



STATE OF CONNECTICUT  
LIEUTENANT GOVERNOR NANCY WYMAN

Connecticut Health Insurance Exchange  
Board of Directors Special Meeting

Legislative Office Building  
Room 1D

Wednesday, June 8, 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; Maura Carley; Michael Michaud on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental Health and Addiction Services (DMHAS); Commissioner Katharine Wade, Connecticut Insurance Department (CID); Cecelia Woods; Commissioner Raul Pino, Department of Public Health (DPH)

**Members Participating via Telephone:** Commissioner Roderick Bremby, Department of Social Services (DSS); Robert Scalettar, MD

**Other Participants:**

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

Dr. Mark Schaefer, Director, Healthcare Innovation

**Members Absent:**

None

**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

1. Theanvy Kuoch of the Southeast Asian-American Community provided a public comment
2. Jason Styra, Board Member of Small Business for Healthy Connecticut provided a public comment
3. Kevin Galvin, Chairman for Small Business for Healthy Connecticut provided a public comment
4. Mui Mui McCormick, Commissioner of the Asian Pacific American Affairs provided a public comment

**Katharine Wade arrived at 9:08 a.m.**

**Benjamin Barnes arrived at 9:12 a.m.**

## III. Votes

Lt. Governor Wyman requested a motion to approve the May 19<sup>th</sup> Regular Meeting minutes. Motion was made by Victoria Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

Susan Rich-Bye, Director of Legal Affairs and Policy, introduced the Verification of Consumers' Eligibility for Special Enrollments Procedure. The public comment period on the draft procedure closed on June 2, 2016. One public comment with four recommendations was received, but none of them merited any changes to the policy. One of these recommendations asked the Exchange to establish a clear procedure to communicate to consumers and other enrollment personnel how the new process is going to work. Ms. Rich-Bye stated that anyone who submits a special enrollment application will receive a letter which will outline what steps that person needs to take in order to qualify for coverage. This letter will contain information such as documentation required by the Exchange to verify eligibility. The second recommendation requested that the Exchange pend the enrollment until the verification for eligibility is submitted. Ms. Rich-Bye stated that the Exchange will not make a change in this regard. She indicated that a similar approach is used by the Federally Facilitated Marketplace (FFM) as well as the exchange in California. She pointed out that the enrollments will go through a regular process, as long as the consumer pays the premium, and the enrollment may get terminated if required documents are not submitted within the timeframe requested. Ms. Rich-Bye also outlined the remaining two recommendations, which suggested that the Exchange keep to its 30-day rule for document submission. Ms. Rich-Bye stated that the last recommendation submitted was referencing a new condition in the federal regulations regarding a permanent move, which is a special enrollment qualifying life event starting July 11<sup>th</sup>. Anyone falling under that category must also meet certain conditions, such as having at least one day of Minimum Essential Coverage (MEC) in a 60 day period prior to the move

to Connecticut, or moving to the state from outside of the United States or the U.S. Territory. If a consumer who moved to Connecticut from a non-Medicaid expansion state, where they were not eligible for the Advanced Premium Tax Credits (APTC) or Medicaid in that state and had an income change, then they could qualify for APTC, even though they would not have been able to obtain MEC in the prior 60 days. Ms. Rich-Bye stated that these conditions will be added to the letter. Ms. Rich-Bye stated that none of the recommendations require changes to the procedure.

Lt. Governor Wyman requested a motion to approve the Procedure: Verification of Consumers' Eligibility for Special Enrollments. Motion was made by Victoria Veltri and seconded by Cecelia Woods. ***Motion passed unanimously.***

Mr. Tessier commented on the importance of public testimony, referring to a public comment received at the Board of Directors Meeting on May 19, 2016.

#### **IV. CEO Update**

Mr. James Wadleigh, CEO, provided an update on AHCT activities. Mr. Wadleigh congratulated Ms. Veltri on her new position and thanked her for many years serving Connecticut's residents with their healthcare needs. He emphasized that Ms. Veltri in her capacity as both the State's Healthcare Advocate and as the Vice Chair of the AHCT Board of Directors, has been instrumental to improving access to healthcare for many of the state's residents and the success of AHCT. Mr. Wadleigh stressed that the Office of the Healthcare Advocate is critical to AHCT's strategy, and AHCT will continue to work with her successor to make sure that AHCT is meeting the needs of Connecticut's residents.

Mr. Wadleigh stated that AHCT's new strategy implementation is moving forward. AHCT has received feedback from its partners as to the year-round outreach effort currently underway. The Marketing strategy helps in shaping the organization's message, and concentrates on the value of the plans offered on the Exchange. An organizational realignment has been completed internally, with better customer service as its main goal. The Strategy Committee has been meeting to discuss the roles of the Advisory Committees, and readjusting their missions and outputs so that they can effectively assist AHCT with its mission. Within the next few weeks, AHCT will begin communications with all of the organization's supporting groups. AHCT is readying itself for the open enrollment period which starts on November 1, 2016. The initial requests for insurance premium rate increases have been submitted by the carriers. Mr. Wadleigh added that the federal government, through the Affordable Care Act, still has more work to do in controlling the cost of health insurance. Access Health CT has limited influence in this area. AHCT will be participating in public hearings in August pertaining to those rate increase requests. Wakely Consulting will provide a presentation on the validity of those rate increases.

## V. Enrollment Update

Robert Blundo, Director of Technical Operations and Analytics, provided an enrollment update. Mr. Blundo said that current Qualified Health Plan (QHP) enrollment stands at 103,400. Mr. Blundo explained that numbers of current enrollees are broken into categories and populations, such as those who transitioned from HUSKY to QHPs, and those who enrolled during special enrollment periods. Of the current enrollees, 76% have been enrolled for five months or more, and 75% receive subsidies. AHCT's total annual retention rate stands at 60.6%. Mr. Blundo stated that AHCT will analyze factors contributing to customers' decisions to leave, and determine what can be done for those who remain enrolled. AHCT will be utilizing the annual census data, which will be more detailed, so the conclusions will be more accurate. More surveys will be sent, and will be more tailored to customers' dispositions. Mr. Blundo highlighted Access Health CT's transition from retrospective to prospective use of data.

Paul Philpott asked how Access Health CT can help consumers who currently are enrolled in United Healthcare plans, since that insurer will not be participating in the Exchange beginning 2017. Ms. Rich-Bye replied that insurers are, by regulation, obligated to send notices to customers who are enrolled with carriers leaving the Exchange. This notification informs the customer of possible coverage options, including plans on the Exchange offered by other carriers. Mr. Philpott asked what AHCT can do to retain these customers. Mr. Wadleigh responded that AHCT will track those customers by doing the standard outreach, phone calls and other means of communication.

Mr. Philpott inquired about the 60.6% retention figure, indicating that no carrier would be satisfied with that number. Mr. Philpott asked Mr. Blundo to bifurcate the retention rate by isolating non-subsidized customers and subsidized customers. Mr. Blundo responded that he could determine these separate retention rates, which would help to analyze these groups.

Ms. Veltri asked how AHCT could more actively work to retain consumers who are currently enrolled in United Healthcare plans. Ms. Rich-Bye responded that Andrea Ravitz will discuss this topic in her presentation, and added that notices to these customers will state that their plans will not be available in 2017, and that they will need to select new plans. Lt. Governor Wyman asked whether AHCT could contact these customers sooner rather than later, in order to retain them in plans offered through AHCT. Ms. Ravitz stated that Access Health CT will be more proactive in this regard.

Ms. Veltri referenced the metrics regarding the length of consumers' enrollment, indicating that those who are enrolled for the shortest amount of time may be just getting coverage for surgeries and other expensive medical procedures. She asked whether AHCT could provide information on plan utilization for those with shorter enrollments. Mr. Wadleigh answered that he has spoken with the carriers about obtaining that information. Benjamin Barnes asked whether the length of active enrollment only applies to the current

enrollment. Mr. Blundo answered that the Exchange counts consumers based on the QHP in which they are currently enrolled.

## **VI. TMA/QHP Transition Update**

James Michel, Director of Operations, provided an update on the transition of consumers from Transitional Medical Assistance (TMA) to QHP enrollment. Mr. Michel said that the state budget passed in 2015 decreased the maximum income levels at which adults and caretaker relatives could qualify for HUSKY A coverage. As a result of this change, approximately 18,000 existing HUSKY A enrollees lost their eligibility for this program as of last summer. Most of these individuals qualified for Transitional Medical Assistance (TMA) coverage, which ends on July 31, 2016. Since December 2015, AHCT has held regular meetings with the Department of Social Services (DSS), the Office of Policy and Management (OPM), and the Office of the Healthcare Advocate (OHA), in order to develop a plan to minimize the gap in healthcare coverage for the population currently enrolled in TMA. AHCT is communicating with this population through various means, such as phone calls, notices, social media, press releases and local community meetings. Posters, notices and postcards are an important part of this strategy. Mr. Michel added that outreach will include enrollment fairs in the seven cities which have the heaviest concentration of people who are losing TMA coverage. Mr. Barnes asked whether there had been any effort to reach out to providers who treat patients impacted by this transition. Mr. Michel responded that AHCT will leverage information from DSS for posters, but he said that there was no communication from AHCT to providers. Ms. Veltri complimented the organizations that are involved in the transitioning process.

## **VII. Marketing Update**

Andrea Ravitz, Director of Marketing, provided an update on AHCT's marketing strategy.

Ms. Ravitz stated that Access Health CT is keeping up with the organization's strategic approach and the execution of the marketing strategy. AHCT was able to partner with some of the University of Connecticut coaches to include them in the healthy messaging. Ms. Ravitz highlighted that one of these coaches is also an Olympic coach, and the organization will be displaying his healthy messages during the Olympic Games period.

Access Health CT is beginning a year-round communication strategy with the aim of helping people understand the value of their healthcare coverage. AHCT sees a need to go above and beyond its existing media, and to communicate its message through different platforms. Informational videos play a strategic role in conveying the organization's message to the public. AHCT has a weather partnership with NBC Connecticut, with the aim of reminding people of healthy tips, and making primary care physician appointments.

AHCT has convened four focus groups in order to test four different marketing concepts. Ms. Ravitz indicated that these focus groups are composed of very diverse populations, and she said that the final product from these focus groups will be presented at next Board Meeting. Ms. Ravitz summarized additional AHCT community outreach efforts. She added that additional communication strategies will include newsletters, phone calls, e-mails and social media presence.

Ms. Ravitz went on to say that Access Health CT is becoming a presence in schools, adding that children may have a potential positive impact on their parents in conveying information about health issues. Ms. Ravitz reported that AHCT assisted 5<sup>th</sup> grade students in conveying messages about nutrition and the importance of exercise. She stated that based on this pilot program, the AHCT plans on expanding this initiative to different schools. Ms. Ravitz mentioned efforts to reach the population of 20- to 30-year-olds regarding the importance of having healthcare coverage, and said that AHCT is utilizing video blogs as part of the outreach approach.

Cecelia Woods complimented Ms. Ravitz on the tremendous amount of work being done by the Marketing department, and suggested that the Board may be interested in participating in some of those outreach events.

#### **VIII. State Innovation Model Presentation**

Lt. Governor Wyman introduced Dr. Mark Schaefer, Director of the Program Management Office in the Office of the Healthcare Advocate, to discuss the State Innovation Model (SIM) program.

**Commissioner Bremby left at 10:41a.m.**

Dr. Schaefer discussed initiatives that are a part of SIM, as well as the challenges that are facing some of those who are insured. Following Dr. Schaefer's presentation, Mr. Robert Tessier complemented his great work.

#### **IX. Adjournment**

Lt. Governor requested a motion to adjourn the meeting. Motion was made by Robert Tessier and seconded by Victoria Veltri. ***Motion passed unanimously.*** Meeting adjourned at 11:04 a.m.