Agenda

A. Call to Order and Introductions
B. Public Comment
C. Review and Approval of Minutes
D. Votes
E. CEO Report
F. Operations Update
G. Marketing Update
H. 2017 Essential Health Benefits (EHB) Presentation
I. Adjournment
Review and Approval of Minutes (Votes)
Votes

- Compliance and Disciplinary Policy for Certified Independent Brokers
  - Approve the Policy for notice in the Connecticut Law Journal and 30 days of public comment

- By-law Change
  - New Bylaw regarding Changing or Cancelling Board Meeting
CEO Update
Operations Update
Operating Metrics

Total Applications Processed - 594,054

- Insured without APTC: 26,612
- Insured with APTC: 74,682
- Medicaid: 492,760
Operating Metrics

Insured Membership - 101,294

- Insured without APTC: 26,612
- Insured with APTC: 74,682
# April Special Enrollment

- AHCT enrolled 1,429 Connecticut residents in private health care plans (QHP) during the Special Open Enrollment Period that ran from April 1, 2015 to April 30, 2015.
- The special enrollment period was opened to individuals who did not have health care coverage in 2014 and were subject to a penalty on their 2014 federal taxes.

**April Enrollees Profile - Summary Stats:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>QHP - April Enrollee</th>
<th>QHP - Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>39</td>
<td>43</td>
</tr>
<tr>
<td>Average HH Size</td>
<td>2.2</td>
<td>2.3</td>
</tr>
<tr>
<td>Female</td>
<td>49.2%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Male</td>
<td>50.8%</td>
<td>47.3%</td>
</tr>
<tr>
<td>FPL &lt; 139%</td>
<td>15.5%</td>
<td>12.11%</td>
</tr>
<tr>
<td>FPL &gt; 138%</td>
<td>84.5%</td>
<td>87.89%</td>
</tr>
<tr>
<td>APTC/CSR</td>
<td>71.5%</td>
<td>73.8%</td>
</tr>
<tr>
<td>No Financial Assistance</td>
<td>28.5%</td>
<td>26.2%</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- HH: Household
- FPL: Federal Poverty Level
- APTC: Advanced Premium Tax Credit
- CSR: Cost Sharing Reduction
- QHP: Qualified Health Plan
April Special Enrollment

April Enrollees Profile - Top Ten QHP Enrollment Locations:

*Top ten enrollment cities account for 27% of total enrolled QHP population.
PROPOSED LEGISLATIVE CHANGES IN THE 2015-2017 BIENNIAL STATE OF CONNECTICUT BUDGET IMPACT ON HUSKY A ADULTS

IN ACCORDANCE WITH THE STATE OF CONNECTICUT’S FISCAL YEARS 2016 AND 2017 BIENNIAL BUDGET, A NUMBER OF CURRENT HUSKY A ADULT ENROLLEES, EXCLUDING PREGNANT WOMEN, WILL LOSE THEIR MEDICAID ELIGIBILITY AND WILL HAVE TO BE TRANSITIONED TO PRIVATE HEALTH INSURANCE THROUGH ACCESS HEALTH. WE ANTICIPATE THAT MOST, IF NOT ALL OF THEM, WILL BE ELIGIBLE FOR ADVANCE PREMIUM TAX CREDITS (APTC) AND COST SHARING REDUCTION (CSR)
• Access Health and the Department of Social Services are developing a marketing and enrollment plan to minimize the risk of a gap in coverage for those who are losing Husky A coverage.

• Identified an estimated 1,350 enrollees who need to be transitioned immediately to avoid a gap in coverage starting September 1, 2015
  – Marketing and Outreach
  – Operations
    • Special mailing
    • Identify brokers to support this effort, based on zip code
    • Set up special enrollment events in key locations
    • To avoid any gap in coverage as of September 1, 2015, individuals must be enrolled by August 15, 2015
ANTICIPATED IMPACT

• ACCORDING TO INFORMATION FROM STATES THAT HAVE GONE THROUGH SIMILAR MEDICAID CHANGES, LESS THAN 50% OF THOSE WHO TRANSITIONED TO PRIVATE HEALTH INSURANCE RETAINED HEALTH INSURANCE COVERAGE

• FOR EXAMPLE:
  RHODE ISLAND IMPLEMENTED A SIMILAR CHANGE, ONLY 11% OF THOSE WHO TRANSITIONED TO THE PRIVATE HEALTH INSURANCE MARKET RETAINED HEALTH INSURANCE COVERAGE

• ACCESS HEALTH CT WILL BE WORKING WITH THE FOLLOWING ORGANIZATIONS TO MITIGATE THE RISK OF THOSE INDIVIDUALS GOING WITHOUT HEALTH INSURANCE:
  – THE DEPARTMENT OF SOCIAL SERVICES
  – THE OFFICE OF HEALTHCARE ADVOCATE
  – THE CONNECTICUT HEALTH FOUNDATION
  – CARRIERS
2016 Open Enrollment Update
Open Enrollment Planning

Open Enrollment Readiness project management process has begun

• In order to track progress of required elements to successfully conduct open enrollment activities beginning 11/1, the following steps have been taken:
  
  • Identify required areas needed for performing Open Enrollment functions
  
  • Identify responsible lead to oversee work in each functional area
  
  • Assign project management resources to assist in development of detailed work plan
  
  • Develop integrated project plan and weekly reports to communicate progress
  
  • Establish weekly team meeting to coordinate efforts across departments and address issues which arise
# Open Enrollment Work Stream Status

Weekly status updates with project completion percentage forthcoming

<table>
<thead>
<tr>
<th>Functional Area</th>
<th>Lead</th>
<th>Current Status</th>
<th>Current track</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Management</td>
<td>Julie Lyons</td>
<td>20%</td>
<td>Quality Health Plan certification</td>
</tr>
<tr>
<td>Marketing/Communications</td>
<td>Andrea Ravitz</td>
<td>25%</td>
<td>Summer Program / Open Enrollment marketing strategy</td>
</tr>
<tr>
<td>Dental</td>
<td>Julie Lyons</td>
<td>10%</td>
<td>Qualified Dental Plan certification</td>
</tr>
<tr>
<td>Renewals</td>
<td>Shan Jeffreys</td>
<td>20%</td>
<td>Statistics, Communication plan, Project plan</td>
</tr>
<tr>
<td>Small Business Health Options Program (SHOP)</td>
<td>John Carbone</td>
<td>10%</td>
<td>Identifying resources</td>
</tr>
<tr>
<td>Technology</td>
<td>Peter VanLoon</td>
<td>25%</td>
<td>Prioritization of requirements in support of Open Enrollment</td>
</tr>
<tr>
<td>Call Center</td>
<td>Dave Lynch</td>
<td>10%</td>
<td>Training, IVR elaboration and staffing</td>
</tr>
<tr>
<td>Sir Speedy/print notices</td>
<td>Tony Crowe</td>
<td>12%</td>
<td>Volume expectations and forecast</td>
</tr>
<tr>
<td>Legal/Compliance</td>
<td>Susan Rich-Bye</td>
<td>18%</td>
<td>Request elaboration</td>
</tr>
<tr>
<td>Sales</td>
<td>Jo Sempere</td>
<td>25%</td>
<td>Conferences, training material development</td>
</tr>
<tr>
<td>Training</td>
<td>Jo Sempere</td>
<td>25%</td>
<td>Material draft, LMS development</td>
</tr>
<tr>
<td>Field Services</td>
<td>Tony Crowe</td>
<td>18%</td>
<td>In progress, employee transition, training and development</td>
</tr>
<tr>
<td>Customer Service Organization</td>
<td>Jen June</td>
<td>15%</td>
<td>Training and development</td>
</tr>
</tbody>
</table>

* Connecticut Department of Social Services and Xerox will be included in weekly stakeholder meetings
Marketing Update
Main goal

– Education & Branding. Encourage consumers to get healthy by learning more about the benefits of enrolling in quality, affordable healthcare coverage at summer events across the state.

Objectives:

– The outreach program, entitled “Get Out, Get Active, and Get Healthy,” will provide opportunities to obtain information about healthcare coverage plans and potential cost savings offered via Access Health CT.

– Keep our brand (through AHCT branded car and promo items) top of mind outside the open enrollment period.

– Grow and engage with the community in our social media platforms.
Summer Outreach Program

• **Events:** AHCT will have presence at 35 events across the state that include among others:
  
  – Races
  – Parades
  – Festivals
  – Community Fairs
  – Concerts
  – Farmers Markets
  – Wellness Fairs
  – Sport Events (UCONN)
  – Faith based organizations
  – Music and Art events
  – Etc.
Summer Outreach Program

• Tactics:
  – Landing page: The campaign will drive traffic to the program’s landing page and AHCT social media assets for more information.
  – Onsite presence: Brand ambassadors, branded car, signage, promo items, bi-lingual educational flyer etc.
  – Social Media: Increasing the brand’s visibility on Facebook, Twitter and Instagram. Attendees can take a picture that they can then look for on Facebook.
  – PR Component: A series of bi-lingual media advisories allowing people to know where we’ll be next.
  – 9 PSA’s recorded by 3 UCONN coaches promoting healthy leaving and the essential health benefits
Summer Outreach Kickoff

Susan G. Komen Race for the Cure
- Access Health CT’s Get Out, Get Active, Get Healthy tour visited the Susan G. Komen Race for the Cure on June 6th
- Runners and walkers had a chance to take a picture with the Access Health CT branded step and repeat
- Estimated attendance of over 30,000; six hundred (600) participated in the AHCT tour booth

Puerto Rican Day Parade
- Access Health CT was onsite at the Puerto Rican Day Festival on Sunday June 7
- Estimated attendance of 30,000 people
- Estimated 1,200 premium items distributed
- Over 300 pictures taken against the AHCT step and repeat
- Bilingual staff member was available to answer questions
Campaign elements

- Cleaning cloth
- Educational Frisbee
- Hot/cold packs
- Educational Flyer
- Branded bag
- Branded back pack
New AHCT Home Page / June 2015

• Gathered feedback from consumers on functionality and look and feel of the website.
• Features:
  ✓ Standalone Trademarked Logo
  ✓ Alerts Box: with abbreviated headlines and rollover capability to read full alerts
  ✓ Links to important resources like: Dental Insurance, Application for Exemptions and Appeals, Comparing Plans, Small Business, HUSKY Health & FAQ’s
  ✓ Use your Plan tab: meant to direct customers to an educational portion of the learn more site
  ✓ Brand: reflects brand consistency
Next Steps

1. The PERT study (coming July 24th) will be driving the following:
   • Definition of primary and secondary demographic targets (new members) for upcoming OE marketing campaign
   • Outreach strategy: strategic outreach locations and opportunities
   • Setting acquisition goals for the year
   • Value proposition
   • Retention Campaign

2. Data Metrics: share consumer data, stats, demographic profiles etc.

3. Learn More Site: Will be available in Spanish (date: TBD)
2017 Essential Health Benefits (EHB)
Essential Health Benefits (EHBs) Categories

§1302(b)(1) of the ACA provides that the EHB must include coverage in these categories of services:

• Ambulatory patient services
• Emergency services
• Hospitalization
• Maternity and newborn care
• Mental Health and Substance Abuse disorder services, including behavioral health treatment
• Prescription drugs
• Rehabilitative & habilitative services and devices
• Laboratory services
• Preventative and wellness services and chronic disease management
• Pediatric services, including oral and vision care
History: 2014 Plan Year CT EHB-Benchmark Plan Selection

REVIEW INCLUDED THE FOLLOWING QUESTIONS
1) Did plans contain CT mandates?
   • This eliminated the Federal options

2) Did plans have lifetime limits?
   • This eliminated 2 small group options

3) Did plans have unlimited visit limits?
   • This eliminated the State of CT options

Key differences of the 4 remaining plans were identified and evaluation performed, resulting in selection of the largest, non-Medicaid HMO as Connecticut’s EHB-Benchmark plan beginning in 2014.

‘Supplemental’ coverage was added in order to ensure coverage for all 10 EHB’s:
   • pediatric oral care services from CHIP (HUSKY B), and
   • pediatric vision care services from the largest federal vision plan
CT EHB-Benchmark Plan Selection for 2017

• Benchmark Plan Options: refer to separate handout titled “Summary of Comparative Analysis of EHB Benchmark Plan for 2017”
  – The three largest small group market plans are identified as “Carrier A”, “Carrier B”, and “Carrier C”
  – The largest insured commercial Health Maintenance Organization (HMO) operating in the State is identified as “Carrier D”
  – The largest state employee health benefit plans are identified as “Carrier E” and “Carrier F”
  – The three largest Federal Employee Health Benefit Plan (FEHBP) options are identified as “Carrier G”, “Carrier H”, and “Carrier I”.

• Handout includes a comparison to the current CT EHB-Benchmark plan for specified services
## Current CT EHB-Benchmark Plan Coverage vs 2017 Options

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Home Health Care</td>
<td>100 visits</td>
<td>100 visits</td>
<td>100 visits</td>
<td>100 visits</td>
<td>200 visits</td>
<td>200 visits</td>
<td>50 visits</td>
<td>50 visits</td>
<td>50 visits</td>
<td>50 visits</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>90 days*</td>
<td>90 days*</td>
<td>90 days*</td>
<td>90 days*</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Not covered</td>
<td>Not covered</td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td>Inpatient Rehab</td>
<td>90 days*</td>
<td>90 days*</td>
<td>90 days*</td>
<td>60 days</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Subj. to Precert ***</td>
<td></td>
</tr>
<tr>
<td>Outpatient Rehab (PT/OT/ST)</td>
<td>40 visits**</td>
<td>40 visits**</td>
<td>40 visits**</td>
<td>30 visits</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>75 visits</td>
<td>50 visits</td>
<td>60 visits**</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Visits</td>
<td>20 visits</td>
<td>20 visits</td>
<td>20 visits</td>
<td>30 visits</td>
<td>20 visits</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>12 visits</td>
<td>20 visits</td>
<td>12 visits</td>
</tr>
<tr>
<td>Habilitation Services</td>
<td>40 visits**</td>
<td>40 visits**</td>
<td>40 visits**</td>
<td>40 visits**</td>
<td>Autism only</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Specified</td>
<td>Not Specified</td>
<td>60 visits**</td>
</tr>
<tr>
<td>Pediatric Dental</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Major &amp; Ortho. Not Covered</td>
<td>Major &amp; Ortho. Not Covered</td>
<td>Major &amp; Ortho. Not Covered</td>
<td></td>
</tr>
<tr>
<td>Pediatric Vision</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*Combined Limit Skilled Nursing & Inpatient Rehabilitation / **Combined Outpatient Rehabilitation & Habilitation/ *** Coverage determined thru Precert. process
CT EHB-Benchmark Plan Selection for 2017

Goals of EHB-Benchmark Plan Selection

• Limit market disruption
• Limit consumer confusion
• Limit premium rate increase

FEHBP
- Unfavorable: no and/or limited plan coverage for Skilled Nursing, insufficient number of HHC visits, does not include all state mandates

State
- Unfavorable: richer benefits expected to result in increase in plan premiums

HMO
- Unfavorable: fewer number of Outpatient Rehabilitation visits compared to current plan

Small Group
- Favorable: “Carrier A” / “Carrier B” at same benefit levels compared to current plan; “Carrier C” has minimal difference
Recommendation for AHCT Board of Directors

OPEN DISCUSSION / VOTE
Strategy Committee Update
Adjournment