



STATE OF CONNECTICUT  
**LIEUTENANT GOVERNOR NANCY WYMAN**

**Connecticut Health Insurance Exchange  
Board of Directors Regular Meeting**

Legislative Office Building  
Hartford, CT

Thursday, January 16, 2014  
**DRAFT Meeting Minutes**

**Members Present:**

Lieutenant Governor Nancy Wyman (Chair); Dr. Robert Scalettar; Robert Tessier; Grant Ritter; Barbara Parks-Wolf, Office of Policy and Management (OPM) – Designee; Deputy Commissioner Anne Melissa Dowling, Connecticut Insurance Department (CID), Commissioner Roderick Bremby, Department of Social Services (DSS), Commissioner Patricia Rehmer, Department of Mental Health and Addiction Services (DMHAS); Maura Carley; Paul Philpott; and Cecilia Woods

**Members Absent:** Commissioner Jewel Mullen, Department of Public Health (DPH); Vicki Veltri, Office of the Healthcare Advocate, Vice-Chair

**Members Participating by Telephone: None**

**Other Participants:**

Health Insurance Exchange Staff: Kevin Counihan, Peter Van Loon, Virginia Lamb, James Wadleigh, Julie Lyons, Steve Sigal, Jason Madrak, Tamim Ahmed and Denise Smith

**The Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:08.**

**A. Call to Order and Introductions**

Lt. Governor Wyman opened the meeting at 9:08 a.m.

**B. Public Comment**

None

**C. Review and Approval of Minutes**

Lt. Governor Wyman requested a motion to approve the minutes from the December 5, 2013 meeting. Motion was made by Robert Tessier and seconded by Maura Carley. ***Motion passed unanimously.***

**D. CEO Report**

Kevin Counihan, CEO, reported that AHCT continues to do well. Over 86,000 consumers have enrolled to date. 52% have enrolled in QHPs and 48% in Medicaid. Real time activity is at 500 to 1,000 enrollees per day. For the third consecutive month, Connecticut is the first state to meet and exceed the enrollment goals set by the Congressional Budget Office (CBO). AHCT met the CBO's target for March 31, 2014 in December 2013. A significant second surge in enrollment is anticipated at the end of March. There are areas of operations working well and other areas that are not. System stability continues and enhancements and refinements are being made. DSS redeterminations are now going through which adds a new complexity to operations.

Connecticut's consumer satisfaction rate of 72% seems to be the highest in the country. A conference organized by the Navigator and In-Person Assistor (NIPA) team to discuss best practices and community effectiveness drew over 500 participants from Connecticut and other states. AHCT has been approached by other states interested in either leasing or franchising its platform. An exchange model is being developed and a new division of AHCT, Access Health Solutions, is being formed to help market the "Exchange in a Box". These pursuits will not come at the expense of Connecticut's residents.

**E. Executive Session Agenda Amendment**

Lt. Governor Wyman requested a motion to amend this meeting's agenda to add an Executive Session. Motion was made by Robert Tessier and seconded by Robert Scalettar. ***Motion passed unanimously.***

**F. Operations Update**

Peter Van Loon, COO, presented the operations update and emphasized AHCT's three priorities: membership growth, system stability and operational excellence. The Office of Inspector General, CMS is currently auditing the Exchange's integrated eligibility system and processes. The Exchange was selected for audit, because its system works, and HHS is interested in eligibility enrollment lessons learned and compliance. IRS auditors will be coming in the latter part of the month for their review.

Enrollment has steadily increased. 37,000 consumers signed up in December, with 63% selecting QHPs. 55% of these applicants purchased at the silver level. The average enrollee's age was between 45 and 50 years. About 64 percent of enrollees selected Anthem; 33 percent CBI; and 3 percent HealthyCT. To date only 2% of applications were paper. The shift to Medicaid enrollments through the Exchange has started and is expected to accelerate with Medicaid redeterminations. During the first two weeks of January, the Exchange processed 18,000 applicants. Only 36% of these applicants purchased QHPs. Medicaid also experienced an

estimated organic growth of 10,000 enrollees between October 1 and December 31. These are those individuals who qualified for Medicaid under pre-MAGI (Modified Adjusted Gross Income) rules.

SHOP enrollment is below expectations. The Call Center's performance requires improvement. Speed to answer calls and abandonment rates did not meet targeted service levels but are improving as a result of the Exchange reducing demands on the Call Center while also increasing its capacity. Dedicated technical support lines were set up outside the Call Center for brokers and assisters. Brokers and assisters were also re-trained on how to use the system and on ACA requirements. Call center staffing was increased. By the end of this week, the Call Center will have 300 employees with backup Call centers in Illinois and Georgia coming on line. The fixed costs associated with this Call Center expansion are the responsibility of the vendor.

The December surge combined with the extended deadline for QHP enrollment for January 1, 2014, taxed customer service at our partners as well. Carriers have been backlogged with invoicing enrollees, posting payments and issuing member ID cards. Response teams were put in place at the Exchange and the carriers to resolve these issues. HUSKY applications were also backlogged at DSS. Starting the end of March there will be an estimated 20,000 to 30,000 Medicaid redeterminations per month coming through the IES (Integrated Eligibility System). This is expected to cause new spikes in Call Center activity that the Exchange and DSS are now planning for. While DSS staff was educated on the IES in the Fall, staff will need a refresher course, especially since improvements have been made to the system. Incorrect information from the Federal Data Services Hub (FDSH) on an individual's incarceration status has created problems for both the Exchange and DSS. Incarceration blocks an applicant from purchasing on the Exchange or securing Medicaid. Administrative desk review processes were put in place at the Exchange and at DSS to get those affected appropriately covered. Technical support provided to Exchange brokers and assisters will also be provided to DSS staff and contractors.

Mr. Philpott expressed concern about the Exchange's enrollment age mix with only 21% in the 18-35 age group, citing a *Washington Post* article stating that minimum actuarial viability is 25%. Mr. Counihan reported that three federal programs -- reinsurance, risk adjustment and risk corridors are in place to ameliorate the effects of adverse selection. Dr. Scalettar pointed out that it has only been 3 months and 3 months remain in enrollment. Moreover, the actual health status of our population is unknown. The Lt. Governor asked whether the Exchange knew the number of children remaining on their parents' plans to age 26 in Connecticut. Mr. Counihan reported he only knew of the HHS estimate of roughly 2 million nationwide. Ms. Carley pointed out that those aging off their parents' coverage will get a COBRA notice with a three year option. Those never having had to deal with decisions of this type might benefit from a communication by the employer presenting coverage options side by side.

Julie Lyons, Director Plan Management reviewed the responsibilities and roles of the Executive Response Teams developed at the Exchange and at the carriers to address customer service issues. The goals are timely resolution and keeping the customer from being caught between the carrier and the Exchange. While the teams are committed to successful resolve of each customer's issues, priority is given to those enrollees requiring immediate medical services. Both the Exchange and the carriers are directly reaching out to consumers to get issues resolved.

## **G. IT Update**

Jim Wadleigh, CIO, provide an IT update. Short term accomplishments include implementing special enrollment functionality as well as adding the capability to capture race and ethnicity information (optional reporting) and foster care income for Medicaid. Shopping screens have been improved and EDI/834 transactions are now being provided to the carriers nightly. The system peaked at approximately 1,000 customer interactions per second on December 23<sup>rd</sup>, but from a pure systems perspective, only 2% of the system's capacity was being used.

Finalizing the MOU with the Department of Labor is critical for the Exchange. This will allow the use of more current state DOL data to verify income. The remote identity proofing contract is almost finalize. The Exchange remains challenged by incorrect information from the FDSH on an applicant's incarceration status. The hub is reporting about ½% to 1% of applicants as incarcerated when in fact they are not. This translates to about 100 customers per day requiring special handling through our response teams. The Exchange plans to decouple from the FDSH for this verification and instead rely on the CT Department of Corrections' data. Verification of Lawful Presence Service has been updated.

Technically, the Level II contract with Deloitte still needs to be closed out. About 30% of functionality was deferred and AHCT is currently working to finalize that 30% and get it built into a release plan that does not impact other application events. The Spanish website should be ready February 2. The ability to purchase catastrophic coverage through the Exchange is also scheduled for a February release. The March release will include over a dozen improvements for Medicaid enrollments. Future releases include improvement of screens and functionality in May and a September release in preparation for the 2015 open enrollment. The IRS will be conducting a Security Audit on site February 25 through February 27. This audit will re-occur every 3 years. Long term strategic priorities include customer improvements and the "Exchange in a Box" concept. Dr. Scalettar asked whether comparative network shopping was a deferred functionality. Mr. Wadleigh reported that network comparison is not envisioned at this point in time. Work will continue with carrier counterparts to transition from our site into their provider directories.

## **H. Marketing**

Jason Madrak, CMO, provided a media update and reviewed key marketing metrics. January's media spend will be roughly one-half of December's \$1.2 million; will focus on high profile media opportunities; and will be directed to particular geographies and populations needing additional exposure. The Exchange has been running 30 second and 60 second media spots. High profile ad opportunities include NFL games; the Golden Globe Awards; the Winter Olympics; and, the NCAA Tournament. Weekly web visitors for January were 15% above the November average even though media went dark the week after Christmas and for the first week of the year. Testimonial footage is being edited into a new 30 second spot focusing on the multiple channels for in-person help. Enrollment continues at the fairs and at the two retail stores. A winter concert promotion is underway geared towards a younger audience. This promotion has already attracted over 60,000 entrants of which 19,000 have opted to receive additional information about the Exchange. The social media campaign, "Tell a Friend...Get

Covered” kicked off with a high profile event in California working with celebrities producing Tweets. AHCT is working with California and other states on this effort. Mr. Philpott asked if any analysis was done on accounts open versus enrolled. Mr. Van Loon reported that letters were sent to those who did not complete their application. Response was good and this outreach will be done every month going forward.

Denise Smith, Training Coordinator for the Navigator and Assister Outreach Program, provided an update of the training and certification of navigators, assisters and certified application counselors as well as the recent NIPA 2014 NIPA Best Practices Conference. The conference was coordinated by AHCT’s NIPA team. Its purpose was to equip consumer enrollment assistance providers with education, training and strategies to achieve goals in the 2<sup>nd</sup> half of open enrollment. Lt. Governor Wyman thanked Ms. Smith for her leadership. Mr. Tessier asked about the potential of a call center over the long term utilizing current assisters, etc. and if it would make sense to brainstorm the possibility of a Connecticut based call center to replace the current one.

#### **I. All-Payer Claims Database**

Tamim Ahmed, Executive Director of Access Health Analytics (AHA), provided an update on the All-Payer Claims Database. Two subcommittees have been formed: Data Privacy & Security and Policy & Procedure Enhancements. The RFP for the data management process is being developed. Two Advisory Group members (Dean Myshrall and Robert Tessier) are on the RFP Evaluation Committee. The committee also includes members of AHCT’s senior leadership team as well as AHA executive director and manager. The name Access Health Analytics is being trademarked. Various vendors for consumer decision support tools/information are being evaluated.

#### **Cecilia Woods left at 11:17 a.m.**

The RFP is scheduled for release January 24<sup>th</sup>. Mr. Ahmed reviewed the data management process design infrastructure, the projected timeline for data submissions and the annual registration process. Mr. Ritter asked whether there were any mechanisms to get self-paid (uninsured) data. Mr. Ahmed reported that he is going to meet with the Connecticut Hospital Association and will continue to meet with others to see if that information can be obtained. Mr. Ritter asked if this information can be merged with the Medicare database. Mr. Ahmed reported that he has approval from CMS to get Medicare data for 100% of Connecticut plus a 5% national sample.

Virginia Lamb, General Counsel, provided context to the requested vote. In June 2013, PA 13-247 amended the Exchange Board’s authority to include implementation of the APCD. While PA 13-247 also authorized the continuance of the APCD Advisory Group, it did not assign the Group any additional powers. Accordingly, the authority to appoint any subcommittees to the APCD Advisory Group sits with the Exchange Board. The Board is being asked to delegate its power to establish APCD advisory subcommittees, to the APDC Advisory Group. The Board is also being asked to delegate to the chairperson of the APCD Advisory Group, the authority to appoint members to those subcommittees.

Lt. Governor Wyman requested a motion to delegate to the All-Payer Claims Database Advisory Group, the authority to establish such APCD advisory subcommittees as deemed necessary to assist in the implementation of the All-Payers Claims Data Base. Motion was made by Grant Ritter and seconded by Robert Tessier. ***Motion passed unanimously.***

Lt. Governor Wyman requested a motion to delegate to the Chairperson of the All-Payer Claims Database Advisory Group, the authority to appoint the members of the APCD advisory subcommittees. Motion was made by Grant Ritter and seconded by Robert Tessier. ***Motion passed unanimously.***

#### **J. Finance Update**

Steven Sigal, CFO, provided a finance update. Market assessment notices are being distributed to health carriers in the next week. A vendor is being selected to provide additional software to improve finance's operations and also to provide much more capability for data analytics. Regulatory requirements continue to be met. The Office of Inspector General is on site performing an eligibility audit and finance is coordinating their activities. The budget is sound and the second quarter budget projection is the same as the first quarter 2014 forecast. Various finance dashboards were reviewed.

#### **K. Strategy Committee Update**

Dr. Scalettar provided a Strategy Committee update. The Exchange will be participating in a national campaign called Choosing Wisely. We are one of only two states in the country partnering in this. This program encourages discussion between patients and physicians on how to choose care. The program provides tools and guidance to educate consumers on purchasing health care and insurance. Patient friendly material will be distributed via the website, AHCT stores, doctors' offices, etc. Next steps include establishing the campaign and its components.

#### **L. Executive Session**

Lt. Governor Nancy Wyman requested a motion to convene an Executive Session pursuant to Section 1-200(6)(E) of the Connecticut General Statutes to discuss items exempt from disclosure under Section 1-210(b). Motion was made by Robert Scalettar and seconded by Grant Ritter. ***Motion passed unanimously.***

**Anne Melissa Dowling left at 12:10 p.m.; Lt. Governor Nancy Wyman left at 12:15 p.m.**

The Board came out of Executive Session at 12:25 p.m.

#### **M. Adjournment**

Motion to adjourn the board meeting was made by Paul Philpott and seconded by Robert Tessier. ***Motion passed unanimously.***

**The next Board Meeting will take place on February 20, 2014 at 9:00 a.m.**