

VERBATIM PROCEEDINGS

EXCHANGE ADVISORY COMMITTEE MEETING

BROKERS, AGENTS AND NAVIGATORS

MAY 15, 2012

LEGISLATIVE OFFICE BUILDING
300 CAPITOL AVENUE
HARTFORD, CONNECTICUT

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RE: EXCHANGE ADVISORY COMMITTEE MEETING
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1 . . .Verbatim proceedings of a meeting
2 before the Exchange Advisory Committee Meeting, Brokers,
3 Agents and Navigators, held at the Legislative Office
4 Building, 300 Capitol Avenue, Hartford, Connecticut, on
5 May 15, 2012 at 1:01 p.m. . . .

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10 CHAIRMAN MICKEY HERBERT: We've got, as
11 usual, a very full agenda here, so I would ask you to
12 keep your comments on point as best as possible, so we
13 can get through by 3:00.

14 My name is Mickey Herbert. I'm the co-
15 Chair of this Committee. I'm sitting here with Mark
16 Czarnecki, who is co-Chair with me.

17 What I'd like to do is call the meeting to
18 order, and then just have us briefly go around the room
19 and introduce yourself. Once we're done with
20 introductions, we'll turn it over to Nellie O'Gara, our
21 Facilitator, to kind of help us through the rest of the
22 meeting.

23 Let me just begin by saying, again, my
24 name is Mickey Herbert. I'm the Exchange Board member, I

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1 guess, on this Committee and retired Health Care
2 Executive. Go ahead.

3 MR. MICHAEL NICASTRO: Mike Nicastro,
4 President and CEO of Central Connecticut Chambers of
5 Commerce and the President of the Chamber of Leadership
6 Cabinet.

7 MR. STEPHEN GLICK: Yes. Steve Glick,
8 Administrator of the Chamber Insurance Trust for the
9 Chambers in Connecticut.

10 MR. DAVID GUTTCHEN: David Guttchen from
11 the Office of Policy and Management.

12 MR. JAY FESTA: Jay Festa. I own CPM
13 Group. We deal with small group, small employers in
14 Connecticut, and I also work with USI with the larger
15 employers in the Connecticut.

16 MS. ELLEN ANDREWS: I'm Ellen Andrews from
17 the Connecticut Health Policy Project. We do research
18 and advocacy and have a Consumer Assistance Toll Line.

19 MS. JEANETTE ZIEGLER: Hi. I'm Jeanette
20 Ziegler with the Mohegan Tribe.

21 MR. ANTONIO CAPORALE: Hi. I'm Tony
22 Caporale with the State of Connecticut Insurance
23 Department.

24 MS. JULIE LYONS: Julie Lyons, Policy and

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1 Plan Development with the Exchange.

2 MS. TIA CINTRON: Tia Cintron, Acting CEO
3 for the Exchange.

4 MR. BOB CAREY: Bob Carey, Consultant to
5 the Exchange.

6 MS. NELLIE O'GARA: Nellie O'Gara. I'll
7 be your facilitator today.

8 MR. GRANT PORTER: Grant Porter. I'm an
9 Analyst on the Exchange.

10 MR. ROGER ALBRITTON: Roger Albritton with
11 KPMG. We are the Technical Advisors to the Exchange.

12 MR. MATT FAIR: Matt Fair with Pearson and
13 Smith. We're an insurance brokerage and consulting firm.

14 MR. PHIL BOYLE: Phil Boyle with the
15 Health Consultants Group, along with, also, part of CBB,
16 Connecticut Benefit Brokers.

17 MR. JOHN CALKINS: John Calkins with
18 Bozzuto Associates. We specialize in small group, as
19 well as I'm the Legislative Chairman for the Connecticut
20 Benefit Brokers Chapter of NAHU.

21 CHAIRMAN MARK CZARNECKI: Mark Czarnecki
22 with Douglas Financial Services, Branford, Connecticut.
23 I am a Broker, serving in the small group, individual and
24 Medicare insurance markets.

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1 MS. BARBARA SAXTON: Barbara Saxton. I'm
2 with HUB International. I am a Senior Vice President and
3 National Practice Leader on voluntary benefits.

4 CHAIRMAN HERBERT: I believe we actually
5 have full attendance, except for Ken Lalime, who let us
6 know in advance he wasn't able to come.

7 I'd especially like to welcome some of
8 the, at least a couple of the Exchange staff here here
9 for the first meeting, at least to our Committee, so
10 welcome aboard.

11 Okay, Nellie, it's yours.

12 MS. O'GARA: So the first item, you have a
13 couple of packages in front of you. One has the agenda
14 on it, and you can see that we've got a pretty full
15 agenda, so I'm going to try and keep us as close to time
16 as possible.

17 The first item is the Committee
18 Guidelines. These were sent out to you ahead of the
19 meeting. You not only got your own Committees, but you
20 got every other Committees to take a look at, so if we
21 look at the Brokers, Agent and Navigator Guiding
22 Principles, these are substantially the way that we wrote
23 them the last time.

24 There is one item for discussion on here.

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1 Item number three had two options to it, and what I'd
2 like to do is have you take a look at these for a few
3 minutes, and then we'll come back and have a bit of a
4 discussion on that particular item.

5 So if we just look at item three, we had
6 an option A was Navigators should insure consumers are
7 provided information on their appropriate health coverage
8 options, or, and this one is just a little more
9 extensive, in terms of the process, the Navigator
10 function, which is overseen by the Exchange, shall
11 coordinate with other publicly funded health care
12 programs to insure consumers are provided information on
13 their appropriate health coverage options.

14 So the second one is a little more
15 detailed, about how it might occur. I don't really know
16 what the Committee's preference is going to be, if you
17 want to be more specific or less specific. Any thoughts
18 on that? Ellen has a comment here.

19 MS. ANDREWS: I'm trying to remember what
20 the gist of the description, the discussion, but I
21 thought that we were stronger than either of these,
22 actually, in terms of Navigators actually assisting
23 people, that there's no wrong door.

24 You don't come in a door and we say --

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1 say, for instance, that you're Medicaid eligible. They
2 don't just hand you a brochure, and then you're off on
3 your way, that they actually assist you with getting into
4 whatever you're eligible for. Nobody leaves without help
5 applying for whatever they're eligible for.

6 MS. O'GARA: Well, actually, these are as
7 we left them last week, so if you wanted to extend these.
8 Maybe what would be helpful, if we go back and look at
9 each one and see how they work together? Sometimes
10 taking them separate is a little tough.

11 The first one is the Exchange should
12 leverage the expertise of a broad and diverse group of
13 individuals and organizations, including, but not limited
14 to, certified Brokers and Agents, community-based
15 organizations, governmental entities and providers to
16 educate consumers about their health coverage choices and
17 how to enroll in coverage.

18 Navigators should include a broad and
19 diverse group of individuals and entities educated and
20 trained in Exchange programs and select the different
21 populations that will be eligible to enroll in coverage
22 through the Exchange.

23 Then we have the ones that I just read.
24 And, number four, the financing of the program should be

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1 structured to enable the Exchange to sustain a program on
2 an ongoing basis.

3 To your point, though, Ellen, in the
4 consumer one, we actually had a discussion at the
5 consumer one about their third item is the Exchange
6 should provide consumers with information, and they
7 explained access and assistance pre and post-enrollment,
8 coverage options that's understandable and accessible in
9 multiple formats and multiple languages, so some of what
10 you're saying is highlighted in theirs, as well.

11 MS. ANDREWS: If I understood the verb
12 right, it was provide information there.

13 MS. O'GARA: Yours is provide information.

14 MS. ANDREWS: And theirs is stronger than
15 that, to actually provide assistance in filling out,
16 completing an application? Okay?

17 MS. O'GARA: Correct. You could adopt
18 theirs, if you thought that was appropriate.

19 MS. ANDREWS: Yeah.

20 CHAIRMAN HERBERT: Would you just read
21 that one again, then?

22 MS. O'GARA: From theirs is the Exchange
23 should provide consumers with information, for example,
24 on access and assistance, pre and post-enrollment, and

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1 coverage options that is understandable and accessible in
2 multiple formats, internet, written, walk-in, telephonic,
3 and multiple languages, Spanish, sign language, for
4 example.

5 MR. CALKINS: I'm sorry, Nellie. Where
6 are you reading that from?

7 MS. O'GARA: We have another Committee,
8 John, the Consumer Experience Committee.

9 MR. CALKINS: Thank you. Got you.

10 CHAIRMAN HERBERT: So I guess the question
11 is are we all comfortable with what Nellie just read, as
12 a plan, option A or B? Maybe I should say is anyone not
13 comfortable with it?

14 MR. GUTTCHEN: Well, Mickey, her comments
15 were about the Exchange. I think the question is what's
16 the role of the Navigator, and what's the role of the
17 Exchange?

18 MS. O'GARA: You could actually have both
19 of them.

20 MR. GUTTCHEN: I guess my naive view was
21 that the Navigator gets people to the Exchange, that the
22 Exchange is the entity that does the enrollment and the
23 application taking, and, certainly, the Navigator can
24 assist in providing information, but, ultimately, that

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1 person has to go to the Exchange.

2 I certainly would support what you said
3 about the Exchange, and that would dovetail with what
4 we're presenting here as the Navigator, but I'm not sure
5 that -- I mean it's up to the group whether we want to
6 say the Navigators are enrollers, which I think is what
7 Ellen is talking about.

8 MS. ANDREWS: I'm talking about hand
9 holding, yeah. I'm talking about helping people not just
10 providing information, because that could be just, you
11 know, handing out flyers, door knockers, that kind of
12 thing, but, actually, helping people walk through an
13 application. Yup, application assistance. Yes. That's
14 the way I understood how Navigators were going to
15 operate.

16 MS. O'GARA: Well you could take option B,
17 and let's listen just one more time. The Navigator
18 function, the Navigator function, which is overseen by
19 the Exchange, shall coordinate with other publicly-funded
20 health care programs to insure consumers are provided
21 information on their appropriate health coverage options.

22 You could explain provided information the
23 same way that the other Committee did, pre and post-
24 access and assistance, pre and post-enrollment coverage

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1 options as a way to incorporate those thoughts.

2 MR. CAPORALE: Tony Caporale here. Would
3 we be able to say should provide information and
4 assistance?

5 MS. O'GARA: So you could say -- are you
6 looking at option B?

7 MR. CAPORALE: Option B, that's correct.

8 MS. O'GARA: To insure consumers are
9 provided information and assistance on their health
10 coverage options?

11 MR. CAPORALE: That is correct.

12 MS. O'GARA: That really simplifies
13 things.

14 MR. CALKINS: Ellen, if I may just explore
15 a little further with you in your thinking here, you, in
16 explaining the role of the Navigator, are comfortable
17 with Navigators doing all the functions of enrolling that
18 right now a licensed agent has to do?

19 MS. ANDREWS: Well people are going to be
20 able to do this from a website, if they want to, without
21 a licensed agent, so I see Navigators helping them with
22 that interface to that website.

23 MR. CAPORALE: Tony Caporale again. I
24 think that, at least from the Insurance Department's

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1 point of view, if somebody is actually selling or
2 soliciting or negotiating insurance, that person should
3 be licensed, so while, as a principal, at least
4 personally, I don't see the Navigators could not perform
5 that function, however, it will be preferable if they --
6 no, they would have to be licensed. They would have to
7 be licensed to do that.

8 MS. ANDREWS: Let me understand you. So,
9 to help somebody -- if I, for instance, sit next to one
10 of my clients, because I just can't get this website
11 thing, I just don't get it, and I sit down with them and,
12 you know, like name, you have to put in your name, and I
13 help them do it, I would have to have a Broker's license
14 to do that?

15 MR. CAPORALE: No. What I said is that if
16 the Navigator is selling or soliciting or negotiating the
17 insurance, that person should be licensed.

18 Obviously, that kind of assistance that
19 would fall within like ministerial kind of tasks that you
20 have described, no, that would not be something that we
21 would require a person to be licensed, just like we don't
22 require some individuals, who are in the insurance
23 industry nowadays, who perform certain functions, to have
24 a license.

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1 MS. ANDREWS: Well good, because I would
2 have been like wicked illegal for many years.

3 MR. GLICK: This is Steve Glick. I have a
4 few comments. You know there is some precedent set
5 already under regulations, under Medicare for people over
6 65 in choosing, in selecting certain plans and
7 directions.

8 First, Agents have to go, or people have
9 to go through a certified process. They have to be --
10 when they meet with people, they can only represent, an
11 Agent can only represent a particular one carrier
12 situation, but there are environments, where people can
13 learn about general information about a particular
14 program, and there are certain rules and regulations that
15 follow, and we should look at some of those, because some
16 of them eliminate bias and eliminates an Agent's role of,
17 say, selecting his own particular plan.

18 It allows a lot of things. Again, I
19 strongly believe of a certification process that is
20 necessary and a process, like with Medicare, even though
21 I don't like bureaucracy, per se, but it really opens an
22 open mind.

23 And I've seen already in the senior
24 marketplace a lot of people feel more comfortable with a

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1 more relaxed process that has been established, and some
2 of the ideas that are there should be looked upon for the
3 Connecticut process of evaluation.

4 And, again, we have a very diversified
5 marketplace, and I do believe that some of the people
6 that are going to need the Exchange are not going to be
7 the typical person, that that is a business person, or
8 someone, who is fully employed and working under an egis
9 of an employer/employee basis.

10 It will be someone that is totally out
11 loud aloof from the normal process and need someone that
12 they can trust to help them guide them to get access to
13 coverage.

14 MS. O'GARA: So I think some of those
15 ideas, Steve, were included in the second item, about
16 trained and certified and educated, but without going
17 into listing everything the Navigator is going to do, you
18 had a lot of reference points from the law.

19 Perhaps we can simplify it by going along
20 with what Tony said, which is providing information and
21 assistance, and that might capture all of it.

22 MR. GUTTCHEN: I think that's the way to
23 go, because it leaves it open to -- it's more than just
24 providing a leaflet, but it allows us to provide more

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1 detail later on, in terms of what that role is going to
2 be.

3 MR. FAIR: This is Matt Fair. One comment
4 Tony made in regards, and I heard from the consumer's
5 experience definition, was advising, and, Tony, I don't
6 know if you want to comment on soliciting, selling,
7 negotiating and advising particular plan designs, but I
8 think that that definition on the other group, the
9 Consumer Experience Group, might need some revising in
10 that sense, because -- I'll let Tony comment.

11 MR. CAPORALE: Actually, I would rather
12 keep it narrow, without the advising part of it,
13 specifically, on the Connecticut laws, that tasks that
14 somebody, who sells insurance, I'm sorry, the tasks that
15 require somebody, who performs it, to become licensed are
16 limited to the three of them, which, itself, solicit and
17 negotiate.

18 And I think that, this way, we will be
19 consistent with the rest of the universe that is out
20 there selling insurance.

21 CHAIRMAN HERBERT: Okay. You are actually
22 looking for Committee approval here, and we do have a
23 suggestion that seems to have consensus, so I guess are
24 we formal enough to go through motions?

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1 MS. O'GARA: Well we actually took a roll
2 call vote at the others, so I can read the names, and
3 folks can say yea or nay.

4 CHAIRMAN HERBERT: Well, then, let's
5 entertain a motion and get a motion out there, and,
6 presumably, Tony, would you like to make that motion?

7 MR. CAPORALE: Yeah. I make the motion
8 that option B be adopted with the addition of the word,
9 I'm sorry, provide information and assistance.

10 CHAIRMAN HERBERT: Is there a second?
11 Second. And then, Nellie, you want to read the roll
12 call? I assume there's no further discussion.

13 MS. O'GARA: And, so, then the other three
14 will stay in place as they are, and, so, the roll call
15 vote would be yea, in favor of accepting them.

16 MR. CALKINS: Excuse me, Nellie. I have a
17 problem on number four I thought we were going to get to
18 next.

19 MS. O'GARA: Okay. Go ahead.

20 MR. CALKINS: I don't know how you want to
21 do these, individually, make it your -- well I'm not sure
22 we need. I mean, if there's overriding sentiment, at
23 least on the first three, I'm not sure we need a roll
24 call vote, and then we can address four?

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1 CHAIRMAN HERBERT: Okay.

2 MS. O'GARA: That would be fine.

3 CHAIRMAN HERBERT: Could we just say who
4 is in favor, say aye?

5 MS. O'GARA: Yeah. All those in favor,
6 raise your hands. That would be probably easier. Okay.
7 We have consensus on the first three. And number four,
8 John?

9 MR. CALKINS: Yeah. My concern is that we
10 are putting out in our principles the Financing and
11 Navigator's Program, and I think that should be amended
12 to say Navigators and Brokers. Based upon the
13 Massachusetts experience of first program not
14 compensating brokers, I don't want to get any confusion
15 here.

16 MS. O'GARA: Any discussion?

17 CHAIRMAN HERBERT: Just from staff, Bob,
18 isn't it true that the rule expressly forbids the
19 Exchange to pay Navigators, but doesn't forbid them to
20 pay Brokers, am I correct?

21 MR. CAREY: No. The proposed rule
22 prohibits Navigators from receiving compensation directly
23 or indirectly from carriers for enrolling people in
24 coverage.

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1 The Exchange could -- the expectation is
2 the Exchange will fund the Navigator's Program, okay?
3 It's optional whether the Exchange even plays a role in
4 the compensation that might occur between a Broker and a
5 carrier, so some Exchanges, some states have approached
6 this from the perspective that it's not the Exchange's
7 role to insert itself in between a relationship between
8 Brokers and carriers, so they basically remain silent or
9 have not involved themselves in setting any compensation
10 structure.

11 Other Exchanges, Utah, for example,
12 Massachusetts, for example, sets the Broker compensation
13 for business that's sold through those Exchanges, so
14 we'll talk about this as one of the charges of the
15 Committee, is to figure out what's your recommendation
16 with regard to the Exchange's role in the relationship
17 between Brokers and carriers for business sold through
18 the Exchange, but the law allows flexibility, as to how
19 the Exchange decides to approach that.

20 CHAIRMAN HERBERT: Well that's a good
21 clarification, but one other point is I believe that
22 federal grant monies are not allowed to pay the
23 Navigators, is that correct?

24 MR. CAREY: Correct. The Exchange

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1 Establishment Grants are not allowed. You can't use
2 Exchange Establishment Grants to fund the Navigator's
3 program.

4 MS. O'GARA: So I guess, John -- maybe you
5 can comment on this, Bob. A Broker could be a Navigator,
6 provided the Broker does not receive direct compensation
7 from a carrier?

8 MR. CAREY: Yes. Technically, someone,
9 who holds a Broker's license, could be a Navigator, but
10 that Broker could not receive direct or indirect
11 compensation from any health plan, not just for the
12 health plans that are sold through the Exchange.

13 MR. CAPORALE: I'm sorry, Bob.
14 Clarification. Would they apply -- it doesn't matter
15 which role this, let's say, Broker, Navigator is
16 undertaking, or it applies only, for example, if they are
17 working as a Navigator?

18 MR. CAREY: Yeah, it would only apply. So
19 the Exchange will set up a Navigator's program. It's
20 assumed that there will be some type of solicitation of
21 Navigators and some compensation in the form of grants,
22 and we'll talk about what was done in Massachusetts, but
23 there's some flexibility with regard to how the Exchange
24 sets up its Navigator program.

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1 But if someone is certified, and there's
2 also in the rule of discussion about how Navigators
3 should be certified to be Navigators, if someone is
4 certified to be Navigator and acts as a Navigator, they
5 cannot also be a Broker that receives direct or indirect
6 compensation from any health plan or any carrier that
7 operates within the Exchange.

8 So, for example, if a Broker wanted, also,
9 to be a Navigator and the Exchange sold Anthem/Blue Cross
10 health plans, that Broker could not receive any
11 compensation, direct or indirect, from Anthem/Blue Cross.

12 Technically, I guess, a Broker or Agent
13 could be a Navigator. I think that most active Brokers
14 and Agents, because of the contractual relationship and
15 the way in which they're compensated in the market today,
16 sort of are precluded to a large extent, because, in
17 essence, they'd have to give up their day job, in order
18 to become Navigators.

19 MS. SAXTON: Bob, I see the reference and
20 you keep referring to health insurer. What about life --
21 what about other lines of coverage?

22 MR. CAREY: Yeah. The rule is silent on
23 other lines of coverage. It just talks about, you know,
24 Qualified Health Plans sold inside or outside of the

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1 Exchange.

2 MS. SAXTON: So a Broker/Agent that is
3 receiving compensation, like life insurance compensation
4 or disability, are you saying could operate as a
5 Navigator?

6 MR. CAREY: Yes. My read of the rule does
7 not preclude. It is specific to health and Qualified
8 Health Plans.

9 MS. SAXTON: Thank you.

10 MR. BOYLE: This is Phil, if I may. So,
11 to go back to your point, in terms of the financing
12 question, obviously I understand it that we're talking
13 about financing the Navigators, which would be separate
14 than the compensation that Brokers get under the
15 guidelines set up by the federal government.

16 The other question I would have, then, if
17 I understand that correctly, is should we be adding those
18 as principles about Brokers? I mean we have four items
19 here that relate to Navigators, specifically, which there
20 is a need. NAHU agrees with that, but I also see Broker
21 and Agent in here, so should we be adding those
22 principles now, or you referenced a future time? I don't
23 know.

24 MR. CAREY: Well I guess it's an open

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1 question, as to how your advice to the Exchange Board
2 with regard to the relationship between a Broker, Agent
3 and the carrier for policies that are sold through the
4 Exchange, and you have some options on the table.

5 And, so, the Navigator's function, because
6 it is funded by the Exchange and it must be funded by the
7 Exchange, you don't have an option, as to, you know, you
8 have some options, in terms of the size of the funding
9 and how you structure the funding, but with regard to the
10 fact that funds need to flow through the Exchange to
11 support the Navigator's program is sort of not an option
12 on the table, whereas the financing of Broker
13 relationships and Broker compensation is an open
14 question, as to whether the Exchange involves itself in
15 those types of business transactions.

16 MR. GUTTCHEN: Mickey, can I make a
17 suggestion? I don't think number four is really a
18 principle. I think, to follow-up on Bob's comment, we
19 have to figure out a way to fund the Navigator program,
20 so that's a policy discussion, in the same way that we
21 have to figure out compensation for Agents and Brokers.
22 That's a policy discussion.

23 The others are more guiding principles, so
24 I'm not sure it even fits here, and my suggestion would

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1 be to drop it, and, at a later date, we're going to have
2 those policy discussions, and then I think those other
3 principles can help guide that discussion, but we have to
4 do those either way.

5 CHAIRMAN HERBERT: Are you comfortable
6 with that, John?

7 MR. GUTTCHEN: He's nodding yes, so,
8 again, since it's here on the paper, maybe we should have
9 a motion to that effect, just to make sure that we're all
10 in agreement.

11 MR. CALKINS: John Calkins. I'll move
12 that we delete number four.

13 CHAIRMAN HERBERT: Is there a second?

14 A MALE VOICE: Second.

15 CHAIRMAN HERBERT: Further discussion?

16 MR. NICASTRO: Not to throw a wrench in
17 here, but I don't know about being too comfortable. I
18 mean I think you have to say you're going to finance this
19 thing.

20 I think the issue here is this is very
21 generic in its statement, because what you just
22 described, Bob, anybody can technically play the role.
23 All we're saying is the program that's being put in place
24 for Navigators, the rules has to be properly financed to

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1 make it operate, otherwise, it doesn't exist.

2 So, I mean, I'm not sure that, you know,
3 part of the principles of this is how is it going to get
4 paid for, and, so, I'm not 100 percent comfortable with
5 just taking it and saying, you know, we're not going to
6 say anything with regards to how it's going to get paid
7 for and exist.

8 MR. GUTTCHEN: I guess my point is, the
9 way this is structured, we're not saying how it's going
10 to be financed. We're just sort of stating the obvious,
11 which is it's got to be financed, so it's not really a
12 principle.

13 I think we're all in agreement. We're not
14 ignoring it. Those are going to be difficult policy
15 discussions, in terms of how we finance it, because
16 there's lots of different options.

17 It's more, one, to just move us along,
18 but, two, I don't really think it's a principle. It
19 doesn't really fit with the other options there.

20 CHAIRMAN HERBERT: Okay. Ellen?

21 MS. ANDREWS: If I remember, and maybe it
22 was in a different Committee, but I kind of remember that
23 this guiding principle was put in every one of the
24 Committees to kind of remind us not to go crazy with the

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1 money, and I think we got that message just in this
2 discussion, so maybe we don't need it, because the point
3 was to knock us all back into being reasonable about
4 sustainable funding. I think we got the message.

5 MR. GLICK: I'd just like to make an
6 important point, is regardless of the process, we need a
7 process of education. I mean that's going to take time,
8 effort and cost, and, regardless of what we do,
9 especially if we define Navigator as a non-insurance
10 agent, there's going to be a tremendous amount of
11 education that has to be presented to this organization,
12 as we call it.

13 They have to learn the pathway of this
14 program, so we can't ignore the issue of people that are
15 selected or an entity that's to be selected as a
16 Navigator, because there's going to be, for most people,
17 a whole new way of education and direction, and it's
18 going to cost money to do that.

19 CHAIRMAN HERBERT: Well we do have a
20 motion on the floor, and it may not be unanimity. It's
21 nice to get unanimity, but maybe we should just go ahead
22 and vote.

23 MS. O'GARA: The motion on the floor was
24 to delete number four, and I think you had a second, and

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1 we just had discussion, so could I see a show of hands in
2 favor of deleting? Okay. All, but two. Nay? Could I
3 have the other two hands? Okay. Three hands. Three
4 hands for nay.

5 Okay, then, we completed that item on the
6 agenda, and we're going to move to a discussion of the
7 CID Summary on Producer Regulations and Requirements.
8 Tony, you're going to be taking this?

9 MR. CAPORALE: Yes. I'm going to be
10 speaking to that. I'm sorry. Again, Tony Caporale here.
11 Rather than just actually go point-by-point on every
12 single requirement that we are looking for, for somebody
13 who is looking to have a license, I was thinking maybe
14 just follow a little bit along and give a little bit of
15 an overview, and then maybe entertain any questions that
16 there may be regarding the requirements relating to
17 producers.

18 First of all, as was mentioned before, at
19 least as the law stands right now, everybody in
20 Connecticut, who sells, solicits, or negotiates
21 insurance, is required to have a producer's license.

22 Persons, and a person is defined as an
23 entity or an individual, persons, who perform this kind
24 of activities, are required to abide by certain

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1 requirements, such as, for example, for an individual,
2 might be they must be 18 years old, must have -- there is
3 a number of disqualifying factors, which would allow the
4 Commissioner to deny a license.

5 For example, if somebody is convicted of a
6 felony, if somebody has been caught cheating on an
7 application, if somebody has an administrative action in
8 another jurisdiction, whether it be another insurance
9 department, or whether it be another agency of the state,
10 this person will be not automatically disqualified from
11 obtaining a license, but the person will be looked at in
12 more detail, and the Commissioner, at the end of the day,
13 will make a determination, as to whether a license could
14 be granted, or whether to grant this license would not be
15 in the best interest of the public.

16 That's kind of a very loose concept. For
17 example, some time ago, we had a person, who was not
18 convicted of any specific crimes, which would prevent
19 them from becoming licensed, however, there were some
20 concerns, because of the nature of the crime, and there
21 were some concerns about the way this person interacted
22 with the Department, the way this person presented his
23 case to the Department, and the license was denied.

24 When the license is denied, obviously,

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1 there is some safeguard the person may look for, for
2 example, the person can request a hearing before the
3 Commissioner. Once a hearing is granted, the person, if
4 he's not satisfied, can present ulterior review to
5 Superior Court and, ultimately, to the Appellate and
6 Supreme Court.

7 With regard to business entities, the only
8 requirement is that there should be somebody, who is
9 responsible for the business, that somebody has to be
10 licensed and has to be in good standing.

11 We also have, and these are both for
12 individuals and for business entities, I kind of
13 described what happens when they are residents of the
14 State of Connecticut, and, by resident, it means either
15 that they're located in the State of Connecticut, or that
16 their principal place of business is in Connecticut.

17 We also would require non-residents,
18 entities and individuals to become licensed, and, in that
19 case, the process is a lot simpler. All we would require
20 is that the person be in good standing in his, her, or
21 its jurisdiction, and that the person pay the appropriate
22 filing fee.

23 With regard to once a license has been
24 obtained, meaning once a person has been found duly

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1 qualified, because the test has been taken, because the
2 course, the pre-licensing course is applicable, has been
3 taken, once the person has passed all the criteria and
4 met all the criteria that would indicate that this person
5 is duly qualified, before the person is actually out and
6 about selling insurance, appointments are required if the
7 person is acting on behalf of an insurance company.

8 Before I believe 1996, there were two
9 separate licenses. One license was for an Agent. In
10 that case, the person would have to be sponsored by an
11 insurance company, and that insurance company or other
12 insurance company will remain on record as the only
13 entities for which this individual or this business
14 entity could sell insurance.

15 After 1996, we have a generic producer
16 license, which allows somebody to act both as an Agent
17 and as a Broker.

18 Things are more complicated, because now
19 it's not a black and white situation, when somebody is
20 selling insurance, and there's some additional
21 consideration to go into that to see if this person needs
22 an appointment from the company or not.

23 For example, one of the criteria is
24 whether this person has been using company-specific

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1 material during self-presentation, during the taking of
2 the application, or during maybe a phone call to the
3 public.

4 For example, if the person has been using
5 company-specific letterhead as his or her introduction, a
6 company brochure to present the product, and so on and so
7 forth.

8 Additional criteria entails the
9 compensation that the person is receiving, so, in other
10 words, is this person being compensated through
11 commission, or is this person just a middle man that is
12 going to another producer and looking for insurance
13 products that are appropriate for the client?

14 This will be the indicia that we will look
15 at once there is, for example, a complaint, or there is a
16 market conduct exam that shows that the person was not
17 appointed with a particular company that we found, in
18 fact, that they sold, that he or she sold insurance for.

19 And, so, in that respect, it's a broader
20 kind of outlook, and it requires some more, some
21 additional determination, other than just looking at a
22 specific license.

23 And that's one of the reasons why last
24 time I was maybe making the point that we could structure

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1 the Brokers or the Producer's role within the Exchange in
2 one way or the other that makes more sense for our
3 purposes, because we have, in fact, that kind of
4 flexibility.

5 Other than that, once a license has been
6 acquired, obviously, can be maintained indefinitely,
7 unless the person fails to pay the specific fee that is
8 on a biannual basis, and it comes due on every other year
9 on the Producer's birthday.

10 With regard to companies or business
11 entities, it comes due on February 1st of every even
12 numbered years.

13 Another way in which a person can lose a
14 license is if the person engages in conduct that
15 determines or that dictates that administrative action be
16 taken.

17 In that case, there is going to be a due
18 process that is going to be afforded to the person,
19 whether a business entity or an individual, and the
20 person has the right to appear before the Commissioner,
21 present evidence that would allow them to keep their
22 license, and, as mentioned before, in case the
23 Commissioner decision is to revoke a license, in addition
24 to or in lieu of imposing a fine, then the person has

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1 additional remedies, such as appeal rights.

2 So that's in a nutshell Producer licensing
3 and requirements, and if anybody has any questions, I'll
4 be glad to try to answer them.

5 CHAIRMAN CZARNECKI: Just one quick
6 question, if you didn't cover it. It's showing a fee for
7 a firm or agency, but not a fee for the individual. I
8 guess where I'm a little confused, we already have all
9 the fees we pay as individual Brokers and/or Agency.

10 Is this in addition, or are you just
11 restating what we already are dealing with, and that the
12 appointment to be an Exchange representative would be in
13 addition to what we're already doing, just as another
14 appointment?

15 MR. CAPORALE: Again, I think that your
16 question is whether we decide to appoint Producers to the
17 Exchange, as opposed to, you know, a different kind of
18 scheme, whereby the Producer would be selling insurance,
19 and then coming to the Exchange sort of on an independent
20 kind of basis, is that correct?

21 CHAIRMAN CZARNECKI: Well not really. All
22 I'm saying -- let me just give you an example. My wife
23 and I own our Agency. Our Agency pays a fee to be
24 licensed. We each pay a fee to be licensed, and I think

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1 it's somewhere around 130 or 150 already.

2 MR. CAPORALE: Yeah. The Agency --

3 CHAIRMAN CZARNECKI: Just all I'm asking
4 is, if I get appointed to sell on the Exchange, am I
5 going to pay another \$130, or are you just referring to
6 what we're already paying?

7 MR. CAPORALE: Now I understand your
8 question. What we are talking here, the \$130 and the \$80
9 every two years, those are the licensing fees. They have
10 nothing to do with appointments.

11 CHAIRMAN CZARNECKI: Okay, got you.

12 MR. CAPORALE: Basically --

13 CHAIRMAN CZARNECKI: Yeah, so, you're just
14 restating what the current rules are that we live by now
15 really?

16 MR. CAPORALE: That is correct.

17 CHAIRMAN CZARNECKI: Okay.

18 MR. CAPORALE: That is correct.

19 CHAIRMAN CZARNECKI: That's what I
20 thought.

21 MR. CAPORALE: Just as a further
22 clarification, once the person has to be appointed by an
23 insurer, each appointment is, I think, \$25 or so, which
24 most of the time is paid by the insurer, but that's not a

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1 licensing fee. That's an appointment fee.

2 CHAIRMAN CZARNECKI: Okay, thank you.

3 That's what I thought.

4 MS. O'GARA: Ellen, you have a question?

5 MS. ANDREWS: I keep looking at the
6 Chairs, but I should look at you, Nellie. I'm sorry.
7 I'm probably the only one, who has this question in the
8 room, because I'm not a Broker. I don't know anything
9 about it, frankly.

10 So maybe it could just be sent to me and
11 whoever else wants to see it, but I'd be really
12 interested in what the training is, like if there's a
13 practice test I could look at, what the areas are of
14 expertise, and, you know, what do they learn about public
15 programs, if anything, right now, and, also, who does the
16 training. Does the State do the training, or is that
17 done by companies? I don't know how that works.

18 MR. CAPORALE: Let me take your first
19 question first. Yes, there is some training. There's a
20 number of insurance lines, where a producer can get a
21 license for. For example, can get a license for life,
22 health, life and health, property, casualty, property and
23 casualty, variable products, and, for each line that the
24 person seeks licensure, there is a course requirement,

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1 unless the person has, and now I'm using person
2 synonymous with individual, unless the individual has,
3 for example, certain qualification, for example, if you
4 are a certified life underwriter, you don't need to take
5 the course, you don't need to take the test, but most of
6 the population, most of the people, who are looking to be
7 licensed as producers, are required to undergo a 40-hour
8 course, and the course is usually offered by a number of
9 entities.

10 For example, the PIA has a course that you
11 can take to become professional insurance agents. The
12 Insurance Association of Connecticut has the courses you
13 can take.

14 Once a person takes a 40-hour course for
15 each line of authority, so, in other words, if I'm
16 looking to be licensed for property and casualty, I would
17 have to take an 80-hour course, that course usually
18 covers insurance basics, covers regulatory requirements,
19 covers policies, covers, for example, different kind of
20 coverages, covers what is owed to the Commissioner, in
21 terms of reports and so on and so forth, covers licensing
22 issues.

23 There is no, at least to my knowledge, no
24 course that covers more broad-based societal kind of

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1 issues that are just confined to, basically, insurance,
2 and these are beginners kind of courses, so, in other
3 words, we don't expect somebody, who just comes in the
4 business, to be able to know all aspects of the business.

5 These are the minimum requirements to
6 allow the Commissioner to make a determination that the
7 person is qualified to at least enter the business.

8 MR. GUTTCHEN: Can I follow-up on that,
9 Ellen? Just to your specific question, none of the
10 training is done by the State. The only exception is if
11 you want to sell long-term care insurance through our
12 partnership for long-term care.

13 There's a special training that is put on
14 by the State. I do the training with somebody else.
15 With most of these courses, there is an exam that you
16 have to pass.

17 The additional thing is that producers
18 have to get 24 hours of CE requirements met every two
19 years, so they can pick and choose courses, but there are
20 certain categories that they have to take within that.

21 MS. ANDREWS: And these are offered by
22 professional. They're not things you take at Gateway or
23 something?

24 MR. CAPORALE: Well, actually, the exams

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1 are offered by a vendor, who is on contract with the
2 State. The courses are all private courses most, except
3 for the exception of the long-term care issues, and also
4 see, basically, whether it's continuing education.

5 Producers are required to take 24 hours of
6 this 24 hours. At least four must be law and ethics, so
7 they have specific requirements that they have to be
8 fulfilled on a biannual basis, and if somebody does not
9 fulfill the continuing education requirements, that's
10 grounds for the suspension of the license.

11 MS. O'GARA: Phil, did you want to make a
12 comment?

13 MR. BOYLE: Nellie, Tony, if I could just
14 follow-up, A, on two things. One is there is nothing
15 that really teaches the Producers in the State right now
16 on the public side, the Medicaid and things like that.

17 We have offered that in the past under
18 Husky and all, but it isn't currently happening, and we
19 are still pursuing that.

20 Just a quick question, Tony, for you.
21 Taking up the property and casualty and all those people,
22 health and life only, do you know how many producers
23 there are in the State of Connecticut, round number? I'm
24 not going to hold you to an exact number.

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1 MR. CAPORALE: Unfortunately, I couldn't
2 even tell you that. We know that, all together, we have
3 between entities, meaning insurance agencies and
4 individual, we have about 130,000. I wouldn't be able to
5 begin to tell you how many are life and health only, how
6 many are property and casualty, and how many are both.

7 MR. GLICK: I'd just like to make a
8 comment that of and beyond the basic understanding of
9 health care and whatever we just talked about, many
10 agents focus on specialization of what they'd like to do,
11 and the carriers take a major responsibility in adding
12 education and service and direction, and that Agent,
13 himself or herself, can look at other options to upgrade
14 their market.

15 There are different levels of what an
16 Agent wants to participate in, but it's not just
17 controlled by a licensing process. It's also, just like
18 we decide to reeducate ourselves in other things, so it's
19 up to that Agent to take opportunities of the carrier or
20 other outside direction that builds a better Agent for
21 the community.

22 MS. O'GARA: Okay. I think that answers
23 your question, Ellen? The next one is to move on to a
24 Summary of the Brief on the Final Rules on Navigators and

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1 Brokers.

2 (Off the record)

3 MS. O'GARA: -- Navigator Program. I
4 think Bob is prepared to discuss those.

5 MR. CAREY: Can I just ask a couple of
6 quick questions on Brokers? Can you talk about the
7 insurance requirements of Brokers and the types of
8 insurance that they have to maintain, in order to be a
9 licensed Broker?

10 MR. CAPORALE: Are you talking in terms,
11 for example, of an E and O policy? Actually, the State
12 at the current time does not have any requirement that a
13 producer maintain an E and O policy or that the producer
14 post a bond.

15 CHAIRMAN CZARNECKI: But I will say that
16 the insurance companies do ask us regularly for proof of
17 Errors and Omissions insurance, so, on a regular basis,
18 I'm faxing that to somebody, because every year they ask
19 for it.

20 CHAIRMAN HERBERT: Can I just make a
21 policy question? We're not being asked to vote on
22 anything on this particular subject matter today, but I
23 assume, at some point in the future, we will address the
24 question that you thought Mark asked, and that is will

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1 the Exchange play the role of actually somehow licensing
2 Brokers to the Exchange, and that will be a future policy
3 discussion, I assume?

4 MR. CAREY: Yeah. We thought it important
5 just to level set, so that everyone understands, what are
6 the current requirements with regard to licensing of
7 Producers in Connecticut.

8 There's, also, in the rule the expectation
9 that the Exchange would, in some way, certify, or
10 license, or have some way of recognizing Brokers, who are
11 able to sell, or to assist people enroll in coverage
12 through the Exchange.

13 One way that we might consider doing that
14 is to build on the existing licensing requirements that
15 the Connecticut Insurance Department already oversees,
16 and, in fact, the rule directs Exchanges to work with
17 existing oversight and regulatory authorities that have
18 responsibility for producers.

19 The same is true with regard to
20 Navigators, in terms of certifying and licensing,
21 perhaps, Navigators, so just so people understood what's
22 the current framework in the State with regard to
23 licensing standards, we thought it would be informative.

24 MR. GUTTCHEN: Thank you. Could I just

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1 make a follow-up on that, just based on the legislative
2 history for the statute that got passed last year for the
3 Exchange? As most of you know, in there there's a
4 requirement that Exchange enrollers have to become
5 licensed as Producers within 18 months of employment.

6 That was put in there, because people were
7 concerned about having an even playing field between
8 Producer requirements and enrollers, but it was never
9 discussed that the Exchange would play the function of
10 actually doing the licensure.

11 The expectation was that the enroller on
12 the Exchange would go through the same process that a
13 Producer would today, in terms of getting licensed by the
14 Insurance Department, and would pay the fees and the
15 ongoing CE requirements.

16 Certainly, the Exchange might have its own
17 training, because, to Ellen's point, if you just get a
18 producer license, you're probably not going to learn
19 about Husky and Medicaid in the detail that the Exchange
20 staff are going to have to.

21 That would be separate, but I don't think
22 it was ever envisioned that there would be sort of a
23 separate licensing process, because we already have one
24 in place.

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1 The Exchange is going to be busy enough
2 doing its own thing. I think the issue was do we certify
3 or license Navigators, and that clearly would be the
4 bailiwick of the Exchange, because it was also discussed
5 that we didn't want to license Navigators in the way we
6 license Producers.

7 MR. CAREY: And that's consistent,
8 actually, with the federal rule, which clearly states
9 that Exchanges can't require Navigators, can't hold
10 Navigators to the same licensing standards that the State
11 would hold Producers.

12 So the next couple of items. We went
13 through at the last meeting the HHS final rule on
14 Navigators and Brokers. I, then, prepared a brief memo
15 that sort of, in narrative form, walked through those
16 issues.

17 We didn't think it was necessary to go
18 through it again, but we did want to provide the
19 Committee with an opportunity, if they had any additional
20 questions or comments on the final rule with regard to
21 Navigators and Brokers.

22 You can come back to us with questions and
23 comments at some later date, but we just did --

24 MR. BOYLE: Bob, just the only thing, I

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1 don't know when it's the appropriate time to interject
2 this, but, you know, NAHU, on a national level, did
3 respond to the CMS on the final or the interim final
4 rules, so it kind of goes along the path that we're
5 talking about already, about, you know, the need to
6 define the Navigators and the Brokers.

7 And, also, actually, it's funny that Ellen
8 brings up some of the points that she brings up, about no
9 wrong door, and, you know, the training for the
10 Navigators to be certified.

11 Obviously, our concern as Brokers is we
12 see a need for Navigators to certain spots, but we are
13 also concerned about the consumer, that the consumer is
14 being treated properly with somebody, who is trained
15 properly.

16 So I did, you know, just since it seems to
17 be bringing it up for here, I did bring this letter and
18 would be happy to share it with anybody, you know, if you
19 wanted. I'm happy to do it.

20 It's from Janet Trautwein(phonetic), who
21 is the Executive Vice President and CEO of the National
22 Association of Health Underwriters, to Marilyn
23 Tevener(phonetic), who is the acting administrator down
24 at the CMS, and the letter references regarding the

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1 regulation and establishment of the Exchange standards
2 for employers and things like that.

3 I just wanted to interject that at this
4 time.

5 MR. CAREY: Well, maybe, if you could
6 share that through the co-Chairs, then we can distribute
7 it to the members, because I think it's of import.

8 MR. GUTTCHEN: Bob, can I ask one point of
9 clarification? When we met last, Tony had made the
10 comment that he thought that Producers could not receive
11 compensation directly from insurers, not in the role as
12 Navigators.

13 We understand that, but Tony was saying
14 that there is some rule that said you could not receive
15 compensation directly from a carrier, and I think we had
16 some disagreement on that, and just wanted to get a
17 clarification, because my understanding was that that was
18 not prohibited if you are acting in the role as a
19 Producer, not as a Navigator.

20 MR. CAREY: Correct. I think the issue
21 was the distinction that Tony was drawing with regard to
22 this blurring of Brokers versus Agents.

23 It's not in any of the rules so far with
24 regard to the Exchange, but I don't know if maybe you

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1 want to clarify a little bit about Brokers versus Agents
2 and compensation from carriers.

3 MR. CAPORALE: Actually, my point was
4 simply that, in the federal rules, one of the guiding
5 principles is that conflict of interest has to be
6 minimized or eliminated as much as possible, and my point
7 was simply, well, if that applies to Navigator and the
8 performance of their function, wouldn't that also
9 logically apply to Producers?

10 And, in that case, wouldn't we have to
11 come up with a set of rules that would cause this
12 conflict of interest when it related to the actions of a
13 Producer to be minimized as much as possible?

14 I'm sorry. To just get back to your
15 point, I wasn't saying that by rule or by regulation
16 Producers cannot receive compensation. What I'm saying
17 is, in the role within the Exchange, wouldn't it make
18 sense if we structure it that way?

19 MR. GUTTCHEN: Well that helps, because
20 we're going to have that policy discussion, so we'll have
21 to keep that in mind.

22 MR. CAREY: We also provided in your
23 packet, and we're not going to go through them at all,
24 except if folks have comments about them, the

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1 recommendations from three states, Maryland, Minnesota
2 and Washington, with regard to Brokers and Navigators, as
3 well as an RFP that Arkansas put out for consulting
4 services to help develop the Navigator program, in which
5 they go into some detail.

6 I will say that each one of these
7 documents or reports was produced prior to the final rule
8 coming out from HHS, and some of the recommendations that
9 are incorporated within, for example, Maryland's report
10 on Navigators and Brokers conflicts with the final rule.

11 As you go through and review these
12 reports, you know, perhaps we should take, you know, a
13 meeting, if necessary, or a greater part of a meeting, to
14 go through and identify those areas in which a
15 recommendation from one of those states conflicts with
16 the final rule, because the rule changed significantly
17 from the interim rule, which was issued in July or August
18 of 2011, to the final rule, which was issued in March.

19 So, for example, this prohibition on
20 Brokers and Agents receiving compensation inside or
21 outside the Exchange was an expansion on the initial
22 rule, which said that a Broker/Agent could not receive
23 compensation for plans sold through the Exchange, so it
24 sort of allowed a Broker and Agent, if it acted as a

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1 Navigator, to receive compensation for business that he
2 or she sold outside of the Exchange, but not inside.
3 That was changed in the final rule to preclude any
4 compensation, either inside or outside of the Exchange,
5 and, so, Maryland's recommendation, when they looked at
6 the interim rule, was to allow Brokers and Agents to
7 serve as Navigators, so long as they didn't receive
8 compensation inside the Exchange, but that has sort of
9 been taken off the table, based on the final rule, which
10 prohibits any compensation inside or outside the
11 Exchange.

12 As you go through, I think the reports are
13 helpful, but be careful in looking at recommendations
14 that they may have made that now conflict with the final
15 rule.

16 MR. GLICK: Yes. I'd like to know and
17 part of the process, too, is really studying
18 Massachusetts being the center of a lot of look and see,
19 and, Bob, I guess you're experienced in all that.

20 I understand right now, from recent
21 discussion yesterday, actually, there is some real
22 conflicts going on in Massachusetts of the success of the
23 original program, but I think we should look at that,
24 because we're, in my opinion, more closely aligned to

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1 being more Massachusetts than any other of these proposed
2 state activities, plus that's the first initiation of a
3 program.

4 MR. CAREY: Great segue. So the next item
5 is a deeper dive into the Massachusetts program and how
6 they established sort of a Navigator-like program, and,
7 so, we're going to go into it in a little depth.

8 MR. CALKINS: If I can ask a couple of
9 questions? First of all, I apologize, because I'm
10 assuming these documents were all in the attachments. I
11 must not have downloaded all the attachments, so I'm not
12 aware. I didn't review them.

13 I did send out to the other Committee
14 members and I think the staff, the Illinois, and I'm
15 questioning why you chose the states you did to highlight
16 and didn't, not that I have any authorship in Illinois,
17 but why you didn't include the Illinois in that group.

18 MR. CAREY: Well, two things. One, I
19 didn't pull together the document, so I'll have to defer
20 to my colleague, who did pull them together, but we
21 certainly I think we just pulled down, you know, four of
22 them that we thought, you know, that we found.

23 I don't know, Grant, if you want to
24 respond to --

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1 MR. PORTER: The four that we chose were
2 for no particular reason, except they're in different
3 stages of development. The Maryland one goes through
4 this iterative approach. The RFP from Arkansas is very
5 different than the others.

6 I think it was just more of an oversight
7 than anything about excluding the Illinois.

8 MR. CALKINS: I assumed, and I'm not sure,
9 because maybe my e-mailing qualifications aren't that
10 good, but that the other Committee members got the
11 Illinois one that I sent out.

12 The reason I call attention to this one is
13 that it is quite advanced, in terms of its detail, and
14 was quite interestingly come to an agreement between
15 Navigator organizations and the Brokers in Illinois in a
16 negotiation process.

17 So it is quite -- it is somewhat -- I'm
18 not endorsing it, but I think it's a body of knowledge
19 out there that should not be overlooked. Whether it's
20 Massachusetts, Maryland, or Arkansas, or Illinois, I
21 don't really care.

22 I just happen to think that there's some
23 work that's been done out there that we shouldn't be
24 overlooking.

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1 MR. PORTER: The other comment, the ones
2 that we did include were all produced by Exchange staff
3 directly, or the Committees, and, so, that was -- I used
4 that to guide the four that I selected.

5 MR. CAREY: But we'll make sure to
6 distribute the Illinois report.

7 CHAIRMAN CZARNECKI: If I can comment,
8 too, I'd like to see if anyone else also didn't get those
9 other documents, because I also didn't, and I don't
10 recall whether I just didn't see them, because I didn't
11 see Maryland, Minnesota, Washington, or Arkansas, but I
12 did see John's Illinois, and I did extensively review
13 Massachusetts myself.

14 Is there anyone else that didn't get those
15 other four states? Okay, so, maybe they didn't really --
16 because if you see one of the e-mails, it showed the
17 attachments included Massachusetts in the handful of
18 other documents, but I just don't recall seeing them all.

19 I don't think we can comment on those
20 other states, if most of us didn't get those, but we can
21 talk about Massachusetts.

22 MS. CINTRON: So we can re-send those, and
23 our apologies for that, so we'll get that out to you
24 today or tomorrow.

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1 CHAIRMAN CZARNECKI: Can I make a comment,
2 too? I reserved some comments early on, when we were
3 talking. It's obvious, like listening to Ellen, that her
4 background is so different than ours.

5 Like what you do, Ellen, I can't begin to
6 understand what it's like to do that job, is that I also
7 believe she doesn't really know the extent of us, but
8 this whole issue with Navigators is really important,
9 because I feel like 80 percent of what they're telling us
10 we have to have Navigators do we already do.

11 The only two things that we don't get into
12 with people is Medicaid and the other programs, because,
13 honestly, it is not our job. We're not supposed to go
14 beyond the scope of our job.

15 But you look at these Navigators, and when
16 Ellen says she's trying to help someone on the internet,
17 or on the phone, or whatever, and I relate my job as a
18 Broker, and the most scrutinized part of our job as
19 Brokers is dealing with the people in the Medicare
20 market.

21 In addition to all the other licensure, we
22 also have to do a 40-hour course every year on Medicare
23 and all those programs, and Medicare Advantage, and Part
24 D, and the amount of work we put in. To know that those

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1 people can also go online, yeah, and go to the Medicaid
2 website, so many people come to me like this is
3 overwhelming, so I can't say enough how complicated this
4 Navigator thing is going to be, and then, to look at this
5 business model, it's like we already don't have funding
6 for our Exchange, and then we're going to have to give
7 grants to all these organizations.

8 I think we really have to have a
9 discussion about who are these organizations that we're
10 going to give grant money to that are going to actually
11 go out there and hire people for a short-term period to
12 be experts at Navigating, because, even in Massachusetts,
13 there's a short timeline on when they're going to really
14 have this in place, and then the money is going away.

15 So, from a business model, it just doesn't
16 make sense, and I think that's where we're having
17 problems. We're talking about guiding principles on
18 things that we really don't even understand yet, so it's
19 almost like we're working in reverse.

20 MR. CAPORALE: Tony Caporale again.
21 Except that under the federal rules, you have to have a
22 Navigator program, and Navigators have to meet certain
23 qualifications, and they have to come from certain
24 backgrounds, whether it's from the Producer community,

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1 whether it's from minorities, whether it's from, you
2 know, type of entities that deal with the public, and,
3 so, I mean I don't know what really the answer will be on
4 that one, to say maybe we should rethink the role of the
5 Navigator.

6 CHAIRMAN CZARNECKI: Yeah, so, again, I'm
7 not questioning the role, because I know it's federal
8 law, but I'm just questioning is there someone here that
9 can say who these organizations are going to be? Can you
10 explain that?

11 CHAIRMAN HERBERT: Ellen and I had a
12 communication offline about this, about getting someone
13 in here to do that, so why don't you take it from there?

14 MS. ANDREWS: Yeah. I can say it won't be
15 mine, because it is going to be really hard. There's
16 actually a lot to it. I think there's the technical
17 aspect that you talked about, and that's overwhelming.

18 There's also getting people to trust you,
19 having people go out into communities that speak the same
20 language, that come from their communities, that can get
21 people over the barrier. People have had bonded
22 insurance in the past, or it did and it didn't work them,
23 get to them to the point, so it's a lot of persuasion, as
24 well, and there's an art to that.

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1 So I think there's two sides to it that I
2 think we should talk about at some point, whether those
3 two can even reside in the same organization. I mean
4 Maryland is doing that. They're going out for a bid to
5 one group, and they expect them to do soup to nuts.

6 I don't know in Connecticut if there's any
7 organization I can look at that can do all of that.
8 That's tough. So we talked about, Mickey and I e-talked,
9 actually, about we had a presentation in the Business
10 Plan Committee for Sustinet, which is something totally
11 different, but by one of the free clinics in Connecticut,
12 and I was thinking that that might be useful.

13 We can do it by webinar, so we don't have
14 to take up precious real estate in a meeting, but to talk
15 about the challenges of, and they're offering free health
16 care, and they still have a lot of challenges in getting
17 people persuaded about the things they need to do, and it
18 just felt that that would be something.

19 It doesn't have to be them. It could be,
20 also, groups that work with those same populations, who
21 don't necessarily do health care, like faith-based
22 groups, there are other groups, but just the challenges
23 of getting people even to the point where you can do the
24 technical stuff with them is not nothing.

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1 Also, I believe the rule says that at
2 least one Navigator organization has to be a community-
3 based organization, so, I mean, there is a place for that
4 in here, so it's a part we have to deal with.

5 MS. SAXTON: Ellen, basically, you just
6 described kind of what we do on a daily basis. That's
7 why I was asking whether or not there was a prohibition
8 for Navigators receiving compensation from a non-health
9 insurance carrier, because what you're describing is
10 basically an enrollment firm, and enrollment firms, by
11 standard practice, enroll consumers into health care with
12 no compensation.

13 They educate, they advise, they consult,
14 they assist. That is what an enrollment firm does,
15 hundreds, maybe thousands across the country. That is
16 their role every day, but they do receive compensation,
17 and whether or not that's a conflict of interest, because
18 I see health insurer, but I do not see voluntary, or
19 life, or disability carriers, that do not have health
20 insurance venues, but what you've described is pretty
21 prevalent in the marketplace.

22 MR. NICASTRO: Yeah. Not to go off on a
23 tangent here, but I mean we've had a 15-year running
24 experience with the Chambers of Commerce and the Benefit

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1 Centers. There's 100 Chambers of Commerces and nine
2 Benefit Centers spread across the state, who do this
3 every day, and have been doing it for 15 years, and have
4 led to the insuring of hundreds of thousands, maybe
5 millions over the 15-year period, of lives through their
6 employers, and now, into the individual market, as well,
7 because of voluntary programs and other things that are
8 out there.

9 So this is not -- there's nothing new in
10 this. This is kind of recasting the wheel in some way,
11 shape, or form, and I think there's organizations, who
12 have already done it very successfully.

13 MR. BOYLE: If I could just interject,
14 because I understand, sitting in a couple of seats that I
15 sit in, that, yes, every day Brokers and voluntary
16 enrollers enroll businesses and Chambers of Commerce
17 enroll businesses.

18 I think Ellen's point, from what I've
19 seen, and I was at that business work group meeting, is
20 that we are going to expand into another area that we're
21 not used to, and there is a need, maybe based on
22 language, maybe based on community involvement, there's a
23 trust issue, there's government.

24 You know, if people don't trust the

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1 government, they're certainly not going to trust people
2 showing up in suits, per se, so we have to kind of expand
3 our mind here on that. That's all I'd say.

4 I mean there is certainly that level that
5 we do, and I agree with my associates here, who are
6 business people, but we are expanding in this, and that's
7 where I think we're driving towards this Navigator, but
8 it is going to be a challenge, in terms of the funding.
9 That's going to be the big thing. I can't wait to hear
10 that.

11 MS. O'GARA: So, Bob, do you want to
12 provide us with some level set, in terms of how
13 Massachusetts might have addressed these similar issues?

14 MR. CAREY: Sure. So we can go through
15 this, the presentation that we'll put together with
16 regard to the Massachusetts model.

17 I'll preface the discussion here with a
18 couple of things. One is that, like Connecticut, there
19 is a rich history and tradition of active involvement by
20 community and faith-based organizations in all sorts of
21 public programs.

22 Okay, so, there's the Greater Boston
23 Interfaith Organization, and there are other faith-based
24 organizations and community groups, and health care for

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1 all, just like there is in Connecticut, so there's lots
2 of similarity, in terms of the landscape.

3 There's also the caveat that the
4 Massachusetts program is separated into, in essence, sort
5 of a Medicaid-like program, called Commonwealth Care,
6 that is not part of the commercial insurance market,
7 okay, so, it's a separate risk pool, and then there's
8 also what's called the Commonwealth Choice Program, which
9 is commercial insurance in the individual and small group
10 market, so there was sort of a clear delineation between
11 Medicaid MCOs that were offered through Com Care and
12 commercial products that are offered through Com Choice.

13 The Connector focused most of its outreach
14 and enrollment efforts on the subsidized population,
15 those people who are 300 percent or less of federal
16 poverty level. That's, obviously, the majority of the
17 people who are uninsured in Massachusetts, as is the case
18 in every state, and, so, that's where their focus
19 primarily was for this outreach and education program.

20 The Connector did compensate Brokers for
21 business that was sold, and they still do compensate
22 Brokers for business that is sold through the Connector,
23 so if you go, if you're a Broker in Massachusetts and you
24 bring a client to the Connector, either on the individual

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1 or the small group side, you get compensated by the
2 Connector for that business that is sold through the
3 Connector.

4 The grant program folks, and I'll talk
5 about that in more detail, were not compensated, based on
6 enrollment. There was no direct compensation based on an
7 enrollment of individuals in the programs that they
8 focused on, and, again, they focused -- when they went
9 literally knocking on doors, they had no idea whether the
10 family that answered was Medicaid eligible, or CHIP
11 eligible, or Com Care eligible, and, so, that was the
12 importance of having people, who were informed about all
13 of the programs and the eligibility process, so just sort
14 of the level set.

15 There's similarities, significant
16 similarities between Connecticut and Massachusetts.
17 There's also differences in the program structure, so
18 we're going to be implementing a program that builds off
19 of commercial insurance with subsidies, as opposed to the
20 Com Care Program, which built off of the Medicaid program
21 and provided subsidies for Medicaid-like benefits, so I
22 think it's just important, so people understand that
23 there are some key differences.

24 So maybe if I could step through this

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1 deck, and we could have a conversation about the
2 Massachusetts experience. Some of you obviously know
3 plenty about it, as well.

4 A couple of things. One is that there was
5 a clear signal from the administration and the
6 legislature, that they were expecting rapid enrollment in
7 Mass Health and Com Care, so both programs. Com Care was
8 a new program for adults with income up to 300 percent of
9 FPL, not eligible for Medicaid otherwise, and an
10 expansion of Medicaid up to 300 percent of FPL for kids.

11 So you have both happening at the same
12 time. There were two imperatives. One was building on
13 existing function systems and resources to the greatest
14 extent possible, so there were existing entities that had
15 been doing outreach and education and enrollment in the
16 public subsidy programs in Massachusetts, and those
17 entities were the ones that were largely leveraged.

18 Health care for all, for example, has a
19 sort of a call center. They triage people, who call with
20 questions about insurance, and they connect them with
21 appropriate coverage options, and, so, that's just an
22 example of an entity that was already in existence and
23 moving forward.

24 The other was to identify and utilize all

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1 available channels in reaching eligible individuals and
2 families, so they put out an RFP, actually, to solicit
3 proposals from entities and individuals, who are
4 interested in helping people understand their coverage
5 options and enroll in coverage.

6 So there were two grants that were --
7 there was the two grant types that were offered initially
8 by the Connector in cooperation with Mass Health, so the
9 Connector actually didn't issue the RFP for these
10 Navigator-like entities. It was issued through and
11 managed by UMass, which has a contract with the
12 Massachusetts Medicaid Agency, but the folks that were on
13 the RFP Selection Committee included Mass Health and
14 Connector people, who would be helping to educate and
15 advise about the proper role for the grantees.

16 And, so, the largest grants were multi-
17 year direct service grants, so these were folks that
18 literally went knocking on doors, or, as people came into
19 the hospital, helped people enroll in coverage, apply and
20 enroll in coverage, and these were direct workers.

21 They were people on the street, or in the
22 community, who had knowledge and experience of working
23 with the community and helped people enroll in coverage
24 and determine whether they were eligible for public

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1 assistance programs.

2 The second were called what they called
3 Model B, or Network Grants, and these were basically
4 larger entities. There were only two the first year, and
5 they expanded to seven the second year, and they were
6 organization-based grants, so I believe the Greater
7 Boston Interfaith Organization was one of the grant
8 recipients, and they would have a network of people, so,
9 in essence, the State paid for management of other
10 people, who would go out and do it would be maybe a
11 health fair, or there might be a community center, where
12 there was a meeting, or it could have been through a
13 Chamber of Commerce, in which they were educating people
14 general education about the public assistance medical
15 assistance programs that were available. Again, Mass
16 Health, CHIP and Com Care, primarily, but not
17 exclusively.

18 So there were also the folks, who weren't
19 eligible for subsidized coverage, and just informing them
20 about the availability of the Connector, through which
21 you could get subsidized coverage.

22 So the funding levels for the program,
23 there were 3.5 million dollars appropriated each year in
24 2007, 2008 and 2009, 2.5 million in 2010 and 2011, and

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1 they've stopped funding the program for 2012, and I don't
2 believe there's any budget authorized for funding in
3 2013.

4 It came from the State General Fund the
5 first two years of the program, and then it came
6 primarily from the Connector, but, also, from the Health
7 Education and Finance Authority, which supplemented the
8 Connector funds in '09 and '10.

9 Connector was the exclusive funder of the
10 program in 2011, and, as I said, the program has ceased
11 operating, although there are community groups. Again,
12 this wasn't their sole source of funding, so they already
13 they get grant funds, and they have other funds that they
14 raise that they use to inform people about a whole host
15 of programs, including health coverage, and the Connector
16 funds were used really to supplement the funds that were
17 already existing in the community.

18 And we talked to a couple of community
19 groups, who have said, you know, they've had to downsize
20 since the elimination of the Connector funds, but there's
21 still an operation.

22 We just thought there was a pretty well-
23 written report that Blue Cross/Blue Shield of
24 Massachusetts Foundation put out, called a Tool Kit for

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1 Effective Education, Outreach and Enrollment Approaches.

2 I think it would be, you know, worth
3 reviewing for the Committee. It really sort of focuses
4 on the differences, you know, to Phil's point, that this
5 is a population that's either unserved or underserved
6 right now. It's different areas of the state in
7 different communities, where you might, you know, need a
8 different approach, in terms of how you reach out and
9 inform people of the new coverage options.

10 I can say that I think, of all the things
11 that Massachusetts did and despite the fact that I work
12 there and live there, I have plenty that I could
13 criticize about the approach that they took to health
14 reform, I think that the outreach and education effort
15 was pretty significant and pretty successful, and the
16 ramp up in enrollment was actually much faster than
17 people originally anticipated.

18 The criticism that Massachusetts faced
19 early on was that, oh, you're way over budget, but, in
20 reality, if you looked at it as a per member, per month
21 basis, they weren't over budget.

22 The problem, quote, unquote, was they
23 enrolled people quicker than they originally thought they
24 would, and that they were able to get out there and reach

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1 people in the community at a level that they understood
2 and to educate them about their options.

3 So, again, it was sort of a two-pronged
4 approach. Most of the money was in direct service grants
5 to individuals, who actually went out and helped people
6 enroll in coverage.

7 Some funds were used for broader network-
8 based grants, and I could tell you that the Com Care
9 staff, Connector staff and Mass Health staff would hold,
10 I think they've literally held hundreds of meetings the
11 first couple of years, educating people and having
12 training sessions about what's the new program look like,
13 what are the benefits, how do I enroll in coverage?

14 Massachusetts has what they call a virtual
15 gateway, in which people can go online. I don't think
16 it's forward-facing now. It may be, but it wasn't
17 initially, so that you had to go to a location to go onto
18 the gateway and to apply for coverage.

19 There are hundreds of locations across the
20 state, and, so, the Connector staff and Mass Health staff
21 went and would train people regularly about and update
22 them about the program and how it was changing and
23 evolving, so that was a big sort of part of the effort,
24 too.

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1 The grants were one part of it, but it was
2 actually dedicated staff at Mass Health and at the Mass
3 Connector, who went out and trained people about the new
4 programs and how to help people enroll in coverage.

5 I think that's it on sort of the general
6 overview of the Massachusetts approach.

7 MS. O'GARA: Yes, Ellen?

8 MS. ANDREWS: I just want to echo what Bob
9 said. I spent a lot of time in Massachusetts. I worked
10 there with CSG, and it was amazing. It was wonderful,
11 and I think there were several pieces of it that were
12 really brilliant.

13 One was they gave out small grants to
14 pretty much anybody with a good idea, and it wasn't
15 enough to like hire a whole ton of staff, but it was
16 enough to add, make sure that they were handing out Com
17 Care and Com Choice stuff when they were doing what
18 they're already doing, so they're already in those
19 communities, already trusted, and it wasn't enough for
20 people to fight over, and it was spread out so well.

21 What we did here in Connecticut, and I've
22 told Mickey this story, I probably told half of you this
23 story, but, in Connecticut, we made a big mistake when we
24 did Husky outreach.

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1 We took the money and put it into two or
2 three different pots and put it out to an RFP, and we got
3 14, 15 different groups that applied. Only two or three
4 got funded. Ten or 12 groups all said, great, not my
5 job, and we did a really lousy job.

6 We got very little bump in enrollment,
7 because of that. When you spread the money out, people
8 stop fighting over it. It was incredibly collaborative.

9 The other thing they did that's in the
10 report was bringing people together for great ideas, and
11 I could go on for like 12 hours with the great ideas that
12 were very counter-intuitive that were only found out,
13 because of somebody came to one of those hundreds of
14 meetings and talked about something that really worked
15 exceptionally well, but wasn't something anybody would
16 have thought of, and then it got translated all over the
17 state.

18 It was really helpful, those networking
19 pieces, and it wasn't expensive. Like you said, most of
20 the money went into, you know, people on the ground, but
21 getting them back together to share best practices was
22 incredibly useful.

23 CHAIRMAN HERBERT: Just a couple of
24 things. One of the things that would be really

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1 interesting to explore, and I'm sure we will, is what we
2 can do with new technology that wasn't available back
3 just even three, or four, or five years ago, such as
4 iPads. I mean I'm sure it could be done a lot more
5 different and perhaps more effectively now.

6 The other thing that would be interesting
7 to know, not now, but how much does Massachusetts have to
8 change to be in compliance with the Affordable Care Act,
9 and I guess maybe the reverse of that.

10 I mean how many things could we not do
11 that Massachusetts did, because of the, Connecticut,
12 because of the Affordable Care Act. Just interesting
13 points.

14 MS. O'GARA: Phil?

15 MR. BOYLE: Thanks. I just had a question
16 for you and a clarification. Well, first of all, I just
17 want to say, I want to put on public record, as a guy,
18 who was born and raised in the Bronx and was up in
19 Massachusetts when you rolled it out with all those Red
20 Sox, I'm officially putting it out there we don't want
21 any Red Sox. (Laughter) No. Don't record that. Don't
22 record.

23 Anyhow, just a clarification and a
24 question for you, Bob. You know, I went back to my -- we

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1 have an office up in Massachusetts, so I'm very familiar
2 with the Connector and what happened, and we have a guy,
3 who sits on the Board up there, as well, and I clarified
4 with him. There was a comment and question that we had
5 the last time, about who gets paid from the Connector as
6 a Broker, and I was confused.

7 I thought we got the payment right
8 directly from the carrier, and it's not correct. We get,
9 actually, from SBSB, which is the sub-GA, or sub-
10 Connector, I think they call it.

11 I guess the question that I have, you
12 know, I see grant money coming out and all that and,
13 also, drying up as quick as it comes out, as is always
14 the case, but where does the money come from I guess to
15 pay the Brokers up there, you know, through the SBSB?
16 Thanks.

17 MR. CAREY: So the Connector withholds a
18 percentage of premium for all business sold through the
19 Connector, both on the Com Care side and the Com Choice
20 side. I think it's three and a half percent of premium,
21 and they pay the Broker out of that three and a half
22 percent withhold.

23 The majority, the vast majority of
24 business sold through the Connector is not Broker-driven,

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1 so I don't think that that model works in withholding
2 three and a half percent and paying Brokers two and a
3 half percent.

4 That one percent, if the majority of the
5 business sold through the Connector was Broker-driven, my
6 belief is that you would need a larger withhold, in order
7 to also compensate Brokers from that two and a half
8 percent, but it does come through that fee.

9 The other issue is that subsidized
10 coverage Brokers are not compensated for anyone getting a
11 subsidy through the Connector, so it's only on the Com
12 Choice side, the commercial side, not on the Com Care
13 side.

14 And if you looked at the distribution of
15 enrollment through the Connector, it's heavily weighted
16 toward the subsidized population, not the unsubsidized
17 population, so just to put into context.

18 I mean, in Utah, also just so folks
19 understand, the Broker fees are paid through the Utah
20 Exchange, so if you're a Broker, and it's completely
21 Broker-driven.

22 You have to use a Broker if you want to
23 purchase coverage through the Utah Exchange, and the
24 Brokers are compensated by the Exchange for all business

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1 that is sold through the Exchange.

2 CHAIRMAN HERBERT: Thank you.

3 MS. O'GARA: Okay, so, we're at the point
4 where we were going to have KPMG present to us on some of
5 the findings that they've been able to identify.

6 (Off the record)

7 MR. ALBRITTON: My name is Roger Albritton
8 with KPMG. What we're going to do is give you a quick
9 updated on our analysis of what we call the current state
10 blueprint of the consumer assistant systems, call
11 centers, web portal functionality that the state
12 currently has available.

13 Why we did the current state blueprint was
14 a part of our work in understanding how we would support
15 the consumer assistance needs of the Exchange.

16 Real quick with the agenda, what we're
17 going to go through is some of our analysis that we did,
18 as it relates to the consumer assistance support systems,
19 talk about what's in our current state blueprint, talk
20 about how we developed some business process flows from
21 that, so we understood how they actually did their
22 business, and provide you some of our key observations,
23 and, also, answer some of your questions if you have any
24 at the end of the presentation.

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1 So if we go to the slide here, we have
2 four major work products that we're producing in this
3 work stream. One was to get an understanding of what
4 currently was available within the state to support the
5 consumer assistance processes.

6 Again, this was looking at their systems,
7 like their voice recognition systems, their call centers,
8 their web portals, those types of areas.

9 With that, we'll be also, at the same
10 time, we're now working on coming up with the business
11 and technical requirements that would support the
12 consumer assistance around the Exchange, taking those
13 together with what they currently have, what the to-be
14 requirements will be.

15 We'll be looking at a procurement strategy
16 for the Exchange, and then, eventually, helping them
17 develop their technical requirements and contract
18 specifications, so that they can procure the systems that
19 they need to support their operations.

20 If we go to the -- thank you. The next
21 slide shows some of the major agencies that we
22 interviewed, so we went through and interviewed the major
23 agencies and players that currently have some type of
24 consumer assistance systems or complaint resolution.

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1 So what we interviewed was a Connecticut
2 Insurance Department, the Office of State Health Care
3 Advocate, and the Department of Social Services. Now two
4 of these agencies directly support the insurance markets.

5 Obviously, the Insurance Department is
6 supporting the complaints for insurance carriers within
7 the state. The Office of State Health Care Advocate
8 supports people in a broader sense, so if people have
9 issues with either state provided coverage, or federal
10 provided coverage, they can go through the Office of
11 State Health Care and Advocate.

12 We also looked at DSS, the Department of
13 Social Services, because a lot of the people that may be
14 coming through the Exchange would be currently served by
15 DSS in some capacity, as it relates to Medicare.

16 They're also supported by a company,
17 called Affiliated Computer Services, ACS, which was
18 recently bought by Xerox, the United Way and Pool
19 Administrators, Incorporated, in the way that they
20 process their particular call center needs, as well as
21 their applications into the system, and we'll talk about
22 that a little bit more when we look at the actual process
23 flows.

24 So what our current work product has in it

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1 is a current state assessment, so what we did is we went
2 in and assessed their current systems, the processes that
3 they have to support those, looking at them as they would
4 be needed under 36 different attributes.

5 We also created observations and
6 recommendations, and then came up with some strategic
7 considerations for the Exchange to support the consumer
8 experience through the systems that they would need.

9 This slide here provides an overview of
10 some of the attributes that we looked at with the
11 Exchange, so what we did is --

12 MR. CALKINS: Excuse me, Roger. I hate to
13 -- I can't read that. I don't know if anybody else can,
14 and I never received it. I didn't get any handouts today
15 either. We got nothing over here. It's in here? It's
16 just my eyes. I'm sorry.

17 MR. ALBRITTON: No problem. It wasn't
18 intended for you guys to be read, but it is in the
19 handout, but I will kind of give you the intent of what
20 it was, was to demonstrate some of the attributes that we
21 looked at as we looked at the systems, so really we broke
22 it out into three areas.

23 What were the consumer assistant systems,
24 i.e., do they have a web presence, do they have an IVR

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1 system, did it support languages, other than English?

2 We also looked at their call center
3 support, tried to understand whether or not they had a
4 CRM system, a Customer Relationship Management System to
5 support it. Did it have call transfer capability? Did
6 it have automated call distribution? So those were some
7 of the attributes that we were looking at in that area,
8 and then, finally, we looked at the web functionality.

9 Some areas that we looked at there was did
10 they have educational materials, did they have self-
11 service functionality, did they have the ability to do a
12 transaction online? That's not all in the handout.
13 Those were some additional points that I'm putting there.
14 You won't find them there.

15 So the essence was we wanted to rank it,
16 and, so, we got about 36 different attributes that we
17 ranked in, and that's what this chart is trying to show,
18 is the presence that we went through that process.

19 If you can go to the next one? In this
20 one, you can't see any better up there. Again, is to
21 show that we did do some end-to-end business process
22 flows for about 10 areas, so what we were looking at was
23 how did the complaint come into the system?

24 So the consumer comes in, contacts the

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1 particular agency, so, in this case, N-1 would be the
2 Connecticut Insurance Department that actually resolved
3 that complaint, and then they do a consumer satisfaction
4 survey to see how well they took care of that particular
5 individual on the complaint.

6 The more complicated one is at the bottom
7 part of that, where we have the United Way of
8 Connecticut, which initiates the application, then they
9 pass on that information to the Department of Social
10 Services, where it actually goes through a process of
11 them taking the inquiry online through the phone,
12 processing an application, processing any re-determines
13 or change of status.

14 The next slide just actually is taking it
15 a little bit deeper, so what we were doing there is
16 showing the variety of tiers that went through that. We
17 wanted to determine how well they were using their tier
18 zero, which basically means that they're using the self-
19 service portal, or IVR systems, to handle that. How did
20 they use their tier one, which is typically where you
21 triage your calls?

22 That's where the first call center comes
23 in. I take the call. Can I redirect the person back to
24 the self-service center? Do I send them a form, or send

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1 them some information? Tier two typically is where
2 someone actually resolves the issue for you. I have a
3 complaint. I have a concern. You try to handle it for
4 them.

5 And then tier three is where I've actually
6 identified an issue that needs to be fixed. It can
7 either be the application that needs to be fixed, the
8 process that needs to be fixed, but something needs to
9 actually be fixed within the system, so I can resolve
10 that person's issue.

11 What we found with that is that they
12 didn't have a lot of tier zero capability, so they didn't
13 have a lot of self-service capability.

14 What they had was, basically, calls coming
15 in through 800 numbers that dropped immediately into a
16 tier two, so it was going to some type of resolution
17 person that would try to resolve their problem, and then
18 they took care of their problem, and then ultimately
19 closed the ticket on that particular issue.

20 So we were just trying to get a sense of
21 that business process flow as a part of that process,
22 and, so, we documented about 10 specific processes as it
23 relates to that.

24 If we can go to the next slide? So our

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1 key observations, starting at the first one, which kind
2 of leads into the rest of them, currently, there is no
3 existing consumer assistant systems that currently serve
4 all the health insurance needs in the Connecticut
5 consumer.

6 Reason for that is that the existing
7 consumer assistant programs are typically operated as
8 silos, so you have one for the Insurance Department, you
9 have one for the Department of Social Services. There's
10 not one call center that takes care of each of those.

11 Little opportunity or use of self-help, so
12 a lot of it, again, is relying on an individual answering
13 a phone, and that person resolving the issue for you.

14 There's no common method of identifying
15 what the consumer needs are, or what their issues are, so
16 that it's tracked across the enterprise.

17 There's numerous 800 numbers and websites,
18 so, again, each of these has their own website, their own
19 800 number to support their particular set of
20 initiatives.

21 The technology is outdated and lacks
22 automation. We really looked at that. Most of these are
23 older than five years old, so they're really not
24 utilizing a lot of the self-help capabilities that you

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1 would have in an automated call center or web portal type
2 system.

3 The staffing is constrained at the
4 consumer assistant programs and call centers. This was
5 important to us, because we do recognize that there's
6 going to be a fairly peak number of individuals coming in
7 in the initial load between October and February, so it's
8 a five-month period, where you're going to be processing
9 a lot of individuals through the Exchange portal, so
10 there would have to be the capability of taking care of
11 that spike.

12 The call center hours of operation are
13 limited. Typically, they're mostly 8:00 to 5:00, 7:00 to
14 7:00, not a lot of late-night or weekend-type operations
15 available.

16 Most of the locations have limited space,
17 though some indicated they might have additional space
18 that they can expand into, but there wasn't a lot of
19 empty space not being utilized around call centers.

20 We mentioned this earlier, that the
21 personnel responding to simple inquiries are often the
22 same individuals resolving the more detailed consumer
23 assistant issues. And there's a limited, in terms of a
24 formal program, with management that would handle

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1 something like a Navigator-like program.

2 So, with that, I'll repeat a little bit
3 here. So sort of our next steps are we've done the
4 blueprint, we kind of know where things stand from the
5 state level, we're gathering the business and technical
6 requirements around the systems needs.

7 You guys will probably understand, if
8 you've been in the prior presentation, why I keep
9 repeating that one. And going through the -- looking at
10 what our procurement strategy will be, and then working
11 with the Exchange to come up with their technical
12 requirements for the contract specifications for what
13 systems they need to support the Exchange. Thank you.

14 CHAIRMAN HERBERT: I don't want to belabor
15 that, but most Connecticut residents are covered by
16 health insurance carriers, and health insurance carriers
17 all have call centers, and grievance departments, and
18 complaints and whatnot.

19 Moreover, a lot of the complaints start
20 out and go to Brokers, who serve a role, also, in
21 resolving that. It doesn't seem like they were included
22 in this entire process.

23 MR. ALBRITTON: Again, that's correct.
24 What we were looking at was from a system standpoint. We

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1 agree with you, that that is a decision that the Exchange
2 could make, is that the enrollment process could be
3 pushed off to the insurance carriers, and then that would
4 allow the call center needs to be pushed in the same
5 direction.

6 What we were looking at is if the Exchange
7 was going to be the enroller and responsible for all of
8 that enrollment, would they have the call center
9 capability to support that?

10 MR. BOYLE: If I may? Roger, good
11 presentation, by the way. In terms of enlightening, you
12 know, I think anybody, who is the private sector side, is
13 revving up here to Mickey's point. We have all this.

14 Your comment, about no existing consumer
15 assistance entity currently serves all the health
16 insurance needs for the state consumers, on the private
17 side, we consider all the businesses are consumers.

18 And, certainly, if we look at the numbers,
19 it's about 50 percent of private businesses are covered
20 currently under health carriers.

21 To Mickey's point, though, and to my
22 understanding, the Exchange is going to be just like up
23 in Massachusetts, working with private insurers. They're
24 not for profits, but they're private.

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1 There might be a public not for profit
2 included in there if it all comes together, but, if
3 that's the case, then the carriers certainly have call
4 centers and certainly all those services currently, to my
5 understanding.

6 So, you know, I mean in all deference to
7 Vicki Veltri and the Office of Health Care Management and
8 their advocates, they do a great job, but they certainly
9 aren't capable or ready in the Department of Insurance to
10 handle all those people, who are going to come in.

11 And, certainly, I think the private sector
12 would be able to. Again, to Mickey's point, I'm not sure
13 why you didn't come and talk to us.

14 MR. ALBRITTON: Again, I think what we
15 were trying to focus on was reuse within the state. We
16 understand that the private industry has the capability,
17 whether it's with the insurance carriers, or whether it's
18 with companies that do this as their core business
19 providing call centers.

20 What we were looking at was was there
21 capacity currently within the state to support a call
22 center that would be needed for an Exchange-type
23 operation, so that we could look at what reuse could be
24 done within the state framework.

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1 MR. GUTTCHEN: I think the difference is
2 that the Exchange is more than private insurance. It's
3 required to screen people for any program they would be
4 available for, and it's not just someone calls the
5 Exchange and you give out eight different 800 numbers.

6 That's what we do through our partnership
7 program, because those are the carriers, and we educate
8 them on what's available.

9 The Exchange, at least my understanding,
10 is much more than that, so that's part of it, but it also
11 has to have the capability to go beyond that and screen
12 people and take income information that the carriers
13 aren't going to do.

14 CHAIRMAN HERBERT: Dave, I agree with
15 that, but this has got to be collaborative. I mean if a
16 member, particularly a member that's now in a health plan
17 via a premium subsidy coming through the Exchange, has a
18 problem with their orthopedist, denied their claim for
19 some reason, that claim is going to get resolved by
20 perhaps coming into a call center of the Exchange.

21 But, clearly, at that point, that call
22 center is going to have to deal with the call center's
23 insurance carrier, or the individual is going to have to
24 deal with that, to even hope to begin to get that

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1 resolved, and those health plans are set up, indeed, to
2 do that and do it well.

3 I mean maybe I've had a different vision
4 of this all along, but I have assumed that the health
5 plan's call centers would be absolutely integral to this
6 process and imperative.

7 And I'm not saying that the Exchange might
8 not need its own call center for the sort of things
9 you're talking about, or even perhaps to act as an
10 additional advocate on behalf of the member, but,
11 clearly, most of the resolution is going to occur within
12 the health insurance carrier call center in my opinion.

13 MR. BOYLE: Just one other point. David,
14 I agree with you, too, and I understand, you know, that
15 everything is going to go through the Exchange, Medicaid
16 and Husky and all that in the future, but I keep going
17 back to what Kevin Kunahan(phonetic) said when he came
18 down here as one of the lessons they learned, is that to
19 treat this more like a business, in terms of responding
20 to the consumer.

21 Whether the consumer is a private
22 individual or a business, they should be treated, you
23 know, equally, in terms of getting their matter resolved,
24 so that's all I was referencing, in terms of I think

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1 Mickey hit it, a collaboration.

2 MR. GUTTCHEN: I agree with Mickey 100
3 percent, in that once somebody is in a plan, they should
4 be dealing with the plan. Personally, I mean people
5 could disagree, I don't think that the Exchange should
6 play that function, in terms of resolving claim issues,
7 or complaints around that.

8 I was just talking about someone, who is
9 uninsured, comes to the Exchange, now there's an
10 individual mandate, they're looking for what options they
11 have, and the Exchange has to have the capability of
12 helping that person.

13 If they ultimately, then, sign up with
14 Company X, now they are a client of Company X, and I
15 don't think it's appropriate that they go to the Exchange
16 for that.

17 If they do have a complaint about a
18 carrier, they should handle it the way it's done today.
19 They can go to the Insurance Department. They can go to
20 the Office of Health Care Advocate.

21 I just was responding. I didn't think one
22 replaces the other. They both have to exist together.

23 MR. CAREY: Just a point of clarification,
24 is that perhaps the presentation was incorrectly named

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1 consumer assistance. There's lots of consumer assistance
2 that goes on out there. You guys do consumer assistance.
3 Ellen and, you know, lots of other folks do consumer
4 assistance. It's really is there functionality, and are
5 there business processes in place, run by DSS, or CID, or
6 the health care advocate that can be leveraged by the
7 Exchange to handle a lot of the administrative functions
8 in determining people eligible for coverage, or
9 certifying someone is exempt from the individual mandate,
10 and what do those look like?

11 And if there is capacity, can it be
12 expanded to be used by the Exchange? So issues, to
13 David's point, with regard to someone, who is enrolled
14 and has a complaint, there's a process in place already
15 for people who are commercially enrolled and have a
16 complaint. There's an internal review process.

17 It's then sent to CID for external review.
18 There's the Office of Health Care Advocate that helps
19 people, so we don't want to duplicate any of that, unless
20 it needs to be expanded upon, and then, if it does, maybe
21 you work with existing entities that have that
22 functionality to expand the assistance that's provided.

23 But I think it's really about
24 administrative processes, and the Exchange will need a

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1 call center, it will need to adjudicate eligibility, and
2 it can't farm that out to, you know, lots of other people
3 to do that, so I think maybe just a context of the title
4 of the presentation and the focus is really around
5 business and administrative processes, as opposed to all
6 other types of consumer assistance.

7 MR. GLICK: I'd like to just ask when,
8 Roger, when a cost analysis is going to be determined,
9 because that places an important role in our thought
10 process to find out what solutions can be done.

11 You need to know where the financial
12 aspects of this come into play, so that you can position
13 and look at all the resources that are around from
14 collaboration or not, and then the question will be how
15 to pay for it.

16 MS. ANDREWS: I just wanted to ask one
17 question, make a point. I got really nervous when you
18 started talking about reuse of those systems, because
19 they look great on paper, and maybe it's because I get
20 the calls from people, who are not able to get through to
21 all of those, and I felt a little better when Bob talked.

22 I think you used the word twice, expand
23 those, because those three agencies have a lot on their
24 plate right now, and the idea of dumping all of this on

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1 them, too, I mean, DSS is being sued right now, not for
2 any fault of their own. They just don't have enough
3 people there to answer the phones and get people into
4 plain old regular Medicaid before another 130,000 people
5 show up.

6 So the idea of throwing the Navigator onto
7 those state agencies, I'm going to really try hard not to
8 hyperventilate. That's scary. And they have these
9 wonderful processes on paper, but that's not always how
10 it works.

11 MR. CAREY: My point, simply, was that you
12 need to assess existing state services to see if you
13 could leverage them. I think you're exactly right.

14 We found that there are issues. Medicaid
15 is going through a complete modernization project
16 already. They have a lot on their plate. We're in daily
17 conversations with them, so don't hyperventilate yet.

18 We're working through it, but I think it
19 would be foolish of us to say, well, we have to set up
20 this whole new operation, and we're not going to worry or
21 take into consideration any existing services or
22 functionality, to Stephen's point, that might be -- you
23 might be able to leverage and on a cost benefit analysis
24 say, you know, it makes more sense to build up CIDs,

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1 appeals process, or a complaint unit and add one or two
2 people, as opposed to the Exchange having to set up its
3 own complaint and appeals unit.

4 I think that what we're trying to do is
5 sort of the as-is and the to-be, and to figure out what's
6 the roadmap from the as-is to the to-be, and the
7 financial analysis will be part of that next step, to
8 figure, okay, what do we need to procure, what can we
9 leverage that's existing in the marketplace today?

10 MS. O'GARA: Okay. We have just one or
11 two more comments. Matthew?

12 MR. FAIR: I just want to make a comment.
13 In regards to -- and this is the collaborative piece that
14 I want maybe to comment on. You said business processes
15 that are existing, can we leverage those?

16 It might have made sense, as everyone has
17 commented, we beat the horse here, to access the carrier
18 private broker side, because that is an existing process
19 that many get support on, so if it was only the current
20 government system, then that -- I just want you to
21 comment on that.

22 MR. ALBRITTON: Again, what we were trying
23 to focus on was a lot of the things that are new to the
24 process. Clearly, the eligibility determination is

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1 something that the insurance carriers are not performing.

2 We understand that, at some point, there
3 has to be an integration with the insurance carriers, but
4 some of those decisions haven't been made exactly how the
5 Exchange is going to operate in that area, so, as Bob
6 said, we were just trying to get an understanding of
7 currently what was existing, so we could baseline that.

8 We're currently gathering the
9 requirements, both business and technical requirements
10 for the new system, and, as Stephen asked, when are we
11 coming up with the cost model? That's the next process.

12 Once we get where we currently are, where
13 do we need to be, we can identify what the gap is, and
14 then we can provide a couple of variety of options of how
15 to get that procured. What is the best option to do
16 that, and what's the most cost-effective?

17 MS. O'GARA: Okay. We have just a couple
18 of minutes left, and I think we had -- we want to discuss
19 the items for the next agenda. Did I have another
20 question?

21 MR. GUTTCHEN: I just wanted to comment
22 that some of us felt that, with federal resources we're
23 going to get in, that we have an advantage to develop
24 some state of the art technology to supplement what we

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1 have in the state, but I'm not saying anything bad about
2 the DMV, recreated DMV, and I guess some of us thought
3 that the connect with the carriers is, you know, I have a
4 policy with Anthem, and I call the Exchange, thinking
5 that the Exchange is going to answer all my questions,
6 and that the person at the Exchange says, okay, you're
7 with Anthem, and they connect me with Anthem.

8 They don't give me an 800 number. They
9 don't jump me through hoops. I mean they tell me that
10 I'm connected to Anthem, but it's a seamless type of
11 situation, so that the Exchange can facilitate that for
12 the consumer.

13 But the hope is that the call-in center
14 for the Exchange would be much more advanced than
15 generally we have through the state, because of our
16 limited resources.

17 And since Tia is going to get, you know,
18 300 million dollars or something like that, or maybe 80,
19 that we'd have some advantages there.

20 MR. CAREY: I mean I would just say that
21 there's opportunity with enhanced federal funding, both
22 on the Medicaid side and through the Exchange grants,
23 which are 100 percent federally funded, to leapfrog into
24 the next round, you know, to newer technology, as opposed

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1 to sort of patching together the existing system, and
2 that's the work, particularly with regard to DSS, we're
3 heavily engaged in, or the Exchange is heavily engaged in
4 figuring out, okay, how do we move forward, so that you
5 have a single integrated eligibility system that can
6 process eligibility for not just medical assistance
7 programs, but potentially for, you know, child support
8 services, or SNAP programs, or TANF.

9 I mean you need to think bigger than just
10 we have this little responsibility. At the same time, we
11 have a deadline of October 2013 we need to meet, and, so,
12 we've got sort of these competing pressures.

13 MS. O'GARA: So, Bob, in terms of next
14 meeting agenda?

15 MR. CAREY: So next meeting agenda what we
16 thought would be helpful is to really start to dig down
17 into some options and discussion about the role of
18 Navigators and Agents and Brokers, and then potentially
19 to think about funding, and that is both on the Navigator
20 side, which is an Exchange-funded operation, and, also,
21 on the Broker/Agent side, I think we should have a
22 conversation about is there a role for the Exchange, and,
23 if there's a role for the Exchange, what is that role
24 with regard to Broker and Agent compensation.

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1 So options we'll put together a white
2 paper about some different options and thoughts around
3 how to structure the Navigator program, and then, also,
4 what potential funding sources might be for Navigators,
5 and then, also, on the Brokers and Agents side, as well.

6 So I think that will be at least one
7 meeting, probably bleed into a couple of meetings with
8 regard to thoughts that the Committee has with regard to
9 how to structure the Navigator program and the
10 relationship between Navigators and Brokers and Agents.

11 MS. O'GARA: That pretty much completes
12 our agenda, co-Chairs. We do have reserved time for
13 public comment. I've been made aware there is one
14 comment that wants to be made.

15 CHAIRMAN HERBERT: We need to do that
16 within this Committee meeting? Okay, fine. We'll do
17 that in a second. The only other thing I have is you
18 have June 12th or June 13th. When are we going to
19 resolve that, Tia, for our next meeting?

20 MS. CINTRON: Soon. Yeah, so, we will
21 follow-up with that here shortly. It's summertime, so
22 it's challenging. I know you guys are very efficient, so
23 I appreciate that.

24 The other little, teeny housekeeping item

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1 that is concerning is that some of you didn't get this
2 material, which we sent out about a week and a half ago
3 or so. I forget the exact date.

4 So if you wouldn't mind checking in with
5 Amy on your way out, making sure she has your correct
6 contact, or your correct e-mail address and contact
7 information? Thank you.

8 MR. GUTTCHEN: Can I get screening on some
9 systems, because I received it, but it's from Amy, so
10 it's within the same system, so I think some outside e-
11 mail systems probably screened out those attachments for
12 virus stuff, so you may have to figure out a creative way
13 of dealing with that.

14 CHAIRMAN HERBERT: Okay. You can go with
15 the public comment.

16 MS. O'GARA: Yes. We'd like to invite
17 anyone to come up, and if you'd state your name, use the
18 microphone, thank you.

19 MS. EPRIGHT: Good afternoon. My name is
20 Claudia Epright. I'm currently on the Consumer Outreach,
21 Experience and Outreach Committee, among other things,
22 and I wanted to tag onto Bob's last comments about your
23 discussions around building the Navigator system.

24 Currently, people, like town social

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1 workers, school social workers, school nurses, then
2 people in some public agencies, like the Legal Assistance
3 Network, are doing applications, helping people file
4 applications for Husky and Medicaid, and my question has
5 to do with the licensure process.

6 Are these folks going to have to become
7 licensed to continue to do these applications for people
8 through the Exchange?

9 MR. CAPORALE: And I think it would depend
10 exactly what is it that they're doing. The case, where
11 they're only taking the information, transferring into an
12 application, so they are assisting, they're not giving
13 advice, as to the kind of product that's appropriate,
14 they're not giving advice, as to the kind of company that
15 the person should be getting health insurance from.

16 They are not really getting compensated,
17 based on the amount of applications that they are putting
18 through. That is not a licensure kind of issue.
19 Obviously, if they are selling, in the sense that, you
20 know, you have to buy this plan, they're being
21 compensated by the plan for their effort, we're talking
22 about a different story.

23 From what you said, it seems to me that
24 what they're doing is mostly ministerial kind of

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1 functions, so, in other words, somebody goes in there and
2 says this plan is the one that you want to be in, which
3 is, I think, the role of the Navigators, if we have to
4 transfer that kind of activities to what we are trying to
5 do here, is the Navigator that's advising, that's
6 creating the environment for this person to gain the
7 information, and then is helping this person to the next
8 step and to the enrollment, there is no licensure
9 requirement there.

10 And I think that goes back to what we were
11 talking about before, and the role of the Navigators, and
12 the role of the agents. One is advising, one is giving
13 information, one is assisting, the other one is selling,
14 so that will be the distinction.

15 In case you have a school nurse that is
16 advising some community organization, that they're
17 advising people, as to what's out there in the Exchange,
18 that's not something that will require a Broker's
19 license.

20 I don't know if that answered your
21 question, or if you have some additional issues.

22 MS. EPRIGHT: I'm also thinking about the
23 folks at the call center for 211 or the DSS workers. The
24 intake workers have to help applicants determine what

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1 programs are going to be most appropriate for them, based
2 on the eligibility requirements. Are these folks going
3 to have to go through their licensure procedures, as
4 well?

5 MR. CAPORALE: I believe that that was
6 addressed in the Connecticut statutes that was passed I
7 believe a year ago or so concerning the Exchange, and any
8 person within the Exchange that sells insurance would
9 have to be licensed.

10 Any person that acts in a capacity of an
11 advisor and takes information and forwards that
12 information for enrollment purposes, that person I would
13 not think that need to be licensed, and they should not
14 be licensed.

15 Again, it all depends on what exactly the
16 role of the person who is receiving the call is. So, in
17 other words, the person calls and wants to know what
18 their options are, the person that answers that call
19 would not have to be licensed.

20 MR. GUTTCHEN: Tony, I think the
21 distinction is, and right now we're talking about public
22 programs, so it's very different, but if you have a
23 Navigator that's showing people their different options,
24 in terms of private insurance on the Exchange, clearly

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1 that Navigator, at least in my opinion, could not provide
2 advice about one plan over another, because that's a
3 clear conflict of interest, then you get into all vetting
4 things. Does that prevent a family member, who works at
5 Anthem, or something like that.

6 What they're supposed to do is provide
7 that person with these are the options that are
8 available, and when we talk about assistance is how do I,
9 then, get connected with the Exchange, how do I fill out
10 an application, are there public programs that I'm
11 available for, and, so, in that capacity, they should not
12 have to be licensed, because they are not talking about a
13 particular product, or providing advice about a product.

14 And I think, if we set up a system, where
15 Navigators are doing that, that that would not serve the
16 purpose that we want, and probably, at some level, it
17 probably violates the federal rule, and I don't think the
18 carriers would be very happy about that.

19 That's not the role that should be played,
20 so I don't think that those -- if the folks that you're
21 talking about then start providing information about
22 Exchange, the Exchange and what's available there, then,
23 as long as they're providing general information, it's
24 not going to be a problem.

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1 MR. FESTA: I sat here for three meetings
2 and not said a thing. Navigators don't get paid,
3 correct, by the Exchange?

4 MR. CAREY: It would a grant program to
5 support Navigators.

6 MR. FESTA: But they're not going to get
7 paid, like the assumption as a Broker would get paid?

8 MR. CAREY: Correct.

9 MR. FESTA: As I'm listening to this, I
10 think the black and white needs to be on do they get paid
11 or not, because I don't think there's anybody that's
12 going to be filling out paperwork for anybody, and that
13 so-called assistance role isn't going to start giving
14 them some advice, about, well, what do you think about
15 this plan and crossing the lines of they should have been
16 licensed by the State Insurance Department.

17 So I think, if you start to get into that
18 role of, you know, are they giving assistance or not,
19 once you get into paper, you're giving somebody
20 assistance, because somebody doesn't walk up to you and
21 ask help me with this form.

22 They want to know what they're getting
23 involved in. They're going to start asking you
24 questions, so I think you need to delineate on whoever

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1 we're talking about, are they getting paid for what
2 they're doing, a commission, a Broker fee connected to
3 the insurance product.

4 If they are, then they have to be licensed
5 through the Insurance Department, just like everybody
6 else, but if they're just truly assisting and not getting
7 paid, then they fall into that assistance category.

8 You can't start delineating on paperwork,
9 and, you know, if I'm just doing paperwork, that's going
10 to make it clear and cut for me, that I'm not advising
11 somebody, like an insurance Broker.

12 MS. O'GARA: In this part of the
13 discussion, we're going to have -- you're going to be
14 laying this out, in terms of next meeting, so it will be
15 clearer to everybody?

16 CHAIRMAN HERBERT: It will be clearer.
17 We're kind of at a hard stop here. Is there any other
18 public comment?

19 MS. O'GARA: No.

20 CHAIRMAN HERBERT: Okay.

21 MS. O'GARA: So we just need a motion to
22 adjourn.

23 A MALE VOICE: So moved.

24 CHAIRMAN HERBERT: Second. All in favor?

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1

VOICES: Aye.

2

(Whereupon, the meeting adjourned at 3:07

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p.m.)

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