As approved by the Consume Experience & Outreach Advisory Committee Meeting on September 16, 2014

Access Health CT
Consumer Experience & Outreach Advisory Committee Meeting

Location: Connecticut Historical Society
One Elizabeth Street, Hartford
Date: Wednesday, April 23, 2014
Time: 1:00 p.m.

Members Present
Alta Lash, Arlene Murphy (arrived at 1:16 p.m.), Cee Cee Woods (arrived at 1:16 p.m., left at 3:29 p.m.), Deb Polun, Gerard O'Sullivan, Kevin Galvin (left at 3:27 p.m.), Robert Scalettar, Sheldon Toubman (left at 3:37 p.m.), Susan Kelly for Daniella Giordano, Tanya Barrett, Vicki Veltri

Members Absent
Cheryl Forbes, John Erlingheuser, Sara Frankel, Shawn Lang

Other Participants
Peter Van Loon, Jason Madrak, Julie Lyons, Ann Lopes, Susan Yolen, Kate Gervais

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I. Call to Order and Introductions

- Co-Chairperson Vicki Veltri opened meeting at 1:05 p.m. Introductions were made.

II. Public Comment

- No Public Comments were made.

III. Network Adequacy-Monitoring

Julie Lyons, introduced Ann Lopes, who provided an update on network adequacy monitoring. Ann Lopes provided a network adequacy update. The following topics were discussed: (1) numbers with respect to the "substantially similar" requirement for Anthem and provider counts for each of the carriers offering plans through the Exchange; (2) essential community provider and hospital contracting

statuses; (3) improvements to the link on AHCT's website to Anthem's online provider directory; and (4) next steps with respect to network adequacy.

Ms. Lyons added that for 2015, the proposed network adequacy standards will be addressed further explaining the proposed 2015 standards. The provisions will be presented to the Board at its April 30 meeting and get formally adopted.

Discussion continued regarding the basis of the information regarding provider participation, network adequacy and what are the requirements and evidence and what happens if a carrier is not compliant. Ms. Lopes responded that the website tool was set up in that fashion. With regard to carrier compliance, Mr. Lopes responded that AHCT will question the carrier and evaluate the responses. Ms. Lyons further added that AHCT verified and validated as well as with an on-line tool, the provider directory provided by the carriers. It was not just a carrier attestation. Mr. Toubman still sees this as self-attestation as the carriers are providing the provider directory.

Ms. Veltri inquired as to geographic access standards. Ms. Lyons replied that AHCT is going towards reasonable access through the purchase of software with the help of NCQA. Ms. Veltri further added that another issue is timely access to providers and recommended that this be addressed. It was noted by Ms. Lyons that ECP standards for 2015 are unchanged. Non-standard plans will still have to adhere to the 85% standard.

Mr. Scalettar asked why prospective customers have to leave the AHCT website when they are trying to understand issues of network and provider selection. There may be an economies of scale to accomplish this across the board nationally. The Counsel for Affordable and Quality Care is addressing these issues and has created the Common Credentialing application with the biggest beneficiary being physicians and their offices.

Kevin Galvin asked if there are any discussions surrounding independent network adequacy monitoring. Ms. Lopes replied although it was addressed at the March Board meeting it is not something the Exchange is moving forward with. Ms. Lopes did review the March board minutes where there was a particular proposal presented to the Board. The Board further indicated that it was not in agreement with the network adequacy provision. The Board supported the recommendations of the Exchange. Gerard O'Sullivan provided an explanation of network adequacy requirements. Ms. Lyons stated that NCQA is willing to provide a presentation as to their requirements. Mr. Toubman feels that NCQA does not do secret shopper survey and that is the only method to confirm where the carrier self-attestation is accurate. Mr. O'Sullivan added that NCQA does provide information based on surveys and complaints.

Discussion continued around network adequacy and independent monitoring. Ms. Veltri summarized the minutes from the November 2012 Board meeting. There was significant discussion that accreditation alone was not a sufficient way in to measure whether a network was actually adequate because it was just one point in time and not an ongoing monitoring technique. Jason Madrak underscored points from his perception as to why it was not adopted. The debate as he recalls was whether it was actually network adequacy (carrier monitoring) or if it was from a consumer standpoint (their ability to actually get access to a physician). It was further discussed that secret shopping is a very distinctive methodology. There was agreement that this issue requires additional discussion as to the appropriate type of methodology before committing and then having the Board vote. Ms. Veltri did

remember that it was an issue regarding secret shopping versus independent monitoring. Alta Lash added that monitoring should be raised to the Board level. Tanya Barrett and Cecelia Woods both supported this issue being raised to the Board level. Ms. Woods further stated that it may not have been timely in November of 2012 to address, but may be time now due to the evidence of current activities. Ms. Lash commented that the critics/observers of the ACA will be continuing to ask questions about the effectiveness of the plan and feels it would be proactive.

Mr. Madrak added that the term secret shopper is distinctive and perhaps could be a termed as monitoring. Will consumers or providers be contacted? AHCT is going out with a large scale and projectable member census research project to be sent to enrolled consumers and these types of questions can be added to the study. This would assist in determining the scope if any problem exists. Mr. Galvin added that discussion concerning this topic should continue.

Sheldon Toubman disagrees with the suggestion of discussing something broader. He provided a 2006 secret shopper DSS survey which involved actual calls to doctors' offices and not surveys of patients. Results of this survey on average showed that only about 25% of the time could a consumer get an appointment. Mr. Toubman requested that this methodology be adopted with the addition of the timeliness of securing an appointment. Tanya Barrett provided a summary of a DSS dental benefit secret shopper project in Connecticut through United that Way has been done for the past three years.

Mr. Scalettar added that the secret shopper survey just documents a problem. He asked for clarification as to how any problems may be solved. Mr. Toubman recalled that following the aforementioned survey, all plans were put on notice by DSS and the plans would have to severely update the provider lists on a regular basis although with changes in Medicaid managed care, the project became moot. With resources, it is solvable by the plans. Mr. Scalettar believes that it is not a carrier problem, but a confusion problem at the point of care.

Arlene Murphy agreed that a process must be developed to solve any problems. She asked if the Consumer Advisory Committee should develop suggestions as to what the priorities are and suggestions as to how to address problems. Deb Poulan added that any information received out of the secret shopper survey will be out of context unless there is something to compare it to, i.e., comparison to a plan not on the exchange.

Ms. Veltri added that there a problem on the provider side and must be addressed as well. She suggested a smaller group or a continuing item on the agenda. Ms. Lash asked whether the Board has to vote on this. Ms. Murphy asked for a recommendation to the Board for it to consider the issue of monitoring and the Consumer Advisory Committee will develop recommended parameters at its next meeting. Ms. Murphy made for a motion for the Consumer Advisory Committee to recommend that the Board consider the issue of monitoring and the Consumer Advisory Committee will be developing recommendations. Alta Lash seconded. ***Motion passed unanimously.*** Ms. Veltri cautioned what is developed now could change because of anticipated changes in geo-access as described by Ms. Lyons.

IV. Consumer Focus Groups

Mr. Madrak provided a status on consumer focus groups. AHCT has transitioned from open enrollment outreach activities to starting to be reflective and move forward to market research. The research will

take the form of two areas: 1) research looking back to make sure enough information as possible is gathered around who AHCT enrolled and their experience, and 2) then how to improve the program next year to include the outreach experience, call center and website as examples.

The first outreach occurred this week. There were interviews with consumers regarding their experience during enrollment, but more importantly who they went through the decision making process on insurance plans. Interviewees were those who enrolled in QHPs specifically. The first group was actually consumers enrolled in plans with APTC of approximately $70 to $90 per month. The second group was a group paying full price each and every month. For the first group, they did not do much than scratch service the plan. They were unaware of metal tiers and carriers, deductibles, coverage. The primary feedback was that there was an assumption that their previous Anthem plan was the same as the Anthem plan on the Exchange. The same feedback came from the second group. Price is king. Jumping from site to site to review provider networks was a concern. The takeaway for improvements was the request to make the price less expensive. Ms. Woods who participated in the outreach added that consumers were pleased to have access to physicians.

Mr. Madrak indicated that there was a diverse group randomly pulled from the Hartford metro area. For the most part, everyone appeared to call into the call center and had a generally good experience. The goal was not around website evaluation. Ms. Woods added that there was a lot of gratitude surrounding the opportunity to buy insurance and be covered at a lower price. Peter Van Loon added that the first customer service opportunity is to get them through the initial process. Secondary consumer service opportunities are now emerging. Third tier will be issues such as access.

V. NIPA Program and CACs Update

Kate Gervais provided an update on NIPA and CACs activity. NIPA goals and objectives were reviewed. Consumer barriers are being addressed through the program. Key tactics were reviewed. Ms. Gervais provided an explanation of an “engagement”.

Ms. Galvin asked with the budgetary stops, what is being done to keep program going. Mr. Van Loon replied that Kate is working on securing funding and will make certain there is coordination going forward. Mr. Toubman asked whether navigators and assisters are gone from DSS offices. Mr. Van Loon and Ms. Gervais replied that there are currently 12 assisters currently in DSS offices.

Deb Poulan provided an update on the CAC roles. Hospitals and FQHCs and carriers among others are CACs going through the same training program as IPAs. There was a previous level of experience which benefitted the consumers in facing enrollment challenges. The final low estimate of enrollment through CACs is approximately 15,000 and Ms. Poulan will forward the final numbers when available.

VI. Explanation of Benefits (EOB) Confidentiality

Susan Yolen, Vice President for Policy and Advocacy for Planned Parenthood, has brought to OHA’s attention an issue that has been worked on in some other states and it was thought it should be brought to the Consumer Advisory Committee. There is a small work group in Connecticut that discusses the issue of confidentiality and explanation of benefits forms. This issue predates the ACA because EOBs are a common occurrence but will be more common now that more consumers are being covered. Newly

covered have never experienced insurance before and are not aware that EOBs are sent to the owner of the policy who may, as an example, be a parent or spouse. There are young adults under 26 years of age who are on their parents' plan. There are minors who are legally entitled to confidential services for sensitive care including mental health care as an example. Ms. Yolen stated that there are steps Connecticut can take similar to other states to ensure privacy. HIPAA details were provided. Following further summary by Ms. Yolen and Committee discussion, Ms. Barrett suggested that this issue may be a Tier 3 customer service issue which could have an impact and should be part of an educational package.

VII. Future Meetings and Interaction with AHCT

Scheduling of future Consumer Advisory Committee meetings was discussed. Ms. Murphy suggested an agreement as to the next meeting date with Ms. Poulan suggesting meetings be as frequently as the monthly Board meetings. Ms. Veltri suggested before the monthly Board meetings and further added that a doodle poll will be communicated for a recurring meeting. Mr. Van Loon added that it is AHCTs thought that monthly meetings are not necessary every month. There are expenses incurred if not held at the Legislative Office Building. Mr. Van Loon added that there needs to be a balance between serving consumers on a real time basis and the Committee erring on the side of the consumers as the Committee would expect. Ms. Murphy suggested a meeting on May 23. Ms. Poulan offered to provide a list of lower cost and free of charge meeting spaces.

VIII. Adjournment

Ms. Veltri requested a motion to adjourn the meeting. Robert Scalettar, M.D. made the motion and seconded by Arlene Murphy. **Motion passed unanimously.**

Meeting adjourned at 3:45 p.m.