



Connecticut's Official Health Insurance Marketplace

Board of Directors Meeting

November 6, 2014

Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Review and Approval of Minutes
- D. Policies and Procedures
- E. CEO Update
- F. Plan Management
- G. APCD Update
- H. Open Enrollment Readiness Detailed Update
- I. Verifications/Redeterminations
- J. Finance Update
- K. Executive Session
- L. Adjournment

Public Comment

Review and Approval of Minutes (Vote)

Policies and Procedures

Reports Policy Adoption -- Vote

CEO Update

Plan Management

2015 Certification Update

2015 QHP Certification Summary

- The Plan Management Team continues to remain on track w/ efforts for certification
 - Continue to work collaboratively with carriers to close gaps on open items that are not expected to prevent certification, but need to be resolved
- Certain certification requirements apply at the issuer certification level, while others are specific to certification of Qualified Health Plans (QHPs)
 - Issuers certified for the 2014 plan year received issuer-level certification for a two year period
 - QHP certification is performed on an annual basis, regardless of an issuer's certification status in the preceding plan year

Certification Requirements

Executive Review (Plan Management Team)	Data Analysis (Plan Management Team)	Insurance Department Review
<ul style="list-style-type: none"> • QHP Application ✓ • Compliance Plan ✓ • Issuer Organizational Chart ✓ • Quality Improvement Narrative ✓ • Accreditation ✓ • Plan Design Evaluation ✓ • Accreditation ✓ • Attestations (85%) 	<ul style="list-style-type: none"> • Unique Plan Design ✓ • Service Area ✓ • Template Data ✓ • Unified Rate Review Template (URRT) ✓ • Cost Sharing: Maximum Out-of-Pocket ✓ • Cost Sharing: Catastrophic ✓ • Cost Sharing: Cost Sharing Reduction ✓ • Meaningful Difference ✓ • Non-Discrimination Benefit Review ✓ • Formulary Drug List Review ✓ • Provider Network Adequacy (75%) • Essential Community Providers (85%) 	<ul style="list-style-type: none"> • CID Form Filing Approval ✓ • CID Rate Filing Approval ✓ • Actuarial Memorandum ✓ • Unified Rate Review Template (URRT) ✓ • Certification of Good Standing ✓

APCD Update

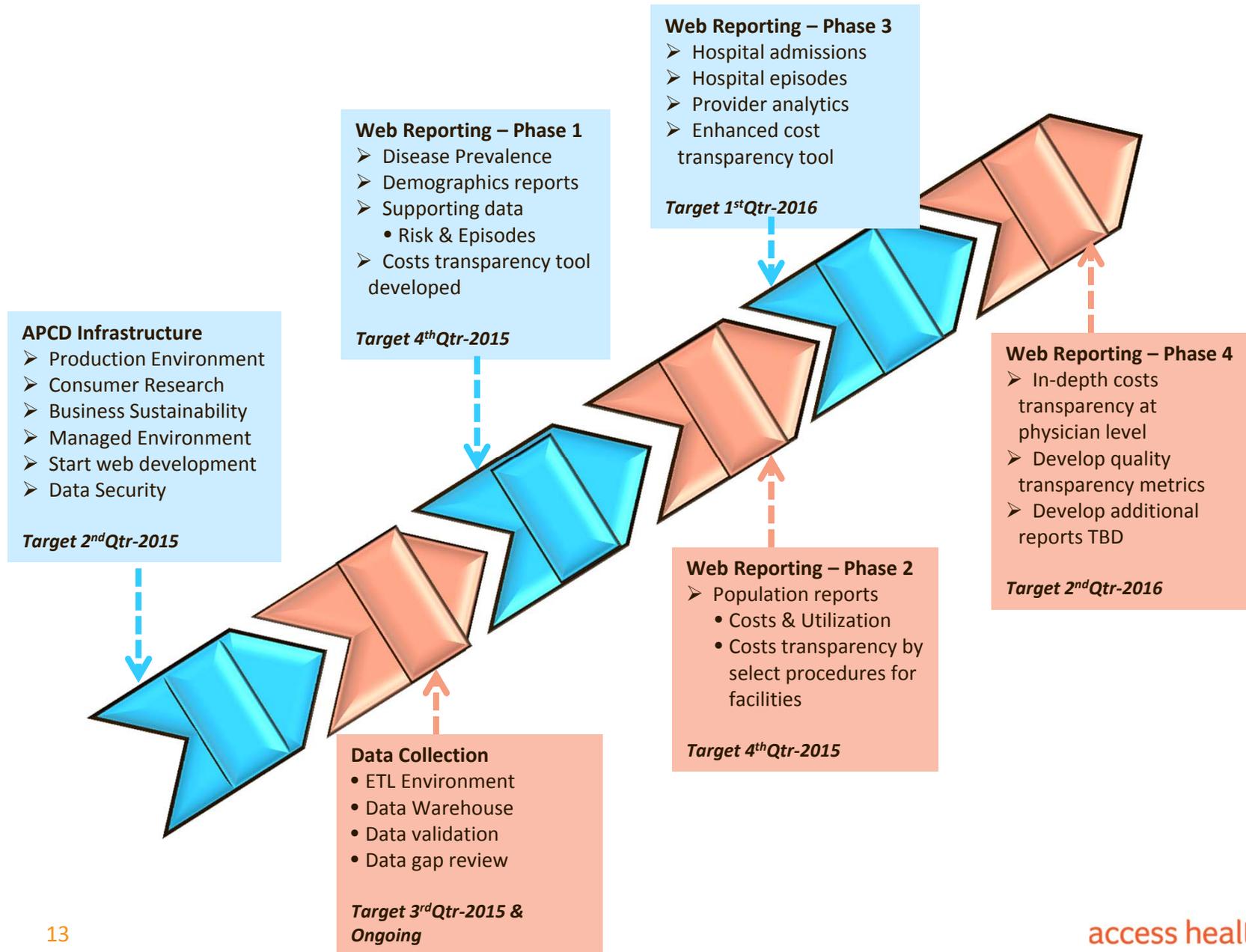
Overview of APCD Data / Analytics Vendor Contract

- Access Health CT (AHCT) has signed an agreement with Onpoint Health Data (Onpoint) to provide data management and analytics services for CT's APCD
- AHCT went through a rigorous and transparent vendor RFP process (presented in detail on 3/27/2014 Board meeting)
- Initially 16 vendors expressed interest to submit bids, but by RFP deadline only 10 vendors submitted proposals
- Only 5 vendors met the criteria to be eligible for appraisal - Analytic Partners, Onpoint, Optum, SAS and Treo Solutions
- Top 3 were invited for Oral presentation - Onpoint, Treo Solutions and Analytic Partners
- Onpoint was the front-runner on costs, experience and solutions offered
- Contract is for 5-year duration with an option to extend an additional 5-year
- Total value of the contract for 1st 5-year is \$6.88m; 2nd 5-year is \$4.70m

Overview of APCD Data / Analytics Vendor Contract

- Founded in 1976 as an independent non-profit company, Onpoint specializes in health care information with focus on health care data management and analyses domain
- Onpoint manages APCDs in 3 other states - RI, VT and MN; manages VT's Blueprint for health; recently awarded 2 federally funded comprehensive Primary Care initiatives; supports Dartmouth Institute's work on Pediatric Atlas study, etc.
- Onpoint deals with 200 carriers from 35 states for data submissions - managing 12.5 million lives and 10 Terabyte of data
- AHCT has unique requirements for CT's APCD; Onpoint was able to offer solutions creatively and flexibly
- Long-term contract protects development investment and IP
- There are 4 Releases in the contract
 - Release 1 – Build APCD Infrastructure, including Managed Hosting Environment
 - Release 2 – Develop ETL & Data Warehouse Infrastructure
 - Release 3 – Develop Reporting and Analytics
 - Release 4 – Develop Web Hosting Capability
- Implementation time for these releases will be 12-15 months from contract date

Overview of APCD Data / Analytics Vendor Contract



Open Enrollment Readiness Detailed Updated

Agenda

1. CMS open enrollment readiness audit
2. Internal open enrollment readiness status
3. Renewal update
4. Marketing campaign update
5. Verification and redetermination process

CMS Open Enrollment Readiness Audit

- On Friday, Oct 31st AHCT participated in a CMS audit of our open enrollment readiness.
- This audit was mandatory for all state based exchanges.
- Audit focused on preparedness across 8 main areas:
 - Outreach and marketing
 - In-person assistance programs
 - Broker engagement/training
 - Online and print applications
 - Enrollment processing
 - Verification and notices
 - Appeals and exemptions
 - IT and privacy and security standards



Open Enrollment Work Stream Status

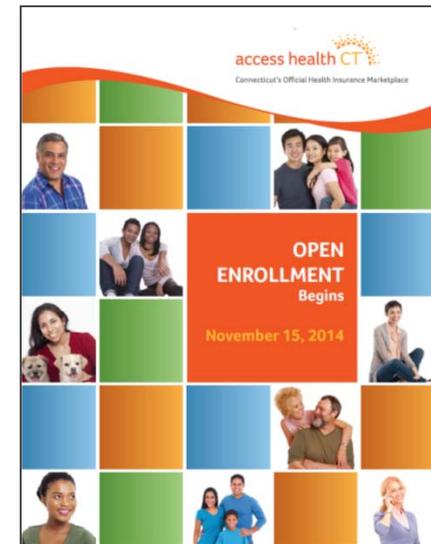
Weekly OE readiness meetings continue coordinate activity and drive progress

Functional Area	(%) Complete	Current Status	Current Issues
Plan Management Project	95%	Green	<ul style="list-style-type: none"> Uploading final benefit summary docs (e.g. Spanish)
Family Standalone Dental	83%	Yellow	<ul style="list-style-type: none"> Broker training on dental products
Marketing and Communications	75%	Green	<ul style="list-style-type: none"> Campaign poised for launch on 11/17
IT	89%	Green	<ul style="list-style-type: none"> November release deployed on 11/7
Call Center	80%	Green	<ul style="list-style-type: none"> Poised for 305 reps on phone for launch
SHOP	79%	Green	<ul style="list-style-type: none"> Successful negotiation with Benefit Central
Training	81%	Green	<ul style="list-style-type: none"> All classes nearly complete, evaluating ongoing need
Field Services	99%	Green	<ul style="list-style-type: none"> All store and field staff hired and trained
IRD	65%	Yellow	<ul style="list-style-type: none"> Working cases to begin OE with zero
Sales	56%	Green	
Renewals	66%	Green	<ul style="list-style-type: none"> Mailings have begun, all in hand by 11/12

Overall = 72%

Renewal process

- Federal bulk services issues which had delayed renewal notices have been resolved
 - Resolution of both Medicare and Social Security data checks have been corrected
- Internal checks were run last week to determine any AHCT issues needing to be addressed
 - Renewal notices currently being sent to QHP members
 - All notices in hand by November 12th



Marketing Collateral

- PDF versions of outreach and education collateral are now in house
- Digital versions are being distributed to partners
- Printed versions will be sent next week to supporting partners and locations.
- Items include:
 1. Enrollment checklist
 2. Immigration flyer
 3. Tax penalty flyer
 4. Qualifying life events flyer
 5. Comprehensive consumer enrollment guide

Media Campaign

- TV production, which feeds other digital and print assets, is now complete.
- Rough cut footage is being edited for final distribution.
- Media buy is currently in place, covering all TV, print, out of home and digital venues.



(3 English language 30: spots)



(3 Spanish language 30: spots)



(1 English language 60: spots)

90-Day Verifications & Re-Determinations

- Verification Process
 1. Consumer completes an application with AHCT
 2. Their information is checked against the Federal Data Services Hub (FDSH)
 3. Discrepancies in certain information will trigger a verification request.
 - Examples of verifiable information: citizenship, income, and immigration status
 4. Consumer must send supporting documents to AHCT within 90 days
 - Reminder notices are sent at 30, 60 and 75 days from the date of application submission.
- Outcomes
 - If individual sends in information the documents will be reviewed and processed and if applicable added to the consumer's application.
 - If the individual does not send in verification documents, at 90 days the consumer's eligibility will be re-determined based on the FDSH record
 - This may include dis-enrollment or subsidy reduction/removal

Finance's Enterprise Resource Planning (ERP) Tool

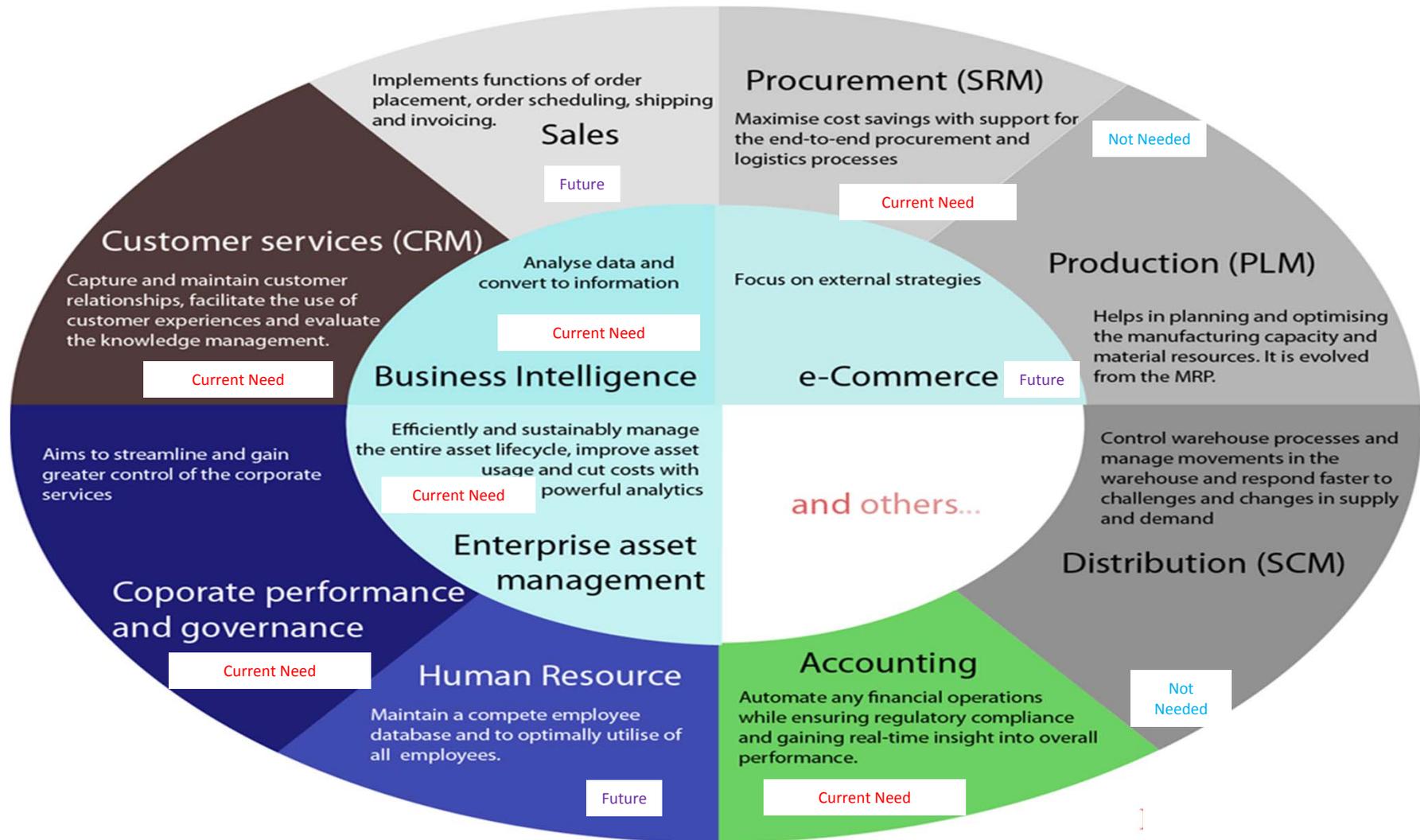
Financial and Business Process Automation

Finance ERP Overview & Chronology



Finance ERP

What Is an ERP?

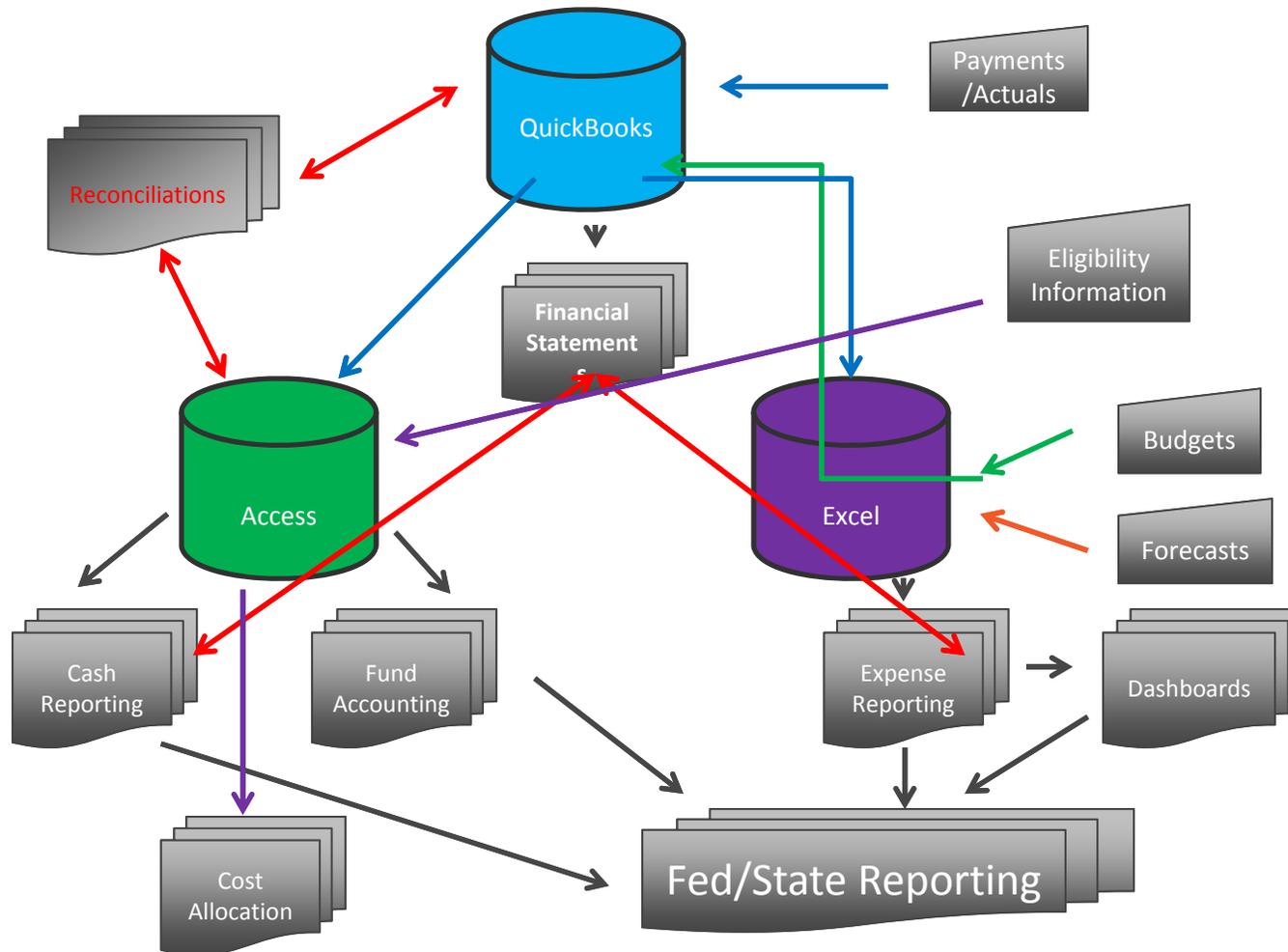


Finance ERP

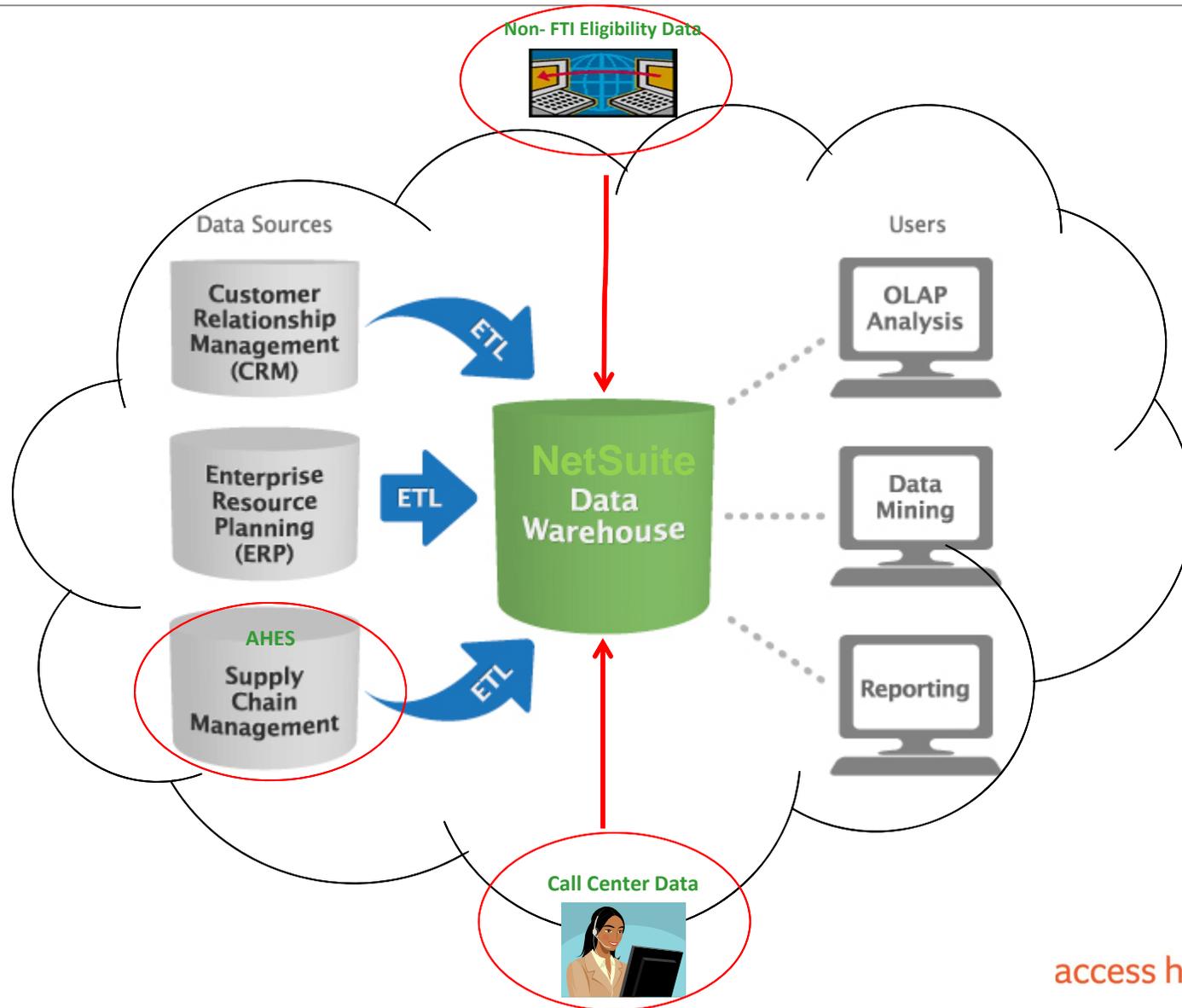
Benefits of an ERP

- **Timely Information and Insight**
- **Improve business performance with real-time metrics and role-based dashboards**
- **Close The Books with Confidence**
- **Accelerate the financial close while maintaining compliance with applicable accounting standards**
- **Streamline the Back Office**
- **Eliminate errors with seamless integration between financials, CRM and Business Intelligence**
- **Report with Accuracy**
- **Drill down into the underlying details to understand the impact to our business**
- **Automated Workflow**

Finance ERP Current State



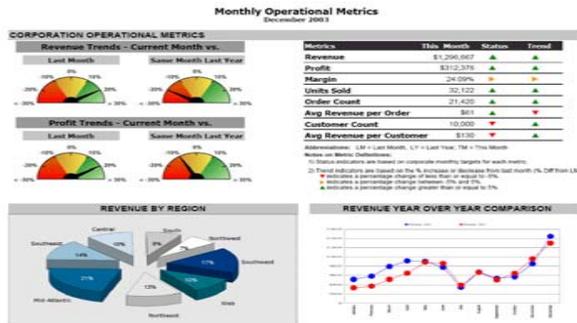
Finance ERP Emerging State



Finance ERP

Value Added Benefits

- Real-time transparency into business performance across all department functions – from summary level to transaction level.
- A single version of the truth with a single source of all data.
- Self-service, responding to personal preferences with easy-to-use reporting tools without requiring programming or technical resources.
- On-the-go access via web browser and mobile device capability.



Executive Session

Adjournment