STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange
Board of Directors Regular Meeting

Legislative Office Building
Room 1D

Thursday, April 21, 2016
DRAFT Meeting Minutes

Members Present:
Lt. Governor Nancy Wyman (Chair); Victoria Veltri (Vice-Chair), Office of Healthcare Advocate (OHA); Secretary Benjamin Barnes, Office of Policy and Management (OPM); Grant Ritter; Paul Philpott; Robert Tessier; Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Commissioner Katharine Wade, Connecticut Insurance Department (CID); Maura Carley; Cecelia Woods; Robert Scalettar, MD; Commissioner Roderick Bremby, Department of Social Services (DSS)

Other Participants:
Access Health CT (AHCT) Staff: James R. Wadleigh, Jr., Susan Rich-Bye; Tamim Ahmed, Robert Blundo, Andrea Ravitz

Members Absent:
Commissioner Raul Pino, Department of Public Health

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

I. Call to Order

Lt. Governor Wyman called the meeting to order at 9:00 a.m.

II. Public Comment

None

Benjamin Barnes arrived at 9:01 a.m.

III. Votes

Lt. Governor Wyman requested a motion to approve the March 17th Regular Meeting minutes. Motion was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

Lt. Governor Wyman introduced Susan Rich-Bye, Director of Legal Affairs and Policy, who reviewed the proposed new Procedure for Special Enrollments. Ms. Rich-Bye explained that the Exchange staff, along with the Federally Facilitated Marketplace (FFM) and other state based exchanges, decided that instituting a verification process is necessary to determine eligibility for special enrollment. Consumers requesting a Special Enrollment period will be sent notices stating that they have 30 days to submit proper documentation of a qualifying event, or face termination from the coverage at the end of a given month. The five most common qualifying events are: loss of minimum essential coverage (MEC); permanent move to Connecticut; birth; adoption, foster child, child support or other court order; and marriage. In the future, the online Special Enrollment application process will incorporate an attestation in which applicants would confirm their understanding that proper documentation of a qualifying event is required. Ms. Rich-Bye stated that the notice will be sent to an individual when enrollment application is completed. The Special Enrollment trend will be tracked to determine the actual number of individuals who are verified to obtain coverage.

Robert Tessier inquired about the consumers' notification of the verification requirement. Ms. Rich-Bye responded that the online application currently asks for the enrollee questions about the qualifying event so enrollees are given notice that enrollment outside of the annual open enrollment period is only permitted with qualifying life events. Mr. Wadleigh added that most of the enrollments during special enrollment periods come through the call center. He also reiterated that this process is not any different than any other processes for verification, even those that occur during open enrollment. The attestation may be added to the system in the June to July timeframe but the date has not yet been determined. Mr. Tessier asked if there are any plans for the call center to emphasize to consumers that they are enrolling outside of the normal enrollment period, and that eligibility for special enrollment is contingent on documentation of a qualifying event. Mr. Wadleigh responded that the call center will provide such notification to consumers.

Maura Carley asked whether individuals applying for special enrollments would need to do so in advance of the effective date, potentially without having the appropriate verification documents available. Mr. Wadleigh responded that in most cases, if a person applies before the 15th of a given month the effective date for the coverage would be the 1st of the following month. Special enrollment periods may be for 60 days prior to the qualifying life event or 60 days after, depending upon the event. Ms. Carley asked why marriage is a

qualifying event. Ms. Rich-Bye responded by saying that the federal regulations enumerated the qualifying events, and that marriage is one of them.

Benjamin Barnes asked whether a person would have to enroll in COBRA coverage if it were offered. Ms. Rich-Bye responded that individuals can enroll in exchange plans immediately after losing employer coverage, or can choose to enroll in COBRA. However, once an individual enrolls in COBRA, he or she would not be able to qualify for a special enrollment due to loss of Minimum Essential Coverage (MEC). In this scenario, an individual would only be able to enroll through the Exchange once COBRA coverage expires, or during the next Open Enrollment period.

Ms. Carley pointed out that there are tremendous potential marketing opportunities to attract younger consumers who have lost employer-sponsored coverage. Lt. Governor Wyman asked whether AHCT could provide information to employers and their human resources departments regarding special enrollment rules. Mr. Wadleigh replied that Access Health CT does work with a number of employers with an enrollment campaign. AHCT is working in conjunction with the Connecticut Department of Labor to improve marketing in that area, and would assist in any transition of employees. Andrea Ravitz stated that an outreach program is in place already.

Roderick Bremby arrived at 9:11 a.m.

Lt. Governor Wyman requested a motion to approve the Verification of Consumers' Eligibility for Special Enrollments Procedure as presented by Exchange staff for publication in the *Connecticut Law Journal* and 30 days for public comment. Motion was made by Robert Scalettar, M.D. and was seconded by Victoria Veltri. ***Motion passed unanimously.***

IV. CEO Update

James Wadleigh, CEO, provided an update on AHCT activities. United Healthcare will no longer be participating in the Connecticut marketplace beginning in 2017. Also, MetLife has decided not to continue offering dental coverage in the Connecticut Small Business Health Options Program (SHOP) program. Mr. Wadleigh stated that a comprehensive strategy document has been prepared to guide AHCT's progress during the next three years. This living document contains accomplishments and initiatives that will be evolving AHCT's business. Mr. Wadleigh is very proud of the Senior Leadership Team's collaboration in developing the strategy. There will be improvements in the next few months.

Robert Scalettar, M.D. asked about the potential prospects for other carriers to join the Exchange. Mr. Wadleigh responded that he continues to have conversations with a number of possible future participants in the Exchange. Paul Philpott asked how many carriers will be offering plans through AHCT in 2017, and whether there were any potential problems with these remaining carriers. Mr. Wadleigh responded that three carriers will participate in 2017, and that AHCT will be monitoring the rate filing process, which will take place soon.

V. Technical Operations and Analytics

Robert Blundo, Director of Technical Operations and Analytics, provided a 2016 Open Enrollment Analysis. As a follow up to last month's board meeting discussion, three items will be discussed: (1) an update on current enrollment status, (2) a focus on disenrollment trends after open enrollment, and (3) a monthly review of activity after Open Enrollment. Active QHP enrollment always reaches a peak at the end of open enrollment. As of April 18, 2016, the number of QHP enrollees in the Exchange stands at 105,347. This year, enrollment is down 9.2% over the last two months. Mr. Blundo stated that one of the main goals of the Exchange is the retention of current customers. In line with the past few months, there is a 2% redistribution from non-subsidized to subsidized plans, and this shift is expected to continue through the year. The number of disenrollments is expected to continue trending downwards until approximately the middle of May.

Dr. Scalettar asked about the difference between termination and cancellation. Mr. Blundo responded that there are five different disenrollment reasons. Termination is involuntary, and can include failure to verify eligibility to obtain coverage, or a failure to make a premium payment. Cancellation is a voluntary action by the consumer, such as moving out of state or gaining coverage through an employer. Disenrollment by reason was further summarized.

Mr. Barnes asked whether AHCT can determine how many consumers deliberately decided to stop paying premiums in order to effectively cancel their enrollments. Mr. Blundo replied that terminations are communicated by carriers, which do not include reasons, but the carriers are only permitted to terminate for non-payment of premium. AHCT's upcoming consumer survey will include questions for consumers who have disenrolled in order to understand the different reasons for leaving.

Ms. Veltri asked about consumers transitioning from QHPs to Husky, and whether this group could be divided between those enrolling in Husky A and Husky B. Mr. Blundo responded that the data can be provided. Ms. Veltri also asked about the number of consumers who were disenrolled for failure to provide verification, and inquired whether this number accounted for people who at first did not submit pertinent documentation, but subsequently submitted verification. Mr. Blundo responded that these individuals may be in the appeals process. They were enrolled during the Open Enrollment and are no longer enrolled as of April 18th. Ms. Veltri also asked whether any of the data presented can be split by age and family size. Mr. Blundo responded that this would be possible.

Dr. Scalettar mentioned that not everyone over the age of 65 is eligible for Medicare, and asked whether the Exchange is offering a product for that category of consumers. Ms. Rich-Bye responded that AHCT offers plans for this population. Mr. Wadleigh added that some carriers have hundreds of consumers falling into this category, and rating factors are off significantly compared to the true cost of coverage. Carriers are concerned about this trend.

Mr. Blundo said that AHCT will conduct another survey of consumers who have disenrolled. In the 2015 survey of this population, 31% of respondents said they disenrolled due to

reasons outside of AHCT's control, such as gaining employer-sponsored coverage or moving out of state. Results from this year's survey can be used to inform future outreach and retention efforts, which will include affordability information for consumers who disenroll for financial reasons. Some carriers have lower attrition rates than others, and AHCT will discuss best practices for retention that can be shared among carriers.

Mr. Blundo summarized statistics for consumers who were disenrolled. Over one-third of these consumers were enrolled for ninety days or less, and failed to meet verification requirements or pay their initial premium. A significant portion of terminations involve consumers who have been enrolled for a longer period of time. Mr. Blundo compared the numbers of disenrollments by consumers' prior enrollment status, as well as by carrier. Overall, ConnectiCare experienced the lowest attrition rate since open enrollment.

Among consumers who qualified for special enrollments, loss of minimum essential coverage (MEC) is the predominant qualifying event, accounting for 82% of this population. Many people who qualified for special enrollments were existing enrollees who had changes in income, which caused changes in their eligibility for APTCs or Medicaid.

Mr. Barnes asked whether consumers enrolled in United Healthcare plans cancelled their coverage due to relatively higher premiums. Mr. Blundo responded that the United Healthcare enrollment is significantly smaller than that of the other carriers, and the particular distribution of cancellation reasons could be a result of randomness due to low numbers. There was a technical issue in transactions which made it appear that consumers were leaving for incorrectly assigned reasons.

Mr. Philpott asked why the percentages of disenrollment by carrier varied so greatly. Mr. Blundo responded that AHCT will be having conversations with the carriers to accurately pinpoint the reasons for such a difference.

Mr. Tessier observed that the percentage of consumers terminated for nonpayment of premium was very similar among all enrollees, regardless of the length of time they had been enrolled. He noted this similarity, and asked whether AHCT had any insight into its causes. Mr. Blundo responded that the upcoming survey of disenrolled consumers will provide information on reasons for nonpayment. Mr. Philpott observed that AHCT's analytics capabilities are getting stronger, and asked whether there is a formal process by which this information is shared with stakeholders, including the carriers. Mr. Blundo responded that information is shared with carriers in both technical and strategic contexts. Mr. Wadleigh and many other AHCT Senior Leaders meet with carriers once a month, and analytics have been shared. In addition, technical teams from AHCT and carriers hold weekly meetings on transactions. These meetings have been effective.

Mr. Barnes asked whether the percentage of disenrollment for nonpayment varies between consumers with and without financial assistance. Mr. Blundo indicated that he will provide that information once AHCT conducts a survey of disenrolled consumers. Lt. Governor Wyman requested data on the racial and geographic breakdown of enrollments and disenrollments.

VI. All Payer Claims Database Update (APCD)

Tamim Ahmed, APCD Executive Director, provided an update on APCD activities. He stated that challenges have been encountered in the data submission process. The process is slow because carriers have different systems that have to be recoded to conform to APCD requirements. It is expected that test data from 2012, representing 600,000 to 800,000 covered lives, will be collected by the end of April. Data collection status was presented.

The recent U.S. Supreme Court decision in *Gobeille v. Liberty Mutual* has had an impact on ERISA data collection. Carriers are removing self-insured plan data from their submissions. The APCD has been participating in meetings arranged by the national APCD Council and the National Academy for State Health Policy to address a strategy for adhering to the Supreme Court decision. Work continues on APCD infrastructure development. CMS has determined that the Connecticut APCD will be considered a state agency, and will thus receive Medicare data for multi-purpose data uses.

Dr. Scalettar observed that Cigna has been successful and prompt in submitting data to the APCD, and asked whether other carriers could learn from that experience. Dr. Ahmed praised Cigna and ConnectiCare for submitting data thoroughly and promptly, and said that these two carriers had fewer subsidiaries, making submission less complicated. Dr. Scalettar asked whether there are short-term workarounds to provide consumer information as early as the next open enrollment. Dr. Ahmed responded that the Connecticut APCD will be hosting various links to national price transparency tools on its website. Dr. Ahmed believes that Connecticut consumers need data from within the state, as opposed to national data.

Mr. Philpott asked whether AHCT will offer consumers price transparency tools which would help them to save money during the next open enrollment period. Dr. Ahmed responded that the existing consumer decision support tool allows consumers to analyze options based on medical conditions. Decision support tools will include pharmacy costs for the next open enrollment period.

Ms. Carley asked about the percentage of the Connecticut population which is covered by self-insured plans. Dr. Ahmed replied that he believes that approximately 40% of Connecticut residents are enrolled in self-insured plans. Ms. Carley asked about the percentage of this population whose employers are based in Connecticut versus those located out of state. Dr. Ahmed replied that he did not know this percentage, but that plans with at least 3,000 members residing in Connecticut are required to submit data.

Lt. Governor Wyman left at 10:27 a.m.

VII. Strategy Committee Update

Dr. Scalettar reported that the Strategy Committee continues to meet on a monthly basis. The purpose of these meetings is to develop a long range strategic plan. AHCT is no longer

a start-up organization, so its mission may have to be redefined. AHCT is shifting its focus to customer service and providing quality healthcare products to its consumers at affordable prices. The evolving roles of the Advisory Committees are also being shaped. New membership to those committees will be added as well. There will be more updates at future meetings.

VIII. AHCT Three Year Strategic Plan

Mr. Wadleigh presented the new Three Year Strategic Plan for Access Health CT. He stated that this plan is a living document which will be altered to make it better in the future. Work efforts will be reflected.

Mr. Wadleigh summarized the shift in the organization to be more consumer-focused. The vision remains the same. AHCT is shifting its attention from acquisition to retention of customers, from mass communications to targeted ones, from transactional tools to mechanisms that empower members to choose the best healthcare coverage for themselves and their families.

Mr. Wadleigh reviewed AHCT's journey of the past few years. Organizational accomplishments and evolution were summarized. Most of AHCT's success has been built by its workforce. Connecticut's uninsured rate has been lowered to 3.8%. Customer service and experience will become the basis for AHCT's success. AHCT is continuing to dive down through its mission into a strategy that moves away from creating technology solutions and towards helping to improve customers' health.

The four pillars established in the strategy are: data analytics, innovative solutions, customer support, and education and engagement. All of AHCT's departments have their own individual goals and responsibilities which help the organization to achieve overall goals. The plan represents the beginnings of the high level strategic initiatives that are prioritized to improve the organization's work. Some of AHCT's most important goals include increasing membership, decreasing attrition, and reducing health disparities.

Mr. Barnes referred to the mission, and stated that he felt that one missing element is the need to strengthen AHCT's relationships with other entities, including the Department of Social Services, carriers, and providers. Mr. Wadleigh replied that the strategic plan is a living document, and feedback is welcome. The plan will continue to improve with additional input. As an organization, AHCT has to be a facilitator of the many entities engaged in health reform throughout the state. AHCT is serious about participating in collaborative efforts and improving these important relationships.

Mr. Philpott acknowledged the staff's time and commitment in developing the document while remaining engaged in their day-to-day work. The strategic plan has improved since the first draft was presented to the Strategy Committee. The vision and mission statements make clear that AHCT plays a critical role in affordability and lowering costs. He hopes that the commitment continues as the strategy evolves.

Dr. Scalettar thanked the entire AHCT organization for their work towards achieving the progress that has been made to date. It could not have happened without the amazing level of commitment of the staff. The initiatives contained in the strategic plan will enable Mr. Wadleigh and the Senior Leadership Team (SLT) to get out into the community to expand AHCT's work.

Mr. Wadleigh reiterated that the strategic plan is a working document, and that members of the Board should contact him with any questions or recommendations.

IX Adjournment

Vice-Chair Victoria Veltri requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Benjamin Barnes. ***Motion passed unanimously***. Meeting adjourned at 11:13 a.m.