicaid and other state medical assisted programs,
17 and navigators are clearly going to have a role in
18 interacting with those populations as well. And then
19 lastly, the small group market place. That would be
20 organizations with fewer than 50 employees. And then
21 certainly as we move ahead all the way up to 2016, that
22 has the potential to expand up to groups with even fewer
23 than 100 employees. So three kinds of very distinct
24 groups we just need to keep in the back of our mind as

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1 being served by the program that we're looking to put
2 together. Very quickly, in terms of even being qualified
3 to enter into the program that we're going to start
4 defining here today, you know, six main things that have
5 to happen in order to be considered as a viable
6 participant in the navigator program.

7 Again, this comes from the Affordable Care
8 Act, the first would be to demonstrate the ability to
9 reach targeted populations. We'll spend some time as we
10 talk about recruiting organizations to see, you know,
11 what those parameters are going to really look like.
12 Two, evidence of having existing relationships with these
13 particular groups or at least being able to readily
14 establish them. The capability of carrying out minimum
15 duties, we'll talk about that in just a second. We'll
16 need to come up with some licensing parameters in order
17 to get these people trained to actually go forth in the
18 marketplace. And then lastly, making sure that they
19 don't have any conflict of interest with other insurance
20 products or other financial services that might impede
21 their ability to be impartial and fair when they enter
22 the marketplace.

23 And then lastly before we get into the
24 specifics of the program, just to re-familiarize the team

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1 with the activities that brokers and navigators are going
2 to -- or rather navigators are going to need to perform.
3 The ACA really divides them up into three big categories,
4 the first being educational activities really designed to
5 raise awareness of the new offerings that are going to be
6 hitting the marketplace, distribute fair and impartial
7 information concerning QHPs, Medicaid and the premium tax
8 credits that are available, etc., and then providing this
9 information in a manner that is culturally and
10 linguistically appropriate to the populations that are
11 being served. And we'll talk a little bit more about
12 what that population looks like when we get into the
13 Thomson Reuters data.

14 Enrollment activities, we spent a good
15 deal of time at our last meeting making the distinction
16 between education and enrollment. Enrollment activities
17 here are carved out as, you know, a very distinctive type
18 of activity meaning facilitating the enrollment in a QHP
19 or Medicaid plan. And then the third part would be any
20 kind of follow up activities if individuals have
21 complaints, concerns, if they had a grievance, making
22 sure that they have the ability to be channeled to the
23 right organization to help them with that particular
24 process. That's also another requirement of the

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1 navigator program. So this is stuff that we covered last
2 time but just wanted to make sure we all level set once
3 again.

4 So with that said, we can roll our sleeves
5 up and kind of jump on into it. Last time we spent a
6 good deal of our time together talking about this kind of
7 two tiered structure to the navigator program really
8 looking to make the distinction between individuals who
9 would be going out into the marketplace and actually
10 performing that education function, which is really much
11 different than performing a role of actually enrolling
12 people in a QHP. And I think we all started to come to a
13 consensus that, you know, the skills, the training, the
14 knowledge required to actually facilitate an enrollment
15 in a somewhat complex product here is definitely
16 different than the skill set required to adequately
17 engage and educate a population. And so with that said,
18 you know, we are sort of proposing here at this point in
19 time an official split system with two tiers of
20 navigators, tier one and tier two.

21 So as it relates to tier one, this
22 navigator role would truly be an educator. So navigators
23 desiring to function in this capacity would be
24 responsible to perform all required duties under the

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1 education section, which we just went over in the duties
2 required of navigators section above. To be very clear
3 as we start to get into the weeds here, navigators in
4 this capacity will not be able to enroll individuals in
5 coverage as designed in the next slide. So we're going
6 to make a very clear distinction here that they are not
7 going to be individuals who will be able to physically
8 sit down and facilitate an enrollment in a plan. Their
9 role is truly 100 percent focused on the education
10 capacity. Instead the people who will be -- should this
11 level of service be required, meaning an enrollment
12 activity, tier one navigators would be required to guide,
13 direct or facilitate a connection with the second tier
14 navigator or a broker or agent where appropriate.

15 So again, I'm here to educate as a tier
16 one navigator if someone does require the services or
17 really does need someone to take them through that
18 process. I'm going to make sure that they get in contact
19 either the tier two navigator, which we're going to talk
20 about, or a qualified broker/agent to facilitate that
21 enrollment. Once we get through the tier two it might be
22 a convenient point here to stop and have a little
23 dialogue on that. So the distinction here is the tier
24 two navigator would actually be what we're calling an

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1 enroller. So navigators desiring to function in this
2 particular capacity would be responsible to perform all
3 required duties specified in the education section,
4 they're going to need to be able to inform people about
5 the program and the tax subsidies, etc., but they're also
6 going to be required to perform the duties in the
7 enrollment section above. Obviously that's a little bit
8 loosely defined as facilitating an enrollment, so we felt
9 the need to put something a little bit more stringent in
10 place as far as the recommendation around what that
11 actually means and that's what's in the box down here.

12 So for the sake of this proposal we're
13 defining enrollment as A, directly collecting individual
14 information required to determine eligibility for QHP
15 subsidies or Medicaid. So when we think about the kind
16 of information required that obviously gets into social
17 security number, they might need to provide some wage
18 information, tax information, so the collection of that
19 information obviously is required in order to facilitate
20 that enrollment and that would be within the purview of
21 this tier two group. And then B, entering/assisting the
22 entry or overseeing the entry of information into
23 enrollment tools and resources including the final
24 submission of information. And so this really comes out

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1 of the conversation I think we had last time around the
2 fact that this information is quite sensitive. It can be
3 quite technical and, you know, so we're sort of making
4 the distinction here that even if these individuals are
5 assisting someone to key it in or even guiding them
6 through the process we'd like to have the comfort level
7 of knowing that there was some specific knowledge, etc.,
8 that this particular group had in order to facilitate
9 that kind of transaction.

10 The last slide here just before I open it
11 up, we also wanted to make some distinctions around what
12 enrolling individuals is not. So we've kind of defined,
13 you know, in a specific sense what they're actually being
14 tasked to do but there are kind of two main categories
15 that we were looking to make sure that these tier two
16 enrolling navigators actually do not step into. That
17 would be A, providing guidance or advice regarding which
18 plan options would be best suited to an individual's
19 particular need. So that's a very sophisticated type of
20 recommendation to make around, you know, among the
21 options available what really is best suited for an
22 individual's overall situation. And then B, providing
23 guidance regarding how the plans available or for
24 selection affect or impact other insurance or financial

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1 products or services that an individual may have or may
2 be considering purchasing.

3 So I think as you go through these two
4 preclusions here what you're seeing is that we're really
5 trying to make the distinction of facilitating an
6 enrollment as opposed to providing a level of guidance or
7 sophisticated guidance around these particular types of
8 programs. So that's a whole bunch in two slides right
9 there, so why don't we take a pause and we can actually
10 open it up for some questions and comments from the
11 group.

12 MS. ANDREWS: I'll start. In the messy
13 real world that I live in it would be really nice if
14 people came in little categories and you could hand them
15 off and they would then trust the person you're handing
16 them to and hand them sensitive financial -- even find
17 sensitive financial information. I think it's going to
18 be really important to understand that whoever they've
19 trusted to get them in the door needs to be a part of
20 that process probably going forward obviously at the
21 consumer's request.

22 But there has to be an ability to be able
23 to bring that trusted person who brought them in through
24 the rest of the process to at least on some level be an

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1 advisor, they don't have to see tax information if
2 they're not, you know, bonded or whatever we need to do
3 about that. But I think this is -- there's going to be a
4 lot more overlap. I also think that there should be a
5 lot of overlap in the skill sets. I've learned a lot
6 about what brokers do just being on here, I had no idea.
7 And I also get a sense that at least for some of you, you
8 didn't necessarily know what I do during the day. And we
9 do a lot of the same things in different ways with
10 different skills in different -- to different population.

11 So I think that the training could
12 definitely overlap. I think that there's real value in
13 that too in having these two groups not necessarily see
14 each as, you know, red state/blue state, but maybe
15 everybody's purple.

16 MR. MADRAK: That's right.

17 MS. ANDREWS: And so I understand the need
18 to divide things up but I want there to be flexibility to
19 understand what people go through. The other question I
20 have is if people are going -- tier two -- I mean, half
21 the people coming in are probably going to end up in the
22 Medicaid program. Only DSS workers can enroll people
23 into Medicaid.

24 How are we going to -- are tier two

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1 navigators, do they have to be DSS workers? Do they have
2 to be able to enroll people in Medicaid?

3 MR. MADRAK: With the way that the plan
4 and the language is structured here, a tier two navigator
5 would be able to enroll people in both, through the
6 Exchange as well as a state-sponsored program like that.

7 MS. ANDREWS: They'd have to be DSS?

8 MR. MADRAK: They would have to get
9 certified, trained, whatever we come up with in terms of,
10 you know, getting the ability to actually make that type
11 of transaction.

12 MS. ANDREWS: Well that's actually --

13 COURT REPORTER: Put your microphone on
14 please.

15 MS. ANDREWS: -- there is federal law
16 around that that we're going to have to comply with.

17 MR. MADRAK: Okay. Other questions,
18 comments?

19 MR. GLICK: Yes, this is Steve Glick.

20 MR. MADRAK: Hi Steve.

21 MR. GLICK: I have -- my concern is about
22 efficiency and cost. You know, part of the system that
23 we have now with agents and other advisors outside or
24 inside. Someone goes to someone and they have a trust

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1 element and the efficiency of hopefully getting the right
2 information or that advisor gets that right information,
3 I'm concerned about the efficiency of these different
4 segments that we are going to -- some people passing off
5 different people. In some cases it could be three or
6 four people that have to be seen before that person meets
7 -- is enrolled into a particular program.

8 And underlying all of this there has to be
9 a cost to it. I mean, we know that we are going to
10 subsidize some sort of dollars toward navigators and
11 nonprofits and others so that they can produce and
12 perform their duties. But if you multiply the tiering
13 and the layers, are we really -- the concern is what will
14 the cost be if four people under four different programs
15 are working on this and we're subsidizing a program to
16 build efficiency? In the end result will there be a
17 confidence level with the consumer once they deal with
18 this?

19 MR. MADRAK: Ahum.

20 MR. FAIR: This is Matt Fair, Pierson &
21 Smith. A couple of points, one being -- you know, maybe
22 to piggyback on Steve's point in our role what we often
23 have to do is scrub the data received so we like less
24 people involved in the middle. We like to control that

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1 data, so even from companies of 60/70 employees
2 yesterday, we got their data in, it didn't match up with
3 what the insurance company had, their current company, we
4 scrubbed that out, got that on. So I agree and Ken
5 brought it up at the last -- the handoffs are the key.
6 So efficiency is one thing but just the accuracy of the
7 data with different levels, I think we've -- we're going
8 to be challenged there.

9 And then second quick point would be
10 realistically, once you've developed a trust level with
11 anyone, tier one and they've brought you in,
12 realistically even if you get to the tier two the advise
13 and recommendations happen. You know, someone is going
14 to say to someone which plan do you think is best for me?
15 So I think we can't pretend that question is not going to
16 come up. I don't know if we can address it, you know,
17 but those are my two comments.

18 MR. MADRAK: Ahum, okay.

19 MR. GUTTCHEN: Mickey --

20 CHAIRPERSON HERBERT: Go ahead Dave.

21 MR. GUTTCHEN: -- yeah, I just wanted to
22 follow-up on Ellen's comment. I did not read in that an
23 enroller would be determining Medicaid eligibility, which
24 is what the feds require. I mean, people can help and

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1 submit an application, so I think enroller is just a word
2 you use to fit in here. But that's very different than
3 determining that the person's eligible, which is what I
4 heard Ellen talk -- really referring to, which only DSS
5 workers can do.

6 So I viewed this as someone sitting down
7 with someone and helping them fill out an application but
8 then it ultimately gets submitted, whether it's to the
9 Exchange or directly to DSS --

10 MR. MADRAK: Okay.

11 MR. GUTTCHEN: -- and then that goes
12 through the normal eligibility process. But the enroller
13 is not going to decide that.

14 MR. MADRAK: Okay.

15 MR. GUTTCHEN: Nor should we, I don't
16 think, give them the authority to decide that. That's a
17 very different world that you're talking about there --

18 MR. MADRAK: Okay.

19 MR. GUTTCHEN: -- and that's not how I
20 read this.

21 MR. MADRAK: Okay.

22 MR. GUTTCHEN: I read this that someone
23 would be collecting information from someone so that they
24 could help them fill out the application and then submit

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1 it for enrollment in a program.

2 MR. MADRAK: Now the eligibility and the
3 enrollment from a technical standpoint, and I'm not the
4 best person to provide all the details here but someone
5 intertwined, meaning you start the process of entering
6 your information and the system is going to let you know
7 what you or do not kind of qualify for. So, you know,
8 making that distinction of where that tradeoff happens,
9 it's getting much closer together than it probably exists
10 right now.

11 MR. GUTTCHEN: Right, I mean I was just
12 referring to Ellen's issue about federal law and DSS.

13 MR. MADRAK: Yeah, yup.

14 MR. GUTTCHEN: I mean for instance, folks
15 in nursing homes, often times the nursing home will fill
16 out the Medicaid application for them because they're not
17 capable of doing it --

18 MR. MADRAK: Okay.

19 MR. GUTTCHEN: -- or there are not family
20 members available.

21 MR. MADRAK: Okay.

22 MR. GUTTCHEN: They will send that to DSS
23 who will then determine whether they're eligible or not.

24 MR. MADRAK: Okay.

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1 MR. GUTTCHEN: So I -- that's how I
2 envision the same process here, is that --

3 MS. ANDREWS: I just would want to make
4 sure that there's somebody that -- not everything at DSS
5 works like a well oiled machine always. I'm subject to a
6 lawsuit right now. Um, I'm hoping that there will be
7 somebody looking out for that, you know, that we can find
8 a way to add that to the list of responsibilities for
9 both tier one and tier two.

10 MR. GUTTCHEN: But I would imagine the
11 tier two person would be an advocate for that person --

12 MR. MADRAK: That's correct.

13 MR. GUTTCHEN: -- so that they could help
14 follow up with DSS so they don't just submit the
15 application and walk away.

16 MR. MADRAK: And walk away, that's right.

17 MR. GUTTCHEN: Especially if you're
18 talking about somehow, which we'll get to later,
19 reimbursing them for enrolling in programs --

20 MR. MADRAK: That's also true.

21 MR. GUTTCHEN: -- which is an interesting
22 concept, but there they have a vested interest in sort of
23 making sure that it goes through whether it's a QHP or
24 whether it's Medicaid or any other programs.

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1 MR. MADRAK: That's correct.

2 MS. ANDREWS: Yeah, that's actually an
3 issue. I'm sorry, somebody else wanted to say something
4 but when you get -- depending on how we figure out the
5 funding I don't want there to be any less incentive to
6 get someone into Medicaid if that's what they're, you
7 know, appropriate for then there is to get them into a
8 QHP.

9 MR. MADRAK: Oh, absolutely.

10 MS. ANDREWS: And we want to be just as
11 diligent about following up and evaluating and holding
12 them accountable with whatever we do in terms of
13 evaluation to make sure that that process works just as
14 well as the QHP process regardless of whether, you know,
15 they're well oiled machines at DSS as opposed to the QHP,
16 which could be a little more smooth.

17 MR. MADRAK: Okay.

18 MR. GLICK: I just want to make a point
19 about Medicaid under the ACA. We're going to be
20 increasing the allocation or the dollars. You know, it's
21 much easier now that you may take 26 percent of the
22 federal level and now you're going to raise it up to 133
23 percent. And that's going to take more people into that
24 market or eligibility to that unless the law changes. So

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1 we have a challenge where Medicaid --

2 MS. ANDREWS: And that's a good thing.

3 MR. GLICK: -- will be playing a major
4 role and we're going to be increasing Medicaid-eligible
5 people here in the State of Connecticut if we fulfill the
6 same guidelines as ACA is requiring.

7 CHAIRPERSON HERBERT: And Jason, I'm
8 curious whether we've reinvented the wheel here. This
9 notion of two separate tiers, is that done in other
10 states? I don't know, Bob -- I don't know who else might
11 be able to answer that.

12 MR. MADRAK: Yeah, actually -- I mean, in
13 some of the additional material especially what we
14 provided last time this is not something that we've come
15 up with. There are other states who are exploring; this
16 is why I think we've provided some guidance from Nevada
17 which is exploring a very similar system. And it's come
18 up in some other areas as well.

19 CHAIRPERSON HERBERT: But exploring not
20 necessarily implementing as yet.

21 MR. MADRAK: Not yet, there's other --
22 many states are in the same position as we are in terms
23 of formulating their opinions.

24 CHAIRPERSON CZARNECKI: Mark Czarnecki,

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1 I'd like to make a comment to -- I want to dovetail on
2 what Matt Fair said earlier. On your last slide here
3 it's just -- in my opinion it's kind of contradictory
4 because if you say here tier two navigators will not
5 focus on providing advice or guidance. That's just -- it
6 just makes intuitively no sense because it's like Matt
7 said, if I'm sitting down as a navigator I have to
8 picture myself as a navigator, and that person is trying
9 to figure out do I need a platinum, gold, silver or
10 bronze plan?

11 And I'm the expert, how could they not ask
12 me for my advice because if I know more than them they're
13 going to ask me. So the wording just doesn't make sense,
14 and I understand we're trying to -- there's a liability
15 issue or something, but the bottom line is a tier two
16 navigator, I get it and I understand it and I agree, but
17 you have to give these people responsibilities and there
18 has to be accountability. You know, I see in the Nevada
19 it's very well laid out and those people -- I think they
20 should be licensed because it is a big major push to get
21 all these people enrolled.

22 And if the government feels that the agent
23 community can't do it on our own or other people, we
24 really do need to beef up these tier two navigators and

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1 get them all geared up and help them. But to not give
2 advice, that would -- it just makes no sense. It's just
3 too strong because believe me people ask me every day
4 okay, I just showed you five things what should I do?

5 MR. MADRAK: Okay.

6 CHAIRPERSON CZARNECKI: That's the way our
7 clients are with us every year when we do a renewal on a
8 health plan. What should I do, you're the expert? And I
9 don't see the tier two navigator any differently.

10 MR. GUTTCHEN: Well Jason, can we make a
11 distinction between advising for instance around what
12 metal plan you need as opposed to, at least the way I
13 read this, to get at was that the navigator is not
14 sitting down and saying you know what, you should go with
15 Anthem, Anthem is the best plan.

16 MR. MADRAK: Ahum.

17 MR. GUTTCHEN: I mean if that happens,
18 then the program loses all credibility. But that's very
19 different than sitting down and saying, you know, here
20 are your options, these are what are offered -- you know,
21 and based on your subsidies, you know you're income, that
22 you'd fit in this metal plan. I don't see that as
23 inappropriate or as, you know, governed by this.

24 MR. MADRAK: Okay, but --

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1 MR. GUTTCHEN: To me the issue is that
2 they would be directing them to a particular company's
3 product that would be very inappropriate.

4 MR. MADRAK: Yeah.

5 MR. GUTTCHEN: I mean, I mentioned before
6 under our partnership for long-term care program we have
7 seven companies. We give information on all of them and
8 we are -- we go out of our way not to answer that
9 question, which they all ask, what's the best plan,
10 because to just make their job easier.

11 MR. MADRAK: Sure.

12 MR. GUTTCHEN: And so -- but if we did, we
13 wouldn't have a program. Why would the other carriers
14 participate if the state was steering people? And keep
15 in mind that these are folks that would be contracted by
16 the Exchange but really they're working for the state. I
17 mean, the Exchange is a quasi-state entity. They really
18 have to have some credibility, so I agree with you. I
19 just think it's a distinction between providing advice
20 about their plan options and what might be appropriate
21 for them based on their situation as opposed to steering
22 them to a particular product.

23 MR. MADRAK: Okay.

24 MR. GUTTCHEN: Which is your guy's job.

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1 CHAIRPERSON CZARNECKI: Yeah, let me add
2 to that comment too though because the example I want to
3 use -- I agree with you too, but the example I'll use is
4 if we're standardizing our health plans then the best
5 analogy to make is somebody that's purchasing a Medicare
6 advantage -- not a Medicare advantage but a Medicare
7 supplement policy because you can spreadsheet those. You
8 can look at plan A, B, C all the way to F and all the
9 newer plans, and a plan F is a plan F.

10 So I can literally, in this current
11 marketplace if somebody decides they want a Medicare
12 supplement, say here's the AARP one for \$216 a month,
13 here's the Anthem for \$235. So when you're standardizing
14 the plans there really isn't -- I don't think there's a
15 big issue with agents or navigators really steering
16 someone based on a bias because you're really leveling
17 the playing field with standardizing the plans. So that
18 is making it easier, just like why I think it's easier to
19 currently sell in the insurance market to the seniors
20 with the Medicare supplements and the part B plans and
21 the advantage plans because even the ones that aren't
22 identical they're really, really similar.

23 And I'm assuming other than networks and
24 things, I don't know what's going on in the Committee

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1 that's creating the health plans but my assumption is
2 that they're going to standardize them pretty much is
3 that true?

4 MR. MADRAK: Oh, there'll be a fair amount
5 of consistency. Go ahead Ellen.

6 MS. ANDREWS: A couple of thoughts. When
7 -- maybe I shouldn't -- well, I don't get paid to do it
8 so it's okay to tell people what I do. When people ask
9 me that question I usually say who's your doctor, call
10 your doctor and find out if they're in the plan because
11 they do vary actually a great deal by network.

12 And then also, we can send them like the
13 managed care report card that the Insurance Department
14 does, things like that to look at. You know, if you have
15 diabetes that might -- those indicators of quality might
16 be really important or if you have children, you know,
17 child immunization rates might be more important. We can
18 still give them information, right?

19 MR. MADRAK: Ahum.

20 MS. ANDREWS: Okay, good.

21 MR. MADRAK: Okay, so as it's written here
22 it seems the group agrees it's a little too restrictive
23 and potentially is not acknowledging the fact --
24 obviously these questions do come up and so potentially

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1 loosening it a bit and then maybe on the back end as we
2 get into conversations around training, etc., that we
3 make sure that there's enough to take us farther into
4 that, I'll use the word advice loosely, just so that the
5 tier two navigators are capable of answering some level
6 of those questions in providing guidance in that
7 category.

8 MR. CAULKINS: Jason, John Caulkins here.
9 Just to be a devil's advocate, and I know this is going
10 to sound self-serving in some ways, but we have brokers
11 involved why do we need the tier two navigators?

12 MR. MADRAK: Ahum. Well one, we have an
13 ACA, which is stipulating we need to come up with a
14 navigator program. And then two is --

15 MR. CAULKINS: Yeah, well you said up to
16 the state to define the navigator though.

17 MR. MADRAK: True, to perform those three
18 functions that we talked about which is education,
19 facilitating enrollment and the follow-up activities. I
20 think the other thing too to build on maybe what Ellen
21 was saying, as well as this we have a program here and
22 remind you that the tier two navigators have to also be
23 up to speed on all the education activities as well. The
24 thought is that there would be individuals going out here

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1 and as you go through that process that person is going
2 to say great, I'm ready to go.

3 And to Ellen's point, if that individual
4 says well I can't do that, that sort of creates an
5 awkward situation, or a lack of a handoff that I don't
6 think is going to best serve anybody entering into that
7 program. So that's why we've made this distinction so if
8 individuals to Ellen's point feel that they want to
9 provide that soup to nuts service, that they can provide
10 that, educate that individual and then take them across
11 the finish line as well.

12 MR. CAULKINS: How do you feel about it
13 Ellen?

14 MS. ANDREWS: I believe that -- in
15 consumer choices. Some are going to be -- especially
16 small businesses, are going to be much more comfortable
17 going to a broker. There are some uninsured populations
18 that aren't going to be as comfortable with that and I
19 think we have to have a diversity. As many people as
20 want to be navigators, I don't think we should say no to
21 anyone.

22 MR. CAULKINS: I guess from my perspective
23 and probably most of us around here, they'll have -- I
24 mean, we can read -- and Jason, you've done an excellent

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1 job in defining the parameters that the federal law put
2 out. But I guess I have a hard time understanding the
3 difference. And if we're going to create this
4 bureaucracy, which it is going to be another bureaucracy
5 or another layer, going back to my colleague's point over
6 here I'm wondering why we're duplicating.

7 What would be the problem with every
8 navigator having to work with a broker?

9 MR. GUTTCHEN: Well John, I think it gets
10 back to the original purpose of the navigator program,
11 this idea that if everybody has to buy insurance now that
12 there's going to be populations that the agent/broker
13 world doesn't deal with now. And I can imagine that if
14 someone goes to a low income person who never bought
15 insurance, doesn't speak English and is working with
16 someone and then you say well, you've got to go see an
17 agent/broker but that agent/broker, you can't find an
18 agent/broker that speaks that language or that can work
19 with that community.

20 And so the idea was to hand them off or
21 start with a tier two, or it could start with tier one
22 and you hand them off to a tier two person who is much
23 more in sync with the community -- I mean, I could be
24 wrong. I think the navigator program --

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1 MR. CAULKINS: I'm not disagreeing with
2 you David at all, but I'm trying to define or understand
3 from my perspective what the difference between that tier
4 two guy navigator is and, you know, broker A, B, C that
5 works for Ellen's organization if you're a navigator.

6 MR. MADRAK: At the end --

7 MR. CAULKINS: Again, I can't find one of
8 these navigators so I'm just saying.

9 MR. MADRAK: I mean, at the end of the day
10 this is really about choice and access. And if you think
11 of any market for any product there's multiple ways
12 usually to purchase it. It could be, you know, online
13 catalogue, retail -- you know, there's numerous ways to
14 get access to products and this is expanding that access
15 channel for a new market that's expanding.

16 MR. BOYLE: Phil Boyle. So actually to
17 your point -- I know you're going to get into numbers
18 later on, I put the cart before the horse, but -- you
19 know, at the end of the day how many people are we
20 talking about here? The majority of people from what
21 I've seen who are going to be affected initially are
22 going to be individuals who are going to move -- you
23 know, go out one door and come in the other door as
24 Medicaid, you know, right back in to the subsidized plan.

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1 Small employers generally speaking are
2 probably going to, to Ellen's point and John's point,
3 work with brokers. So you're talking -- you know, I'm
4 not really clear on this tier two. I don't see an army
5 out there. You know, I think at the end of the day we're
6 having a conversation about a few people who might fit in
7 between on a very low level of a navigator -- and I
8 didn't even think about earlier to Ellen's point, about
9 the Medicaid enrollment. That's going to carve out even
10 further. Because again, you know, talking about the
11 efficiencies and handing off -- I mean if you're handing
12 educator to enroller to DSS, I mean, talk about data
13 transfer of information.

14 So I think at the end of the day from what
15 I'm hearing, very few people are going to be tier two and
16 there's going to be really not a great need for that. I
17 don't know if I'm missing that point?

18 MR. MADRAK: No, I think it's actually a
19 little precursor to one of the conversations we'll end up
20 having when we talk about the way we're going to recruit
21 navigators to the program. And, you know, by having a
22 two tier system here there's going to be certain groups,
23 I think to your point, that are going to want to go out
24 and make sure their communities and populations are

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1 educated and know exactly what this is but they may not
2 have a desire to go out there and take the training, take
3 the certification, take people through, you know, the
4 process of something -- a plan.

5 They want to do good by, you know, their
6 community and go out and actually perform that education
7 function. And there may very well be less, you know,
8 interest in performing that second tier function. But if
9 they do we have a program in place that's going to be --
10 enable to ensure that that group is extremely educated
11 and able to perform that if they want to. So there's
12 some self-selection that's going to happen here and I
13 think that's potentially one of the advantages of a two
14 tier system to allow people to select where they're able
15 to make the most impact for their organization, by their
16 charter, their community, whatever it might be, as
17 opposed to one program which is in or out which might not
18 necessarily produce the best result because you wouldn't
19 be able to pick what part of the equation you want to
20 work most on.

21 MR. CAULKINS: You know just -- not to
22 belabor it but what it's really going to come down to is
23 the compensation.

24 MR. MADRAK: Ahum.

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1 MR. CAULKINS: And if you can't make a
2 living on it you're not going to have anybody -- you
3 know, you're not going to have anybody that wants to do
4 the job.

5 MR. MADRAK: Yup. Well, and I think that
6 when we get into the funding part which hopefully is a
7 little bit provocative, a lot of what you see here to
8 Mickey's earlier point, you know, really is built on what
9 other states are currently either thinking about or
10 putting forward at this point in time. We did try to
11 come up with a few ideas, which maybe are a little
12 forward thinking or forward leaning that might not be in
13 other states.

14 And I think we have that in the funding
15 conversation, which we'll tee up at the end because
16 really it does, it builds on the very point that you're
17 making. People are going to have to make that
18 calculation and select, you know, where they want to put
19 their chips so to speak.

20 MR. GUTTCHEN: But John, I guess the way I
21 envisioned it is you might have a community organization
22 and they come to the Exchange and say we want \$50,000
23 because we want to be able to hire someone full-time or
24 part-time that can help -- can be a tier two person and

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1 work with our community on that.

2 And I don't really see there'd be a lot of
3 duplication with the world that you guys are working
4 with, and so I don't think we're talking about a lot of
5 money and I don't think it's an issue of -- you know, and
6 we wouldn't be giving to individuals anyway I don't
7 think. So -- at least the way this is formulated. So it
8 wouldn't be someone deciding you know what, I'm going to
9 make a living as a navigator. It's more that an
10 organization says we really want to help our community,
11 we've identified a real need and we want to leverage some
12 resources from the Exchange to help us reach those folks,
13 whether it's tier one or tier two.

14 But I think in many of those cases tier
15 one is not going to be enough and handing them off to
16 another entity, you know an agent or a broker and it's
17 not clear how you would do that, whether you'd have a
18 list of folks or -- you know, that it would be much
19 easier for them to just stay within that organization,
20 so.

21 MR. CAULKINS: What would be wrong with a
22 navigator who's contracted with an agent? As part of
23 their organization they have an agent who's contracted?

24 ABC organization, I'll use your example,

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1 has a group of navigators who are being compensated for
2 this and as part of their organization, whether it's the
3 -- you know, the Lobstermen Association of Connecticut
4 has a contracted agent who's there to file the paperwork
5 and follow up on the financial details that an agent
6 would be responsible for and be licensed for.

7 MR. MADRAK: I think what you'll see is
8 when we do get into the -- it doesn't go so far as to put
9 in place a formal contractual relationship, but it does
10 offer a system to hopefully facilitate a transfer much
11 like what you're talking about. It might be -- you know,
12 we can debate whether it's hard enough or soft enough but
13 we did try to acknowledge that that will likely be a
14 relationship or a handoff that could take place.

15 MR. GLICK: I just want to make a point,
16 that I think the greatest challenge of all which will
17 generate the most activity is the availability of
18 subsidy, what a person's going to get from having access
19 to health care which takes a little different trend from
20 the agent's responsibility but yet agents can be educated
21 on that.

22 But I think the work on meeting Medicaid
23 requirements, because we are going to increase our
24 Medicaid in the state or being subsidized by the federal

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1 government for four or five years and then we're going to
2 hand off, that's where the greatest interest will be.
3 That's how people who are uninsured will get coverage.
4 And I think this is the biggest challenge of all because
5 it's going to not necessarily be the quality of the
6 product because those products are being established,
7 it's what is my subsidy the average person is going to
8 look for.

9 MR. MADRAK: Yup, I'd agree.

10 MR. FAIR: The other point I wanted to
11 make -- well first of all, I want to make a point if the
12 lobstermen hire a broker, I'm voting that, I'm in. But
13 anyhow -- I'm right there.

14 But the other thing is, going back to
15 something that Bob Carey had said at the last meeting
16 was, you know, the navigator system up in Massachusetts
17 is already winding down. You know, there was a short
18 time period so we're talking about, especially with these
19 tier two, a small group of people, a limited amount of
20 time. So -- you know, I don't think -- I don't know,
21 maybe I'm missing something but I'm not seeing a big army
22 here of people that we're going to be concerned about in
23 the long run.

24 CHAIRPERSON HERBERT: You know, it's like

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1 we're designing a unicorn, maybe two unicorns, and we've
2 already got thoroughbreds with the brokers and agents and
3 we're trying to figure out what the heck these unicorns
4 are going to do which is great, but nobody's ever seen
5 one.

6 MR. MADRAK: That's right. I think we
7 came up with our official seal for our navigator program
8 right there Mickey, so thank you. As the marketing guy,
9 thank you.

10 Alright, so actually I think -- you know,
11 to take away from here because I think we'll clear up
12 some of these issues as we continue to go deeper into the
13 recommendations but certainly as a takeaway for the
14 Exchange staff, you know, this idea of having too tight a
15 set of parameters around the guidance and recommending
16 portion of the parameters, we'll play with that and come
17 back to you with something that maybe is a bit more --
18 acknowledging some of the real world conditions that are
19 actually going to take place.

20 We've talked about this just as a third
21 parameter, all navigators will be responsible for
22 maintaining those follow-up duties like we talked about.
23 And then lastly point number four, a navigator
24 organization certainly can perform both tier one and tier

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1 two functions. So you can --

2 MR. CAULKINS: Jason again, this is
3 something that I kind of got into with, was it KPM or
4 whatever the initials were --

5 MR. MADRAK: KPMG?

6 MR. CAULKINS: -- whatever it was. I
7 think that there's a lot of emphasis on the role or use
8 of state agencies to resolve grievances. And I don't
9 think there's enough at all appreciation of the efforts
10 that the agents are performing now. And I don't mean to
11 make light of it, but the -- we're probably doing 10
12 times the work that the Ombudsman's office does when you
13 total up the private, what our collective agents do.

14 MR. MADRAK: Ahum.

15 MR. CAULKINS: And I think that that --
16 you know, we continually are looking at this and my fear
17 is that we're going to -- you know, the next step is
18 where we've got to build up this organization because,
19 you know, they're going to be getting these millions of
20 phone calls and I think that there's a private approach
21 that has worked -- has done a significant amount of labor
22 that's not appreciated at this point.

23 MR. MADRAK: Okay.

24 MR. CAULKINS: I know there's some very

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1 large agencies around this table, mine happens to be a
2 smaller agency. But my smaller agency, you know,
3 probably deals in thousands of phone calls a year easily
4 that we're solving what you call these issues here
5 whether it's billing or whether it's claims, whether it's
6 -- you know, I lost my -- you know, the dog ate my I.D.
7 card.

8 I mean -- and to build up the -- you know,
9 to try create a demand for more state actions or
10 government actions, I think, is not necessary.

11 MR. MADRAK: Okay. I mean I think that --
12 just to build on that, I don't think the role of this
13 particular area is to say that, you know, those
14 activities that are currently being performed somehow
15 need to migrate over to this group. It's simply saying
16 that for people who are choosing to participate in this
17 program, they will also have to make sure that they're
18 performing that similar function.

19 So I don't think it's a demand shift or a
20 supply shift, I think it's just saying -- you know, if
21 you're going to participate you also need to make sure
22 that you do this. It's not just this program and then
23 hands off. Okay, again in terms of this particular
24 program -- you know, this is per the ACA mandates that we

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1 went over before, brokers will not be able to function
2 specifically as navigators unless they're willing to
3 forego commissions. You can't be directly compensated
4 from a carrier and perform navigator functions, that's
5 just within the ACA.

6 Should brokers wish to enroll individuals
7 via the Exchange, they'll be required to take specific
8 Exchange training in order to just be certified to go
9 ahead and proceed there. We're envisioning this as being
10 a separate training, so not to go too far into an
11 additional topic but this wouldn't be the same training
12 that, you know, a tier one or tier two navigator would go
13 through. Obviously there's a huge amount of expertise in
14 the broker community and so to take them through, you
15 know, Insurance 101 would be wildly inappropriate. So
16 this would be a separate training to become certified for
17 the navigator -- I mean for the enrollment -- or the
18 ability to enroll people through the Exchange.

19 Brokers will not be required to provide
20 Medicare eligibility or enrollment assistance but will be
21 required to refer such individuals to qualify tier one or
22 tier two navigators. So entering in the communities if
23 you're finding individuals or interacting with
24 individuals who are looking to enroll in Medicaid,

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1 brokers would not be obligated to enroll individuals but
2 rather set them up with someone who could actually
3 facilitate that type of enrollment. Okay questions,
4 comments on those remaining slides? We're going to kind
5 of toggle and transition over to the SHOP program in a
6 minute, okay.

7 As I just mentioned, you know training,
8 we're not going to be prescriptive here in terms of what
9 would be -- actually in the training. But obviously
10 coming out of a system like this there's, you know, three
11 training certification programs that would be required.
12 One for the tier one educator navigators, they would have
13 their own distinct training needs. The tier two, they
14 would obviously need to have that program plus some
15 training to actually facilitate that enrollment as we
16 just discussed. And then a broker/agent specific
17 training if those individuals wanted to enroll members
18 through the Exchange.

19 MS. ANDREWS: I don't know if you want to
20 call it training but I believe in Massachusetts they also
21 had some sort of functions, educational forums or
22 something for people like me who don't want to become an
23 navigator but I'm going to be talking to a lot of people
24 about this.

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1 MR. MADRAK: Okay.

2 MS. ANDREWS: And there has to -- we want
3 some quality control on the me's of the world too. And
4 so if there's a way to think about, maybe that's an on-
5 line -- you know, I don't know how we do that --

6 MR. MADRAK: Yeah.

7 MS. ANDREWS: -- but I think you should
8 have a fourth category for just interested people who
9 want to help.

10 MR. MADRAK: Excellent point, yeah, just
11 an overall education on the Exchange but not necessarily
12 within the guise of becoming a navigator. Yup, no,
13 absolutely agree.

14 MR. GLICK: Yes, I have a question on
15 training.

16 MR. MADRAK: Yeah.

17 MR. GLICK: The coordination of work
18 between the State Insurance Department training and the
19 Exchange creating its training, or is it just a separate
20 entity since the navigator is not an insurance agent so
21 it doesn't do that? Just because the training has always
22 been a major part of the State Insurance Department's
23 responsibility, so are you going to now create a training
24 department, build the certification and all this other

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1 stuff?

2 MR. MADRAK: Yeah, so as of today we have
3 not, you know, started to lay the foundation for a
4 training program. So I don't have a specific answer
5 regarding, you know, where that training responsibility
6 would lie. Would it be a separate organization within
7 the Department of Insurance -- I can say, you know,
8 honestly that we would certainly reach out to the
9 Department of Insurance given the fact that they have
10 years of experience in terms of training people on
11 insurance, insurance sales, recommendations, etc.

12 So I would imagine there would be a
13 partnership, but in terms of the mechanics of who's
14 administering, I don't have a recommendation on that now.
15 But certainly we would be looking for this group to, you
16 know, to help to steer that. It's a great question.

17 MR. GUTTCHEN: But Steve, I think as we
18 talked about at the last meeting -- Tony, you can correct
19 me if I'm wrong, the Insurance Department doesn't do
20 actual training. They have requirements for training and
21 for ongoing CU requirements that are done by vendors that
22 get approved through -- it's Prometric, that is the
23 vendor for the Insurance Department.

24 So a similar model could be put in place

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1 where the Exchange develops the curriculum and then
2 venders could come forward and offer courses whether a
3 classroom, on-line, whatever the Exchange feels is
4 appropriate. But I don't think it would be necessarily
5 within the Insurance Department itself, it would be a
6 requirement of the Exchange and you could use that same
7 training model, so.

8 MR. LALIME: I just -- to follow up on
9 what Ellen had said, I think I'd mentioned last time I
10 think physicians in their practices, the thousands of
11 employees and etc., get this question every day. And if
12 we either have some type of a -- I don't know if it's a
13 formal education program but you can see where all
14 practices throughout the state will be referring, be
15 answering questions. They don't want to not answer a
16 question yet somebody at the front desk that asks, you
17 feel almost compelled to give them an answer that will
18 help them to the next step.

19 So whether that's regional that we do find
20 whatever the right -- is it a brokers, whether it's the
21 navigators that we can refer regionally to, to help with
22 that step so that we're not -- so that physicians don't
23 find themselves making inappropriate ones because the
24 next side of this is somewhere in here there's going to

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1 be penalties for doing the wrong things. You can just
2 see that coming. You know, somebody starting to refer to
3 whatever is going to get sanctioned. I don't know how
4 all those sanctions will roll out but you can just feel
5 them. They're sitting on the next step, so.

6 MR. MADRAK: It's on the next slide
7 actually -- I'm just kidding you.

8 MS. ANDREWS: But -- and I know there are
9 other states that are struggling with exactly this too.
10 We don't have to do this from whole cloth. There are
11 other states developing navigator curriculums so we don't
12 have to come up with this --

13 MR. MADRAK: That's right.

14 MS. ANDREWS: -- all by ourselves.

15 MR. MADRAK: That's right. Okay so kind of
16 pivoting just a tad here, we put some language in around
17 the SHOP program specifically really as an acknowledgment
18 that this is a slightly more kind of technical
19 marketplace if you will. So, you know, the mechanics and
20 decisions and information required to go ahead and enroll
21 small group is decidedly different than what might be
22 required for individual.

23 And so with that said, we're actually
24 proposing what we'll -- I guess we'll call it third tier

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1 of navigator. But that would be somebody specific just
2 to SHOP, so a SHOP navigator if you will. Again, brokers
3 would not be able to function as a SHOP navigator, again,
4 unless they were willing to forego a commission for the
5 sale per the ACA guidelines. So really, this is just
6 putting forward a recommendation for a third tier which
7 would focus specifically just on the SHOP marketplace.

8 If individuals really were interested they
9 could certainly function as navigators on the individual
10 side and the SHOP side but I think, you know, probably to
11 build on some of Phil's comments I think you're going to
12 see groups select the markets that they would best be
13 able to participate in. There certainly could be overlap
14 but it seems likely that -- you know, there would be some
15 expertise, etc., regarding the individual marketplace
16 versus the small group marketplace. So before we kind of
17 go into anymore detail there, any reaction to that
18 particular proposal?

19 MR. GLICK: I guess to speak for John,
20 this is where I would see the duplication. I wouldn't
21 envision the small business world so much needing the
22 navigator program. I mean, that's really your guy's
23 purview and there's certainly maybe businesses out there
24 that don't have coverage and need discussions about it,

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1 but that's a perfect role for an agent/broker.

2 And you don't necessarily need -- that
3 need for a navigator of reaching those hard to reach
4 individuals I don't think is as appropriate. So at least
5 my opinion, it seems to add a complicated layer and will
6 directly compete or have duplication with agent/broker
7 world, which I don't see on the individual side.

8 MR. GUTTCHEN: I agree.

9 CHAIRPERSON HERBERT: You agree, but does
10 the Act require that this type of individual --

11 MR. MADRAK: No, so if we chose to do so
12 you could have a navigator program that was simply, you
13 know, open to any -- it could be a small group or an
14 individual. Again, we could forward a proposal here for
15 reaction to carve out a separate category. I think we've
16 seen in some of the research from other states that -- I
17 think it was produced last time, you know, groups like
18 Chambers of Commerce and other organizations are already
19 sort of somewhat active in providing guidance, etc., on
20 small business insurance products.

21 And certainly they -- that's an example of
22 an organization that might be very interested in
23 performing this type of function and quite honestly maybe
24 would do quite well. So we just -- I just put that out

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1 there for you.

2 MR. COUNIHAN: Mickey, part of the logic
3 behind some of this I think is that there are some
4 segments of the small group market that are not
5 necessarily traditionally attractive to segments for
6 brokers. So this could be like a two life group, a three
7 life group, a sub shop, a nail firm, and the idea is if
8 there may be some distinct discrete support that may be
9 helpful to firms of that sort.

10 So I'm not saying that they can't be well
11 served by the broker community because I absolutely
12 believe that they can, but some of the logic of that has
13 been that those types of firms have not necessarily
14 always been attractive to the broker community.

15 MR. GLICK: I just want to make a
16 statement being involved with Chambers of Commerce and
17 things, obviously a lot of small businesses look to the
18 Chambers of Commerce for guidance. But on the other hand
19 I don't think there's a need for a duplication of a SHOP
20 navigator because most of these businesses -- when the
21 Exchange comes into play these people are going to go to
22 the Exchange potentially and there won't be any guidance
23 from the employer, only if the income levels of a
24 particular business are of such a magnitude where they

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1 don't have to worry about subsidies and everything else.

2 But the types of descriptions you've made
3 are businesses that probably have low income people who
4 will go for -- to direct individual-type of person for
5 guidance and then be subsidized by the program.

6 MR. MADRAK: Okay.

7 MR. GUTTCHEN: But Jason, there's not --
8 the way I read this there's nothing that would preclude
9 if we had a tier two individual navigator, of talking to
10 a small business. So could it be that there's a portion
11 of that training that addresses some of those issues as
12 opposed to having a totally separate, you know, entity?

13 MR. MADRAK: That's actually exactly what
14 we're looking to kind of carve out here. So by having a
15 separate program it really is a separate training if you
16 will, to make sure that -- you know, individuals, if they
17 do want to be able to work in the small business
18 community receive the right training and then get
19 certified there.

20 We felt, you know, rather than having one
21 program that was focused on both business and individual
22 you're probably going to have groups that will have
23 almost no interaction with the small business community.
24 They might be solely focused really on individuals based

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1 on the type of organization they are. You know, to bring
2 them through the small business portion of the training,
3 you know, may or may not add value. If we had one
4 program they would have to because they would need to
5 have that information to carve it out here. It allows,
6 you know, us to have those sort of segmented programs and
7 have people self-select into where they'd ultimately like
8 to play.

9 So it's kind of a mixed feeling here in
10 the room in terms of, you know, is it necessary? Are we
11 kind of making a distinction that really doesn't need to
12 be made? Is it offering up, you know, competition? Is
13 there any consensus or --

14 MR. GLICK: Can our Chairman have a vote?

15 MR. MADRAK: We could.

16 CHAIRPERSON HERBERT: Sure, we could take
17 a straw vote if you'd like. I'm not sure if people's
18 minds are congealed enough even to do that, but let's try
19 it anyway. If you support the notion of a separate SHOP
20 navigator as opposed to what we discussed earlier, just
21 raise your hand. Let's see --

22 MR. LALIME: A point of discussion on it
23 though. I mean, as long -- is a small business that
24 doesn't necessarily feel comfortable going to the broker

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1 market going to have a place to go?

2 So -- I mean, I don't know I don't know if
3 it's black and white that you can say okay, you can't.
4 But there's got to be a mechanism for that entity to find
5 resources. So if the system is going to provide that
6 resource, whether it be tier one, two and a half or
7 whatever it is, then I would find that vote to be easier
8 to entertain.

9 MR. MADRAK: So I think the way that we'd
10 phrase is it, you know, if there's only basically one
11 group of navigators they would serve any and all
12 populations, you know, regardless of whether you're a
13 small business owner or an individual. Or we have this,
14 you know, SHOP navigator carved out which really
15 exclusively serves small business.

16 So I guess the question is, do we agree
17 that we have a, you know, a one size fits all navigator
18 program so to speak or do we feel the need to carve out,
19 you know, a SHOP-specific program. So the vote would be
20 do we need a SHOP-specific program or just lump it into
21 one program?

22 CHAIRPERSON HERBERT: Okay. How many of
23 you think we need a SHOP-specific navigator program?

24 MS. ANDREWS: Can I ask, does that mean

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1 you just -- you have to chose --

2 COURT REPORTER: Can you turn on your
3 microphone please?

4 MS. ANDREWS: -- do you have to chose
5 whether you're going to be a SHOP-specific or an
6 individual or can you do both, it's an add on or --

7 MR. MADRAK: You can do both --

8 MS. ANDREWS: Okay.

9 MR. MADRAK: -- so there's nothing
10 precluding you from doing both, but you would need to
11 take basically both trainings at that point as opposed to
12 if we go with one system it would be one training that
13 would take care of everything.

14 CHAIRPERSON HERBERT: So, you know, my
15 guess is that there's a consensus here that one -- that
16 we don't need a SHOP-specific navigator.

17 MR. MADRAK: Yeah.

18 CHAIRPERSON HERBERT: Are there folks in
19 the room who don't believe we don't necessarily need a
20 SHOP-specific navigator as David suggested? Hands or
21 vote -- yeah, I think most people feel that way.

22 MR. MADRAK: Yeah, okay.

23 CHAIRPERSON HERBERT: But don't use the
24 term one size fits all because the Republicans like that

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1 for a different reason -- or they don't like that for a
2 different reason.

3 MR. MADRAK: Alright excellent, thank you.
4 Alright so with that said, we will move through the
5 remaining SHOP-specific navigator slides and actually
6 move on to some of the preliminary thoughts that we put
7 out there regarding compensation and funding.

8 So, you know, based on this two tiered
9 program that we're talking about, you know, we're also
10 going to propose a two tiered funding system if you will.
11 And this is a little bit different than, you know, some
12 of the things that you've seen in other states. So
13 we're, you know, maybe being a little creative here. In
14 terms of tier funding, for individual navigators which in
15 the new world we're talking about here it would just be
16 navigators in general, tier one navigators. They'd be
17 supported with an up front grant award issued prior to
18 the onset of any agreed upon activities to support
19 outreach and education efforts.

20 Again, remember tier one navigators are
21 just out to educate the population, get people aware of
22 the Exchange, etc., and these individuals would be given
23 grants in the more traditional sense of the word. They'd
24 be given, you know, money to go ahead and fund those

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1 particular activities. If individuals wanted to add on
2 and then become tier two navigators, which would allow
3 them to begin to actually enroll people, we would fund
4 them in a different way. These navigators would actually
5 receive enrollment reimbursement grants. These would be
6 issued quarterly and they would be exclusively based on
7 per enrollee volume driven by that entity. The amount of
8 these per enrollee grant awards, we'd obviously want to
9 put some research behind this. But just by way of
10 background, in the California proposal out there right
11 now there's a similar plan in place and they're debating
12 ranges for these types of awards anywhere between \$29 and
13 \$87 per enrollee.

14 So the thought here again is if you as an
15 organization think that you are going to be able to
16 impact your community and you want to get out there and
17 really make sure that you're not just educating people
18 but facilitating enrollment, you know, tier two funding
19 would actually be available to you and it would be
20 granted to you based on the number of people that you're
21 actually enrolling in plans. So it's a little bit more
22 directly correlated compensation and certainly provides
23 incentives in a different way than the traditional giving
24 of a grant for activity. So there's obviously some rich

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1 room for a debate there. Again, California is
2 entertaining a similar proposal. We actually put it out
3 here because there's some interesting things and
4 interesting dynamics that are in play here. Not just in
5 terms of the compensation model but also, you know, what
6 it offers to the marketplace in terms of incentives for
7 organizations to step forward and want to participate
8 either in a tier one or a tier two capacity.

9 So it introduces some interesting economic
10 incentives in a marketplace forces. So I'll pause there.

11 MR. GUTTCHEN: Jason what is enrollment,
12 in a qualified health plan or back to Ellen's point, you
13 know, not creating an incentive to go one way or the
14 other?

15 MR. MADRAK: Yup.

16 MR. GUTTCHEN: And my other comment is
17 that for some of these community-based organizations,
18 they won't be able to bring somebody onboard unless
19 they've got money.

20 MR. MADRAK: Ahum.

21 MR. GUTTCHEN: So they may be able to get
22 money through the tier one but to talk about an enroller
23 --

24 MR. MADRAK: Yeah.

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1 MR. GUTTCHEN: -- if it's based on them
2 getting reimbursement, especially if it's only
3 reimbursement for a qualified health plan, then there
4 might not be many takers for it.

5 MR. MADRAK: Okay.

6 MR. GUTTCHEN: It just won't have the
7 capacity to do it, so.

8 MR. MADRAK: So if it was -- I mean, the
9 goal here would be to provide this for any enrollment.
10 So -- in a plan whether it's a Medicaid plan or whether
11 it would be a QHP plan. So to your point, it would
12 reduce any sort of, you know, lack of incentive for
13 certain types of populations.

14 We'd want to incentivize enrollment period
15 and if we -- you could also reorchestrate the program to
16 offer that funding up front and conduct some sort of
17 audit or maybe it's seed money and then there's
18 additional funding based on the actual enrollment tally,
19 you could structure it that way because that's a valid
20 point that you might need that money to get going, not
21 wait for three months and then receive the funding on the
22 back end.

23 MR. GUTTCHEN: Well just -- it's more to
24 the -- at least my perception, of who the organizations

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1 are --

2 MR. MADRAK: Yeah.

3 MR. GUTTCHEN: -- that might want to
4 participate.

5 MR. MADRAK: Okay.

6 MR. GUTTCHEN: And I'm not envisioning a
7 large company that has the resources to absorb somebody
8 --

9 MR. MADRAK: Sure.

10 MR. GUTTCHEN: -- and wait for
11 reimbursement, so.

12 MR. MADRAK: Yup, okay.

13 MR. GLICK: Have you forecasted a budget,
14 a potential cost analysis of what grants would be
15 awarded, how much grants in a year and how many payments?
16 I'm curious to know if that's available.

17 MR. MADRAK: No, that's definitely a next
18 step. Obviously we have forecasts in terms of membership
19 that we're looking to enroll. In terms of how that
20 breaks down by navigator versus, you know, direct
21 enrollment through -- by individuals, you know, we would
22 have those types of projections and then need to put them
23 against these dollar amounts.

24 But it's an excellent comment because it's

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1 definitely something that would need to be done. I guess
2 in terms of there'd need to be additional research before
3 we start throwing numbers out, we would want to make sure
4 we had the financial ramifications.

5 MR. GLICK: In a very difficult
6 marketplace, financial marketplace for states especially.

7 MR. MADRAK: Correct.

8 MR. GLICK: You need to have some kind of
9 a forecast and we need to be very predictable of what
10 these are.

11 MR. MADRAK: Correct.

12 MR. GLICK: We can't go over budget.

13 MR. MADRAK: No, absolutely. And again,
14 these types of fundings here, you know, are set up in the
15 sense that obviously we want people to be informed and
16 educated. But this offers us a nice way to make sure
17 that we're tying some of these grant awards directly
18 with, you know, individuals coming to the program which
19 is, you know, financially required.

20 MR. LALIME: Question. In the tier two
21 enroller, if you get through the enrollment process and
22 the enroller determines that this patient -- not patient,
23 this consumer -- sorry about that, this consumer is
24 really more appropriate to be, you know, referred to the

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1 Medicaid program and enrolled by an employee of the state

2 --

3 MR. MADRAK: Okay.

4 MR. LALIME: -- does that then not provide
5 some type of funding? Is that not enrollment or is that

6 --

7 MR. MADRAK: Meaning if you have a
8 conversation and get someone very close but ultimately
9 they decide to leave and go somewhere else?

10 MR. LALIME: -- and they say well this
11 person is appropriately going to be -- the Medicaid
12 system is the right place to be --

13 MR. MADRAK: Yeah.

14 MR. LALIME: -- you haven't fulfilled the
15 full enrollment process but you've take it, you know,
16 two-thirds of the way there and then you're handing it
17 off, is there some type of compensation for that?

18 MR. MADRAK: I mean, that's going to be
19 difficult behavior to track. I think that type of
20 phenomenon certainly exists today even in the broker
21 market. You might sit down with someone and then they
22 ultimately might say thank you and go, you know, enroll
23 through a different channel.

24 You know, you'd certainly hope that

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1 doesn't happen but that might be very difficult type of
2 behavior to police. But it's something to think about as
3 we think about how we're going to track and administer a
4 program like this because that phenomenon does exist.

5 MR. LALIME: Because you don't want an
6 incentive to not do that.

7 MR. MADRAK: That's right.

8 MR. LALIME: I mean, it's an appropriate
9 thing to do if the consumer is appropriately geared
10 towards the Medicaid program.

11 MR. MADRAK: Exactly.

12 MR. GUTTCHEN: But as we talked about
13 before, only DSS is going to be able to actually
14 determine eligibility. So your tier two enroller can
15 help them with the application but then it's out of their
16 hands. So do you pay them by application? I mean, you
17 can't pay them by DSS's final --

18 MR. MADRAK: Approved number.

19 MR. GUTTCHEN: -- decision I would think,
20 so it gets tricky.

21 MS. ANDREWS: Why not? If you get
22 somebody productively engaged in coverage, whether it's
23 Medicaid or a QHP, there shouldn't be any reason that
24 anybody hands somebody off for us to start volunteering

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1 or something once they figure out they're below -- you
2 know, they're 100 percent of the poverty level because
3 that's, you know, 120 -- 114,000 people who are going to
4 be coming in to Medicaid. And in Massachusetts that was
5 a huge part of what they did and there was a lot of
6 overlap.

7 I don't see why we couldn't pay people and
8 then we get to get a Medicaid match on that time that
9 they've helped -- we could potentially get a Medicaid
10 match. I don't think -- and I actually would argue that
11 maybe we want to have different -- this is going in a --
12 okay, I may not want to go there, but that if somebody
13 speaks Spanish it's going to cost a little more and take
14 a little more time and you're going to have to have a
15 translator to help them with it, you should be reimbursed
16 at a higher level. Getting someone into Medicaid is not
17 always cake. We might actually want to pay a little more
18 for getting somebody into Medicaid than getting them into
19 a health plan.

20 You know, maybe we need to do time studies
21 and figure out what -- how resources should be allocated.

22 MR. MADRAK: Okay. So just in terms of
23 general interest maybe it's in a straw poll, are folks
24 interested in this type of system or are folks feeling

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1 that this is potentially, you know, not the way to go, it
2 should be just traditional grants and, you know, move
3 forward in that capacity? I guess a quick show of hands
4 would be -- you know, is there a level of interest in
5 this per -- I'll say per enrollee. We'll define that
6 later but is there an interest in this sort of per
7 enrollee type of grant or funding? Show of hands -- a
8 couple folks, split decision? Okay. Okay.

9 CHAIRPERSON CZARNECKI: Can I make a
10 comment on that?

11 MR. MADRAK: Yes.

12 CHAIRPERSON CZARNECKI: I'll just share
13 how the individual health insurance market works for
14 anyone that doesn't know. If I enroll an individual in
15 Connecticut in say a ConnectiCare or a Anthem Blue Cross
16 or Blue Shield individual plan, my monthly commission as
17 an agent is somewhere around \$20 a month. So it's not a
18 lot of money times 12 when I look at all the work it
19 takes to get them enrolled and then answer questions and
20 then go on and call them every year when the rate goes up
21 and deal with all the issues.

22 But you contrast that to somebody that's
23 just going to get paid once no matter where they are in
24 that range, it says earlier that follow-up is required.

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1 So if you're taking a tier two navigator and telling them
2 to follow up, if they enroll somebody they're on to the
3 next deal. So I really don't think -- if we have to do
4 grants and pay organizations to go out there and educate
5 people, I believe in paying the grants but I almost feel
6 like the people that work for those organizations have to
7 get paid more, like an hourly or a salary fee because it
8 just -- it's kind of like -- I just don't think it makes
9 sense, the business model doesn't make sense.

10 Plus, you take a person that's a navigator
11 getting paid in that range and the pressure to go out and
12 sign up how many people in a day, it goes back to that
13 point I made earlier about they're going to have pressure
14 to sign up a bunch of people. They're going to have time
15 pressure. So I honestly just don't think it works, if we
16 have to do navigators it really has to be that
17 traditional grant thing with like David said. You put a
18 dollar value on the project they're going to accomplish.
19 You know, I get the tier one part but the tier two is so
20 muddy and that's why everyone's just confused with it.

21 MR. GUTTCHEN: Yeah, I mean I think
22 there's the practical issue about the capacity without
23 the upfront funding --

24 MR. MADRAK: Yeah.

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1 MR. GUTTCHEN: -- but it's also
2 philosophically what you're doing when you -- you're
3 basically giving them a commission, you're sort of making
4 them salespeople and I guess my perception is that the
5 organizations that want to be navigators have incentive
6 enough to enroll people into health coverage. They don't
7 need an incentive of \$29 per enrollee and it just seems
8 like it changes the whole nature of it.

9 And you create a different dynamic for
10 those people because now the Executive Director of that
11 organization is saying, you know, we're not enrolling
12 enough people. We're not getting enough money, I can't
13 pay you any more especially if you're tying it to
14 Medicaid eligibility which could take months before
15 that's determined. So -- I mean personally, I'd feel
16 more comfortable that it's an upfront grant specifically,
17 you know, either for tier one or tier two or for both.
18 But that we don't tie it to what really ends up being a
19 sale if you will and that's how people are going to end
20 up perceiving it, so.

21 MR. CAPORALE: I have a comment in this
22 regard, Tony Caporale here. My concern is mostly the
23 kind of -- the opposite concern that has been expressed
24 by Mark. And if we just give a grant are we really

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1 taking away incentive for these navigators to go there
2 and do the best that they can and help the most people
3 that they can because in effect what the people are going
4 to say is hey, you know, I don't care if I see one person
5 of if I see 10 people or if I see none at all. I'm still
6 going to have that money coming at the end of the month
7 or at the end of the quarter or whatever timeframe we see
8 appropriate for it.

9 And so in my opinion, it does make sense
10 to have a mixed or hybrid type of compensation that can
11 take care of both concerns. On one hand give the
12 opportunity to people to go out there and enroll or help
13 as many people as possible, and on the other hand they
14 have something that they can rely on so they are not tied
15 completely to a commission structure kind of system.

16 MS. ANDREWS: Yeah, I was going suggest
17 something like that with maybe a whip hold, a grant but a
18 whip hold and it's based on not just that but also other
19 quality control issues that we want to make sure that,
20 you know, you're getting people appropriately into the
21 right place and that you're giving them good information
22 and that you're not steering them.

23 And there can be other things within that
24 grant that can be written in that are based on, you know,

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1 the kinds of things that we want to incentivize.

2 MR. GUTTCHEN: I mean, I was working on
3 the assumption that this would be like a grant that if
4 you got it from a foundation you have certain benchmarks,
5 you have reports every quarter. I mean, there's
6 accountability. We're not just going to give somebody
7 \$50,000 and say we don't really care what you do with it
8 or if you don't enroll anybody. So I mean, that's a
9 discussion about what those benchmarks might be --

10 MR. MADRAK: That's right.

11 MR. GUTTCHEN: -- and it may be different
12 based on each grant. So I'm not totally opposed to what
13 Tony suggested, I just -- I don't think it will work if
14 they don't at least have some upfront funding, so.

15 MR. MADRAK: Okay. Okay just to round out
16 this slide, you know, we were not envisioning there being
17 any grant activity tied to renewal of individuals in
18 plans. So, you know, this is meant to provide education
19 and enrollment first time around as individuals go
20 through the enrollment phase or desire to change plans,
21 etc.

22 The original way that this is structured
23 here, there was no, you know, additional \$29 for every
24 enrollment or anything of that nature.

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1 MS. ANDREWS: And renewal is actually a
2 big deal. For instance in auto insurance, people sign up
3 because they want to register and then, you know, they
4 let it lapse. And sometimes people sign up for insurance
5 because they're not well and they get it and then they
6 let it lapse. Actually having a connection to renewal
7 and to continuing the relationship, not certainly at the
8 same level, but I do think that there's something to be
9 said for that kind of resource especially for people who
10 don't understand insurance and how it works.

11 MR. MADRAK: Okay. Would others agree
12 with that as well?

13 MR. FAIR: Definitely.

14 MR. MADRAK: Okay.

15 MR. FAIR: I would -- the term when
16 reading through this, it's just -- sorry, this is Matt
17 Fair. What I would -- I wrote down here just you want
18 sustainability of a program --

19 MR. MADRAK: Okay.

20 MR. FAIR: -- and you need some kind of
21 trail or grant incentive. I'm not quite sure which one
22 is best either, I'm a little bit in between on that.

23 MR. MADRAK: Okay.

24 MR. FAIR: I think we have to drive the

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1 navigators to want to go out and seek out the population
2 that needs access, right, and that can't afford it. And
3 they need to understand what those subsidies are because
4 that, as Steve said, is going to drive the folks to get
5 into the program.

6 MR. MADRAK: Ahum.

7 MR. FAIR: I don't know that a grant paid
8 as I read toward an organization will incent those key
9 individuals, those informal influences in those
10 communities. So I think we've got to think long and hard
11 about that.

12 MR. MADRAK: Okay.

13 MR. COUNIHAN: This conversation for a
14 newbie has been extremely helpful. I would just want to
15 just perhaps caution the Committee not to make this
16 program overly complicated because it's just a great way
17 to kill it. And it's going to be -- we're going to need
18 a whole separate training program just to train them on
19 what the program is before they do any work. So that's
20 just a modest piece of thought.

21 MR. MADRAK: I would wholeheartedly agree
22 with that. Okay, just some additional kind of comments
23 here to round out this initial funding conversation.
24 Navigator grants will be issued to entities, I think we

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1 had mentioned this a little bit earlier. We did not want
2 to, you know, potentially propose a system, to build on
3 Kevin's comment, that was complicated and we were issuing
4 checks to individuals and trying to facilitate that level
5 of compensation. So grants would be issued to entities.

6 Organizations and entities with a minimum
7 of at least two full-time employees would be eligible for
8 funding. Again, that's a baseline criteria just to make
9 sure that we were dealing with an organization per se not
10 necessarily, again, individuals. The Exchange will
11 provide no direct payment to an individual. Any
12 compensation in whatever kind of grant process we come up
13 with would be paid to the affiliated organization. So
14 again, we did not want to be cutting -- we don't want to
15 be cutting checks to individuals. Brokers will continue
16 to receive commissions directly from carriers for the
17 business that they enroll through the Exchange and the
18 capture of broker I.D. or some specific marker during the
19 enrollment process would help to facilitate that payment
20 by the carriers.

21 We did have just one last slide here
22 around some of the initial funding thoughts. We were
23 thinking that there might be an opportunity here for
24 funds to be made available to promote some of this active

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1 referral markets that we've just been kind of going over
2 between navigators and brokers. The topic of handoffs
3 comes up repeatedly here and it's definitely a very, very
4 important one because it's a reality of I think the
5 system that's going to emerge. So we were going to
6 introduce here this concept of a referral fee. These are
7 examples, we're not saying that this is what it will
8 physically look like but just what we're looking for a
9 reaction from this particular group. A QHP broker
10 referral fee for example, navigators successfully
11 referring individuals to a licensed broker if needed
12 would receive a referral award.

13 So I sit down with an individual, let's
14 say they have extremely complex questions for me that go
15 well beyond some of the stipulations that we talked about
16 earlier. They're asking for advice around how this
17 impacts, you know, other types of insurance they have,
18 etc. If the navigator said you know what, a broker is
19 probably the best person to handle this type of question
20 they could actually refer that individual and actually
21 receive some sort of very small referral fee just to make
22 sure that they were, you know, incentivized to get that
23 individual to the right person so that there was no
24 incentive for them to want to keep that individual in

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1 just quickly get them through the process, but that they
2 had some sort of incentive to make sure they were
3 facilitating that good share of information.

4 And then likewise on the converse, an
5 example would be a Medicaid broker referral fee. So as
6 we said earlier, you know, brokers would not be required
7 to enroll individuals in Medicaid so as brokers go into
8 these, you know, new areas and new markets if they're
9 coming across individuals for example that were Medicaid
10 eligible they could also receive let's say a small
11 referral fee by putting those individuals in touch with
12 the right navigator individual. So again, this is a
13 concept of a system just to make sure that there is a
14 free exchange of information, that no one has any
15 incentive to keep people and where they'd facilitate
16 active exchange of individuals throughout the system.

17 So I put that out there for reaction but
18 would love any comments that the group might have
19 regarding if that seems like a viable system, if it seems
20 to create trouble or perverse incentives in any way,
21 shape or form.

22 MR. GUTTCHEN: Well, my knee jerk reaction
23 is based on Kevin's comment. It's really complicated.

24 MR. MADRAK: Complicated.

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1 MR. GUTTCHEN: You're going to have staff
2 who only work on trying to figure out who referred to who
3 and you might have a small navigator world but you have a
4 large agent/broker world. So -- I mean, it seems like an
5 extra administrative layer for the Exchange to monitor
6 all that and figure out the payments and stuff that may
7 or may not be necessary. It just seems very complicated.

8 MR. BOYLE: Just a quick question for Tony
9 and the Department of Insurance. Can't if -- can't
10 brokers currently pay a finders fee to a person as long
11 as that person is not getting incentive for referring?

12 MR. CAPORALE: Yeah, currently the law was
13 changed I think in 2001 and brokers or agents can pay
14 referral fees to people provided that certain criteria
15 are met. For example, the person receiving the payment
16 cannot be involved in the sales process at all, cannot be
17 a rebating kind of violation, that kind of thing. And I
18 would think that even in this situation if there is to be
19 a referral system it can be similar in terms of private
20 individuals so to speak, sharing their commission.

21 What I have a question on however is the
22 point that you had made before concerning compensation
23 for brokers directly from the carrier. And my question
24 is, would it be really a terrible idea to actually -- the

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1 broker be compensated through the Exchange so that the
2 Exchange can make perhaps some money on the difference
3 between the commission that the Exchange receives from
4 the carrier and the commission that the Exchange pays to
5 the producers through the agent? Given that I think we
6 are in kind of a difficult situation with regard to
7 getting funds to pay for the navigator's program wouldn't
8 it make sense maybe if we can raise funds in a different
9 kind of a way so in other words the Exchange would
10 function as an insurance agency that pays the agents that
11 brings business to it?

12 MR. MADRAK: Reaction to that concept?

13 CHAIRPERSON CZARNECKI: I'll comment on
14 that. I totally disagree because, you know, the
15 insurance companies are already -- they're already set up
16 to compensate us. We already deal directly with them, so
17 with the medical loss ratio laws passed recently we're
18 looking at our commissioned getting lowered even more.
19 To actually go in and dilute that, it makes no sense.

20 I understand that the Exchange needs to
21 find a way to be funded, but I don't think it's by having
22 commissions go through you, to hire four or five
23 employees to then turn around and give us the money.
24 It's just another layer of bureaucracy to do a job that

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1 the insurance company is already set up to do.

2 MR. CAPORALE: Well actually, I was
3 thinking more in terms of the way it works nowadays with
4 different kinds of producers. Not everybody has the same
5 commission schedule with insurance companies and
6 obviously the commission schedule is to a certain extent
7 dictated by the amount of business that you are bringing
8 to the company and the quality of business.

9 So the Exchange, I would think given that
10 it's the central area where all the business flows
11 through the company, would be able to negotiate a better
12 commission rate with the company and still give the agent
13 the same commission that the agent would make if he were
14 to be compensated directly from the company.

15 MR. CAULKINS: John Caulkins. The one
16 other point that I would add in disagreement with Tony,
17 is that you do not want to give the agents any
18 disincentive not to place business with the Exchange. I
19 look at Kevin talk about what's happened in Massachusetts
20 as our leading example here, and if there's going to be
21 any -- if there's any difference in commission between
22 the Exchange and what can be written directly through a
23 carrier, I think you're creating a disincentive
24 immediately for any participation.

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1 MR. CAPORALE: But that's not what I was
2 talking about. If the agent can get eight percent
3 whether he gets paid by the Exchange or whether he gets
4 paid by the company and the only difference is that now
5 the Exchange can negotiate a 10 percent commission with a
6 company and still give the agent the eight percent, what
7 would be the disincentive for the agent?

8 MR. CAULKINS: But I don't think it's
9 realistic in the MLR market. I mean, the commission is
10 the thing that's being cut the most in the MLR market
11 right now. I mean, we have carriers that have taken us
12 from four percent commission -- by the way Tony, the
13 eight percents are a long time ago. You're showing your
14 age. We're going from four percent to one percent.

15 COURT REPORTER: Can you put on your
16 microphone please?

17 CHAIRPERSON CZARNECKI: Sorry. We're
18 comparing to the individual market not groups, so yeah,
19 there may be a large group. I don't do large groups so
20 maybe when you refer to these different commission
21 structures that's a large group as far as I know and not
22 in the small group market, which the SHOP would be in or
23 the individual market.

24 MR. GUTTCHEN: Tony, I think -- I mean, it

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1 sounds like what you're getting at is a discussion for
2 even another group but probably for our next meeting
3 talking about how we actually fund the navigator program.
4 But the overall Exchange, it sounds like you want to get
5 some money from the insurance companies and you can
6 certainly do that through an assessment process and not
7 have the Exchange be in the business of being a payer of
8 commissions which to me just means more staff.

9 It just complicates the duties of the
10 Exchange and ultimately you end at the same place. I
11 mean, if you assess the carriers to get that extra two
12 percent that you would get on the differential of
13 commissions you may not have to need as much money. I
14 mean, the concern -- my concern would be that the
15 Exchange becomes so loaded with staff because of all the
16 complicated things it has to do, that it has to charge
17 carriers so much money to participate that -- you know,
18 it defeats the purpose, so. If there are --

19 CHAIRPERSON HERBERT: You know, I don't
20 want to pile on but I agree completely with David and,
21 you know, preliminary budget for the Exchange overall
22 right now has projected a four to five percent premium
23 tax actually to fund the Exchange for every enrollee.

24 So I know my opinion as a Board member, we

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1 need to endeavor to get that number down as low as
2 possible and -- we just do. So I would agree with you
3 completely on that.

4 MR. FAIR: And just -- oh, sorry.

5 MR. COUNIHAN: No, I just wanted to make a
6 quick point. You know Tony, I think it's an imaginative
7 approach and I'd like to, if you don't mind, maybe talk
8 to your off line to explore this a bit more. I do want
9 to make a statement to this group however, that our
10 Exchange is not looking to compete with brokers.

11 We want brokers, we need brokers and it's
12 an important way for us to grow and to facilitate our
13 mission. We don't want to get into a competition on
14 commissions for it, and so just to clarify that.

15 MR. FAIR: And just a quick point, Matt
16 Fair. The way in which it's structured with the broker
17 I.D. and the direct from the carrier is a great way in
18 which for brokers to see that kind of -- it's seamless in
19 or out and then you're going to get everyone on the same
20 team.

21 But I agree, I think the sustainability of
22 the Exchange on its own is a whole different discussion
23 whether it's an assessment or -- if a ton of volume is
24 running through that's -- and defer to Mickey on the

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1 carrier side because I don't think there's a lot of room
2 on that side either. So it's everybody's squeezed.

3 MR. GLICK: This is Steve Glick. I just
4 want to make a -- by giving referral fees in this way
5 could perpetuate other types of referral fees that could
6 come out of this. Carriers giving referral fees,
7 different types of people could start giving referral
8 fees then you're going to have maybe not a fair market
9 place in some cases. I'm just concerned that perpetually
10 we're going to have -- a referral fee the wrong way could
11 be a bad habit and could jeopardize the integrity of what
12 we're trying to do here.

13 MS. O'GARA: So Mickey, I'm just giving
14 you a time check. We have about 25 minutes left and
15 we've got another agenda item.

16 MR. FAIR: And to Steve's point just to
17 bring back the referral side, I think by having the
18 brokers involved in the Exchange the referrals or any
19 good solid broker will need to be educated and providing
20 the subsidy information to your clients. We have a lot
21 of nonprofit clients I know that will benefit from this.
22 So we will be incented to learn the other side of the
23 program.

24 I find -- you know, our team does -- it's

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1 very difficult to meander through the different levels
2 right now of the underserved, the HUSKY programs and
3 those type of things. It's very confusing, you've got to
4 know the right person to call at the right time on a
5 Tuesday at 3:00. It's -- I hate to -- I'm just making a
6 joke now but it's a little -- so if that opens the doors
7 up, maybe the referral is too confusing but if it opens
8 that door up, and I think inevitably it will because the
9 subsidies will drive it.

10 MR. MADRAK: Okay, well actually the --

11 COURT REPORTER: Your microphone please.

12 CHAIRPERSON HERBERT: Keep moving.

13 MR. MADRAK: -- yeah, and actually this
14 was the last side in terms of the formal presentation.
15 So this actually takes us through again all of the items
16 that were in that initial seven page recommendation. I
17 think your feedback has been fantastic.

18 And so I think in terms of next steps we
19 are going to take this feedback, we will go in, we will
20 re-craft and tweak where we had discussed that particular
21 recommendation on the roles of a brokers, navigators and
22 agents and bring that back next meeting. And at that
23 meeting we will be, I think, looking to start to vote on
24 approval whether it's in its entirety or if there are

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1 certain areas that we feel are ready to go. But other
2 areas that might need a little more work, we can handle
3 it that way but that would be, I think, the goal of our
4 next meeting.

5 We'll actually come forward next time and
6 spend more time on the compensation and funding part.
7 Again, we put two slides in here just to, you know, put
8 some teaser information out there and get some initial
9 feedback, which was great. And we'll come back with a
10 more formal proposal on that and then we'll start to
11 preview any preliminary thoughts much like we did today
12 with the funding for the training and certification
13 parts. So each session will end with a little preview of
14 the next one coming up. Next meeting will be an active
15 one, again, looking to make sure we get some very
16 stringent votes in place around the parameters that we're
17 going to put forward.

18 MR. GUTTCHEN: Jason, just a quick
19 question.

20 MR. MADRAK: Yes.

21 MR. GUTTCHEN: Because what we talked
22 today about was funding the referrals and compensation.
23 Are you guys going to put a proposal together on how we
24 actually fund the grants, especially given we can't use

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1 level two funding for that first year?

2 MR. MADRAK: Yes --

3 MR. GUTTCHEN: Because that's tricky.

4 MR. MADRAK: -- compensation and funding,
5 we are making that distinction. So next time we're going
6 to spend a lot of time on funding -- I'm sorry if I use
7 those terms interchangeably. We'll update the
8 recommendations here on compensation, funding will be a
9 separate topic that we'll put some more thought behind
10 for next meeting. Thanks for calling that out.

11 CHAIRPERSON HERBERT: It is a little
12 awkward because in terms of an income statement, one
13 meeting is the revenue and the next meeting is the
14 expense, so -- and they do have to equal out --

15 MR. MADRAK: Correct.

16 CHAIRPERSON HERBERT: -- so -- but the
17 most important two words on this slide for approval. So
18 we presumably will have something to approve next time
19 other than the minutes.

20 MR. MADRAK: Correct. Alright, so we're
21 going to change gears here and end our time talking about
22 the data analysis that we had commissioned Thomson
23 Reuters to perform for us. It was about three or four
24 months ago we met with Thomson Reuters and really

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1 commissioned them to put together a more detailed profile
2 of the insurance marketplace here in Connecticut as it
3 relates specifically to individuals and the type of
4 insurance that they have or don't have and where they
5 actually reside throughout the state.

6 This information as you might imagine is
7 extremely helpful for developing programs like the
8 navigator program. It's also helpful in our marketing
9 and communication outreach and a whole slew of other
10 areas as well. Thomson Reuters used information from
11 several different sources, the U.S. Census an obvious
12 source for that, the American Community Survey, which is
13 a subset of the census which is conducted periodically
14 throughout the year. It hones in on insurance-specific
15 information so it's a great source for that next level
16 down. And then Thomson Reuters also employs a whole slew
17 of propriety forecasting tools, the insurance coverage
18 estimate tools, one of their main resources. And so
19 they've used resources such like that, again, to put much
20 of this information together.

21 The final deliverable after this process
22 was done was two very large excel spreadsheets. We chose
23 not to send those out to you just so you could continue
24 to utilize your e-mail accounts. And so instead we

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1 decided to go ahead and put together some summary tables,
2 which you were sent as a pre-read, really profiling some
3 of the more salient points that came out of that. I'm
4 sure there's going to probably be some additional
5 questions so we can always go back to the well and
6 utilize some of the pivot tables, etc., that were created
7 to provide some additional insight if you do have
8 additional questions.

9 We're going to take these kind of in
10 order. The first excel document that we had really
11 focused on getting some estimates in place for the number
12 of Connecticut residents in seven major insurance
13 categories or categories of coverage if you will. We
14 took a look and got estimates for the number of folks
15 currently in the Medicaid program, the Medicare program,
16 those individuals who might be dual eligible, people who
17 are covered under employee sponsored insurance, people
18 who are purchasing through an Exchange non-group.
19 There's obviously not much of that happening here in
20 Connecticut but as Thomson Reuters does this in other
21 states, there are individuals there, non-Exchange non-
22 group coverage, and then the uninsured which we're
23 obviously keenly focused on.

24 In each of those categories you can take

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1 that information down to four additional levels of detail
2 and actually combine them, which is the reason the
3 dataset gets so large. But you could for example take a
4 look at the uninsured, take a look at that population in
5 a particular County, you can then break it down by a
6 particular zip code and then even within the zip code you
7 can look at the split between male and female and even
8 within the male and female categories, take a look at
9 that population by age bracket. So it's a very robust
10 dataset and you can slice it and dice it in a million
11 different ways and have lots of fun with it.

12 With that said we decided to kind of
13 distill it down for you and present some of the more
14 salient findings. The document that you received in
15 advance, the seven page summary, goes into a bit more
16 detail but just wanted to kind of acclimate this group
17 with the data in case you haven't spent that much time
18 with it just to call out some specific things which might
19 be of most importance. The current estimates that came
20 back in the data for the current year place the number of
21 uninsured at around 344,000 individuals. When you take
22 that against the total population of the state, that
23 equates to really roughly almost 10 percent or one in ten
24 individuals in the State of Connecticut. It's a very

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1 large number.

2 For the purposes of our analysis because
3 especially as we talked about a navigator program, we
4 decided to focus on this group first. However, given the
5 fact that there is an expansion of the Medicaid program
6 we also spent some time looking at that population as
7 well. and that is a substantial chunk of the population
8 as well. It comes in at about 15 percent or well over
9 about half a million people. So when you combine those
10 two groups together, you're looking at about 25 percent
11 of the state population which represents, you know, one
12 in four individuals. In terms of some of the key
13 findings, if you did look at the memo I'm sure this came
14 out kind of loud and clear. There is really a massive
15 concentration of the uninsured individuals really in a
16 handful of geographic locations.

17 So just to kind of take you through and
18 acclimate you to the chart here if we take New Haven
19 County for example, there are around 110 uninsured
20 individuals in the county. That represents about one out
21 of three uninsured individuals in the state, so we're
22 already seeing concentrations within a handful of
23 counties. But even within the county, if you looked at
24 just the top 20 zip codes that contain uninsured

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1 individuals, those top 20 zip codes represent over 80
2 percent of the overall uninsured within the entire
3 county. It even gets more specific, for example if you
4 looked at Hartford which has around 100,000 individuals,
5 you know, 80 percent of those folks live in the top 20
6 zips and actually five zip codes in Hartford alone
7 represent 33 percent of the entire uninsured population
8 in the entire Hartford County area. So we are talking
9 about a very concentrated group of people and that same
10 phenomenon for the most part holds true as you go down
11 the list.

12 From an outreach perspective, from a
13 navigator perspective or certainly from a marketing and
14 communication perspective, that actually is very helpful
15 in terms of being very efficient with our resources. So
16 as we look to deploy programs, you know, having access to
17 a vast amount of people right within our target in a very
18 concentrated geographic area is good. You can get more
19 bang from your buck as it relates to media and certainly
20 for navigators in the broker community, you know, it's
21 not a disperse population that's difficult to reach at
22 different points. They tend to reside in these clustered
23 areas. I say that against the caveat that we are
24 obviously attempting to reach everybody, but from an

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1 outreach standpoint it's nice to know that we have
2 certain areas in our crib that are more appropriate in a,
3 you know, concentrated area as opposed to a more
4 dispersed area.

5 In the packet that you have you can
6 actually see those zip codes listed I rank order. And if
7 you go on Google Maps and type in the zip code itself, it
8 will literally show you a red line around the actual
9 streets within those neighborhoods that encompass these
10 individuals. So this is very actionable, very specific
11 information that we can begin utilizing instantly. In
12 terms of the Medicaid population, if you take a look at
13 that and do a similar analysis looking at the
14 concentrations by county, top 20 zip codes within
15 particular cities looking up zip codes, you actually get
16 almost the exact same analysis. So this tells us
17 basically the uninsured and the Medicaid population live
18 in the same areas. They live in the same communities, in
19 the same zip codes, they concentrated, again, in the same
20 areas of each County.

21 Again, from an efficiency and an outreach
22 standpoint that is helpful to know and helpful to know
23 where these folks live so as we do our outreach we can
24 reach these folks very, very efficiently. That analysis

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1 is also in the packet and you can go through, again, by
2 county, look at the zip codes in rank, order and see
3 their city representation as well. The second set of
4 data that we had Thomson Reuters assemble for us related
5 to profiling demographic characteristics of currently
6 uninsured populations who will now be eligible for either
7 Medicaid under the expanded dynamics of the program or
8 enrollment in the Exchange as the result of new
9 eligibility requirements. So this is forward thinking
10 and giving us a sense for the people who are really going
11 to be interacting either with us through the Medicaid
12 expansion program or through the Exchange.

13 There's four groups that were examined
14 here. Two of them are groups of children or those under
15 age 17. Obviously it's the households that they reside
16 in but children in the state who'd be, again, Medicaid
17 eligible and children in the state, bullet point three,
18 who would eligible for subsidized purchases. And then
19 conversely adults in those same two categories, adults
20 who are now Medicaid eligible and adults who would be
21 eligible for subsidized purchases in the Exchange.
22 Again, in the spirit of getting the group here acclimated
23 and calling attention to a couple of key points, I chose
24 to focus on the adult population so you can get a full

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1 analysis in the document among the under 17 populations.

2 If you look at these two groups you're
3 going to see quite a bit of similarities across both
4 areas, the first column being those uninsured who are
5 going to be Medicaid eligible, the second being those
6 individuals uninsured who will likely -- or actually will
7 be eligible for an Exchange subsidy. They tend to have
8 the same level of concentration in terms of their U.S.
9 citizenship and U.S. born population, 70 percent and
10 roughly 60 percent. But you do start to see some
11 differences as we start to look at some of the disability
12 monikers that were profiled. There was an overall
13 projection in here for the number of folks who are
14 disabled in some capacity and then there were certain
15 types of disabilities that were also called out regarding
16 ambulatory difficulty and self-care difficulty.

17 The Medicaid population tends to exhibit a
18 higher propensity of this, about 13 percent of that
19 population is labeled as disabled whereas on the Exchange
20 side, that's only about six and a half percent. As we
21 move down into some of the ethnicity breakdowns, if you
22 look at the Medicaid population you do see higher
23 concentrations of individuals categorized here as black
24 as opposed to when we toggle over to the Exchange

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1 marketplace, you do see a higher representation of
2 individuals for example being categorized as white, 66
3 percent. Outside of that you tend to see some very
4 representations across the other ethnic groups.

5 And then lastly, as it relates to
6 difficulty speaking English. You know, I think we've all
7 been very keenly aware that as we do enter, you know,
8 these new markets a good portion of the population will
9 have difficulty speaking English. This is a self-
10 reported measurement and really it equates to individuals
11 telling the surveyor that they speak English less than
12 well. It doesn't mean they can't speak English, it just
13 means they speak English less than well. And here we're
14 seeing those numbers for both populations around 17
15 percent, almost 20 percent, so to say roughly one in five
16 would not be completely inaccurate. So it definitely
17 underscores the fact that a culturally and linguistically
18 relevant navigator program and outreach program will be
19 required if, you know, roughly one in five of these folks
20 is saying they have some difficulty conversing fluently
21 in English.

22 These two datasets are wildly helpful and
23 give us a slew of great information to reach back out to
24 the marketplace with and really help to frame our

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1 efforts, but there is a little bit more that we actually
2 are doing as well so we have a really detailed geographic
3 picture and we also have a really detailed demographic
4 picture. But I think we'd all agree it would be really
5 helpful to have those things combined. So not only are
6 we able to go out and determine, you know, where the
7 uninsured or Medicaid populations are living but then
8 also be able to get at that geographic level the
9 demographic overlay as well. And so we are taking these
10 datasets and working closely with the CERC to put
11 together this new kind of combined view, which I think
12 will sort of round out our picture and round out our
13 understanding of the populations both statewide and then
14 also at a very specific level of geographic detail.

15 So as that information becomes available,
16 we'll definitely be sharing that with you. We're also
17 having some heat maps developed, which if you've seen
18 those before are actually quite helpful in terms of
19 visually helping people hone in on particular areas of
20 the state right down to the neighborhood level in terms
21 of identifying populations to reach out to. So a lot
22 here already. Again, if you do have questions about any
23 of the data do not hesitate me. We can set you up with
24 additional slices of it or additional views or if you

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1 just have questions, you know, we can fill those gaps in
2 as well. And then we look forward to presenting the
3 additional information as well when that's available.

4 MR. BOYLE: I just have a quick question
5 if I may?

6 MR. MADRAK: Yes.

7 MR. BOYLE: Going back to your first data
8 slide, you have the private employer sponsored at 56
9 percent?

10 MR. MADRAK: Yup, yup.

11 MR. BOYLE: Wow, then you're good. So is
12 there a way to break that down further, because there is
13 a differential in the state in terms of large group,
14 small group. And I know in past presentations that I've
15 been in and have done and attended, there seems to be an
16 elevation in smaller groups without insurance. I don't
17 know if we can kind of spotlight that because you get
18 into then, you know, the affordability issue and the
19 working poor and things like that. So I don't know if
20 that's a possibility, thanks.

21 MR. MADRAK: So taking a look at that
22 private line and then breaking it out by the type -- or
23 the size of the company?

24 MR. BOYLE: Size of the companies. You

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1 know, in the State of Connecticut two to 50 is guaranteed
2 issue under the blue ribbon, so you have 50. And then
3 the companies, then break it down even further --

4 MR. MADRAK: Okay.

5 MR. BOYLE: -- maybe like a 10 to 50 and a
6 three to nine and one to two and things like that.

7 MR. MADRAK: Okay.

8 MR. BOYLE: And I think what we'd see
9 probably is an elevation in the smaller groups to
10 probably 70 percent without insurance and 30 percent
11 insured.

12 MR. MADRAK: Okay.

13 MR. GLICK: And I agree with Phil about
14 we're going to be faced with those people going to a
15 navigator not through 50 and over. So we need to know
16 the demographics of the small group marketplace under 50
17 lives at this point.

18 MR. MADRAK: Okay.

19 CHAIRPERSON HERBERT: Just one comment
20 about that 56 percent, you shouldn't go out of here say
21 that 56 percent -- I mean, it's technically correct to
22 say 56 percent of Connecticut residents have private
23 employer insurance. But the way that number is usually
24 presented is you take out Medicaid and Medicare and you

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1 say 50-X percent of the private market is -- and that
2 number clearly is up in the 60's, which puts Connecticut
3 pretty high nationally.

4 MR. MADRAK: Okay.

5 MS. ANDREWS: Can I ask, just if you could
6 break out the top 20 zip codes by people who are likely
7 to be eligible for Medicaid and people who are eligible
8 -- likely to be eligible for the Exchange, because I
9 think sending brokers to homeless shelters is probably
10 not -- or vice versa, it's -- we need to do a little --
11 no wrong door and all that but to be appropriate, that
12 would be helpful.

13 MR. MADRAK: Yup. No, absolutely, and
14 that's part of that sort of combined dataset that we're
15 looking to get. It goes to your point, it's nice to know
16 that across the state but as we do roll into certain
17 geographies we want to avoid that type of situation.

18 CHAIRPERSON HERBERT: Should we move to
19 public comment?

20 MS. O'GARA: Yes, we're ready for public
21 comment. Is there anyone in the audience that would like
22 to come forward? If you could go to a mike and state
23 your name?

24 MS. CLAUDIA EPRIGHT: Good afternoon, my

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1 name is Claudia Epright. I am a consumer but I'm also on
2 the Consumer Experience and Outreach Committee with the
3 Board and I have some comments and some questions. The
4 comments I offer as a result of listening to this
5 afternoon's meeting, but if any questions that can't be
6 answered or publicly I would be able -- would be willing
7 to accept the answers off line.

8 First of all, earlier in the meeting Steve
9 Glick mentioned a concern about duplicating costs because
10 you're going to be having several people handling a
11 client or an applicant for assistance. Currently I am
12 personally aware of the following categories of folks who
13 do help clients look for insurance; schools, social
14 workers and school nurses, town social workers, parish
15 nurses, Community Health center staff and 211 -- the 211
16 call center people at the United Way. The school social
17 workers and school nurses all are paid currently for
18 their job and helping people find insurance or get safety
19 net kind of services is only one aspect of their job, but
20 they're already paid to do that. That is also true about
21 the town social workers, they're all paid employees of
22 the towns they work for.

23 Parish nurses for the most part are
24 volunteer people who work for the congregation to which

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1 they belong. I don't know whether any of them are
2 getting compensated for that work or not. The ones that
3 I know were never getting compensated for helping their
4 parishioners get into the system. The Community Health
5 Center staff that I've spoken with are also employees at
6 the Community Health Center, so they are getting paid to
7 do that work as well. And I know that the United Way
8 too, people I believe are all paid for the work they do
9 at the call centers. So I think that a concern about,
10 you know, stacking up costs for these various levels of
11 aid that is being given to these clients probably is not
12 as big a concern as it may have seemed to you at the
13 beginning because they're already getting paid through
14 other funding sources.

15 And one of the questions I had also was
16 about getting reimbursement. I heard that DSS would then
17 get their federal reimbursement based on their
18 enrollment, which is what they do now. If -- I'm not
19 clear about whether the folks at 211 are going to be --
20 will they be able to get -- will they be enrolling people
21 or will they be -- do they refer the client to DSS if
22 they're Medicaid eligible? I don't know if 211 does
23 Medicaid eligibility. They have access to the EMS system
24 as I understand it because they know how well it works,

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1 but I don't know whether they're actually involved in
2 eligibility or not and there's a -- I believe there's a
3 substantial number of people who are doing that right
4 now.

5 And another just question I had was about
6 licensure. A couple of meetings ago we had talked about
7 the possibility of navigators having to be licensed by
8 the state and I wondered how that was going to be paid
9 for. If the tier two navigators are going to have to be
10 licensed, who's going to pay for that education process
11 for them? How's that going to be funded? And then a
12 last comment, you folks were talking about the awards --
13 grants being awarded to the entities that are going to be
14 enrolling folks and there are going to be commissions
15 paid to the navigators for enrolling them. I could be
16 wrong but I thought I read that the ACA said that
17 navigators were not going to be able to get commissions
18 under the ACA.

19 I'm going to go back and research that
20 again, but I was very confused about all this discussion
21 about commissions for brokers and agents and the ACA
22 stipulation that for signing people up either in the
23 Exchange or referring them to Medicaid, I believe the ACA
24 says they're not supposed to get commission. So I'm not

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1 sure how -- I'm not clear on how that works.

2 MR. MADRAK: Just to clarify that, the ACA
3 states that a navigator cannot receive a commission for a
4 carrier for enrolling an individual in a qualified health
5 plan but a navigator could receive some level of
6 compensation from the Exchange to facilitate that
7 enrollment. They just can't be compensated by a carrier
8 for facilitating an enrollment in the same way that a
9 navigator -- I mean a broker does today.

10 MS. EPRIGHT: So the compensation from the
11 Exchange would be a one time payment for enrolling --

12 MR. MADRAK: Correct.

13 MS. EPRIGHT: -- someone versus the
14 commission, which is a monthly reimbursement over a given
15 period of time.

16 MR. MADRAK: That's correct. So this is
17 -- it's not even called a commission.

18 MS. EPRIGHT: Okay.

19 MR. MADRAK: Really it would be a one time
20 payment and that's if a state chooses to set a set a
21 system up like that. So, you know, we debated that
22 today. Some states have no per enrollee funding put
23 aside at all, it's all traditional grants. So it's at
24 the state's discretion.

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1 MS. EPRIGHT: Okay, thank you. Thank you.

2 MS. O'GARA: Is there anyone else to come
3 forward? Okay, Mickey.

4 CHAIRPERSON HERBERT: Okay, I think it
5 indicates August 7th is our next meeting, 1:00 to 3:00.
6 And hope to see you all then because we presumably will
7 be voting on things. So we stand adjourned before 3:00.

8 (Whereupon, the meeting was adjourned at
9 3:00 p.m.)