

VERBATIM PROCEEDINGS

CONNECTICUT HEALTH INSURANCE EXCHANGE

BROKERS, AGENTS AND NAVIGATORS
ADVISORY COMMITTEE MEETING

APRIL 10, 2012

DEPARTMENT OF PUBLIC HEALTH
470 CAPITOL AVENUE
HARTFORD, CONNECTICUT

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 . . .Verbatim proceedings of a meeting
2 before the Connecticut Health Insurance Exchange,
3 Brokers, Agents and Navigators Advisory Committee
4 Meeting, held at the Department of Public Health, 470
5 Capitol Avenue, Hartford, Connecticut, on April 10, 2012
6 at 12:35 p.m. . . .

7

8

9

10 MS. TIA CINTRON: I think that there's a
11 couple of folks still to join.

12 MR. MICHAEL NICASTRO: This is Mike
13 Nicastro on the phone.

14 MS. CINTRON: Oh, hi. So welcome, and
15 thanks for coming today and spending time on this. We
16 appreciate your effort and interest in contributing to
17 this Committee, and we look forward to working with you
18 all closely over the next nine months, as we work our way
19 towards State certification and the many considerations
20 that we need to make, operationally and otherwise, for
21 the Exchange.

22 So I thought we should probably do some
23 introductions to start this off. My name is Tia Cintron.
24 I'm the acting CEO for the Exchange and with the Exchange

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 for about a year and a half, and I look forward to
2 working with you. Nellie?

3 MS. NELLIE O'GARA: My name is Nellie
4 O'Gara. I'm going to be your facilitator today. I was
5 involved about a year ago at this time with facilitating
6 many of the stakeholder meetings, so it's my pleasure to
7 be back.

8 MR. BOB CAREY: And I'm Bob Carey. I'm a
9 consultant to the Exchange in Connecticut.

10 MS. CINTRON: And could you elaborate just
11 a little on your background?

12 MR. CAREY: Sure. I was born in
13 (laughter). I'll fast-forward to the 21st Century. My
14 background, I work for the Mass Connector Authority. I
15 was the original Director of Policy and Program
16 Management, basically set up the subsidized and
17 unsubsidized programs for the Connector, worked there for
18 a couple of years.

19 Since then, I've been doing independent
20 consulting. I consult with a number of states.
21 Connecticut is a major client, but I also was down in
22 Alabama yesterday, talking to the people of Alabama,
23 trying to figure out what they are going to do, and, so,
24 I'm exposed to a lot that's going on around the country

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 with regard to various states and their setting up the
2 Exchange.

3 I also consult to the federal government,
4 because for those states, of which there will be many,
5 that don't wind up setting up their own Exchange, their
6 feds will come in and run an Exchange for them, and, so,
7 I'm trying to help them think through the myriad of
8 issues that they're going to have to deal with, so that's
9 generally my consulting work.

10 MS. CINTRON: And Bob has been working
11 with the Exchange in a variety of capacities in this
12 area, as well as some strategic help for us, so heavily
13 since January.

14 MR. ANTONIO CAPORALE: Hi. I'm Tony
15 Caporale. I'm with the State of Connecticut, Insurance
16 Department, at the current time.

17 MR. KEN LALIME: I'm Ken Lalime. I'm the
18 Executive Director of the Connecticut State Medical
19 Society IPA. Formerly, we were the exclusive delivery
20 system for Health Net, until they left the state.

21 Recently, we've been advocates on the ACO
22 Medical Home Alternative Delivery System Development.

23 MS. CONNIE HILBERT: Good afternoon. My
24 name is Connie Hilbert. I am the Executive Director of

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Health and Human Services for the Mohegan Tribe. I am
2 sitting in for Jeanette Zigler, who could not make it
3 today.

4 MR. MICKEY HERBERT: And I'm Mickey
5 Herbert. I'm actually one of the co-Chairs, and, also,
6 I'm, I think, the only Board member of the Exchange here
7 today. I've run two health plans in my career. More
8 recently, here in Connecticut, but I've been retired from
9 the position for about a year and a half.

10 The only other editorial comment I want to
11 make is, having gotten to know limited staff of the
12 Exchange, and they are very able, themselves, and their
13 consultants, I just want to say that we are really ahead
14 of the game, in terms of other states throughout the
15 country certainly incontestably, so that's the good news.

16 The bad news is, if we don't keep going
17 and keep moving at sort of a really rapid pace, we will
18 no longer stay ahead of the game, so one of my ambitions
19 for this Committee is that we move quickly and
20 efficiently, and, really, that's a call to action for all
21 of the Committees, to keep Connecticut ahead on this very
22 fast pace that the Exchange here in Connecticut set
23 themselves.

24 MR. MARK CZARNECKI: Hi. I'm Mark

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Czarnecki. I'm an independent agent/broker with Douglas
2 Financial Services in Branford, Connecticut, just about
3 20 years' experience, and I work mainly in the small
4 group, individual health, and the Medicare markets, and
5 I'm co-Chair of this Committee.

6 MR. DAVID GUTTCHEN: My name is David
7 Guttchen. I'm the Director of Health and Human Services
8 Planning for the Office of Policy and Management, and, on
9 the insurance side, I'm the Director of the Connecticut
10 Partnership for Long-Term Care, and I'm here as Secretary
11 Barnes's representative.

12 MR. STEPHEN GLICK: Yes, hi. I'm Steve
13 Glick. I'm the Administrator of the Chamber Insurance
14 Trust, and I work very closely with the Leadership
15 Cabinet of the Chambers of Commerce here in the State of
16 Connecticut.

17 MR. JAY FESTA: I'm Jay Festa. I've been
18 in health care as an insurance broker for about 34 years.
19 I started when I was 12, so we can do the math from
20 there.

21 I actually do two things, as far as a
22 broker. I work for USI, who is a national broker. We
23 specialize in 100 plus marketplace, in terms of size of
24 employer, and I still own and operate my own agency,

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 where we deal with the smaller groups, under 50 --

2 MR. JOHN CALKINS: I'm John Calkins. I'm
3 President of Bozzuto Associates. We are agents here in
4 Connecticut, principally in the small group market, as
5 well, and I'm also a member of the Board of Directors of
6 Connecticut Benefit Brokers and a Legislative Committee
7 Chairman.

8 MR. PHIL BOYLE: I'm Phil Boyle, Vice
9 President of the Health Consultants Group. We have
10 offices in Connecticut, New York and Massachusetts, where
11 we have a member, who also sits on the Connector Board up
12 there as an insurance advisor.

13 I've been on that ride for the whole time,
14 since the inception. I'm happy to help. I also sit on
15 the Connecticut Benefit Broker's Board as the Secretary,
16 and I am on the quiet cabinet, compared to Mickey. He's
17 on the Exchange, and I'm on the Governor's Sustinet
18 Health Care Cabinet, as well. I'm happy to be here.

19 MS. CINTRON: Thank you, and, again,
20 welcome. I will just walk through a few logistics and
21 our agenda for today, and then I'm going to pass the
22 baton to Bob and Nellie.

23 So we wanted to go through just some
24 general overview on the focus of this particular

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Committee, walk through and discuss with you the guiding
2 principles that we've drafted for your consideration, go
3 through the primary tasks that this particular Committee
4 is going to focus on, leading to State certification,
5 and, if there's time, we'll have to play this by ear a
6 little bit, we'll have Bob walk through the highlights of
7 the final rule, as it pertains to the broker/agent
8 navigator, and then talk about some Next Steps, and have
9 a few minutes for public comment, as appropriate. Hi,
10 Ellen.

11 MS. ELLEN ANDREWS: Hi. I'm Ellen Andrews
12 from the Connecticut Health Policy Project.

13 MS. CINTRON: Welcome.

14 MS. ANDREWS: Thank you.

15 MS. CINTRON: It's nice to have a few
16 women here. We're a little outnumbered in this room. So
17 a couple of things, that we are, you know, recorded and
18 having these meetings transcribed, so if you could focus
19 on the mikes, and bathrooms are down the hall. What
20 else?

21 MS. O'GARA: Just a couple of other items.
22 This is Nellie O'Gara, by the way. We learned in our
23 last group that sometimes we speak in code, so, for the
24 purposes of the record, if you say something like CCIIO,

POST REPORTING SERVICE
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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 if you could explain that to us, or other things that
2 might come up, it might be helpful.

3 Also, for our transcriber, she would like
4 it if you could state your name before you speak.
5 Sometimes I will help facilitate that, so not to worry.

6 And then, finally, today we're in a review
7 and comment meeting, for the most part, so to the extent
8 that we can document the majority or consensus view on
9 things, we will.

10 There will come a time in the Committee
11 meetings, where you might want to go to a recommendation,
12 specifically, and, so, we suggest that you take a vote
13 when we do that, so we can record the agreement and the
14 disagreement. With that, I think we'll go back to you.

15 MS. CINTRON: Are there any comments so
16 far? So just to do a kind of quick overview, your
17 materials should include a slide deck in front of you and
18 an agenda. That's it for this meeting.

19 So, as you know, there's four Advisory
20 Committees that we've set up, all geared to specific
21 tasks, moving towards State certification in January of
22 next year.

23 We have a series of milestones that we
24 need to go through. They're called gate reviews with

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 CCIIO, and, so, those --

2 MR. CAREY: Which is?

3 MS. CINTRON: Oh. The Consumer --

4 MR. CAREY: Center for Consumer
5 Information and Insurance Oversight, which is a federal
6 agency that's responsible for oversight of the Exchanges.

7 MS. CINTRON: Thank you. I should know
8 that code, but I don't. So we have a series of kind of
9 benchmarks, if you will, for the next eight to nine
10 months with CCIIO, and then a State certification
11 application, alongside those kind of operational
12 benchmarks.

13 We have a funding application that we are
14 submitting in June for our final implementation for the
15 Exchange, so it's a very fast track for the nine months
16 ahead of us, and, again, because of that, we've outlined
17 this, in terms of tasks associated with each Advisory
18 Committee, to keep us focused on essential things, and
19 Bob is going to walk us through each of these areas
20 today.

21 So instead of kind of going over that, is
22 there any questions, or do you want more background about
23 this? I'm assuming you went to the kickoff meeting, and
24 there was some basic information around Advisory

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Committees and what we're doing. Do you need any further
2 context around that?

3 Hi, Barbara. Would you like to introduce
4 yourself?

5 MS. BARBARA SAXTON: Sorry I'm late.

6 MS. CINTRON: Could you introduce yourself
7 and your organization?

8 MS. SAXTON: Good afternoon. Barbara
9 Saxton. I'm COO of Voluntary Benefit Services and
10 National Practice Leader for HUB International. Is that
11 good?

12 MS. CINTRON: Yes.

13 MS. SAXTON: Okay.

14 MS. CINTRON: Thank you. So if there
15 aren't any further questions, we'll move forward here.

16 MR. CAREY: So, as Tia mentioned, sort of
17 the end game is State certification and an application
18 that's submitted by the State to the feds in
19 November/December time frame for certification or lesson
20 from CCIIO/CMS and Medicare or Medicaid services, that
21 the State of Connecticut is ready and able to operate an
22 Exchange on its own, and, so, that's what we're sort of
23 focused on, and there's a number of steps that we need to
24 take along the way.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 We've assembled four, or established four
2 Advisory Committees, and there's overlap amongst some of
3 these Advisory Committees, so, for example, this
4 Committee, which is focused primarily or exclusively
5 really on the role of brokers and agents and navigators,
6 and we'll get into what those various players are,
7 there's a significant overlap one could see with regard
8 to the Consumer Outreach and Education and Consumer
9 Experience Advisory Committee.

10 And, so, our thinking in establishing
11 these Committees is that while we needed attention and
12 focus specifically on brokers, agents and navigators, and
13 we needed an overall strategy and outreach in consumer
14 experience, there's going to be issues that come up here
15 that will be pertinent to the Consumer Experience Group
16 and vice versa.

17 And, so, we have Board representation on
18 the Committees, so that there will be feedback looped to
19 the Board with regard to what the Committee is doing, so
20 at each Board meeting the Advisory Committee co-Chairs
21 will report back to the Board and advise the rest of the
22 Board about the activities of the Advisory Committee.

23 There will also be staff, obviously, that
24 staff this Advisory Committee and all of the Advisory

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Committees, and we think that that's important, in terms
2 of making certain that each Advisory Committee knows what
3 the other Advisory Committees are doing, in terms of
4 collaboration and coordination.

5 We also think that agreeing on a common
6 set of principles, or guiding principles, or establishing
7 those principles at each Advisory Committee will then
8 feed into the Board and help guide decision-making, so
9 that there will be a reduction, if not, an elimination of
10 any conflicting recommendations.

11 So, for example, the Brokers, Agents and
12 Navigators Committee may help with a recommendation about
13 the proper role of brokers and agents, vis-à-vis
14 navigators, and how those two groups work together that
15 may be different than the opinion or the approach that
16 the Consumer Outreach and Consumer Experience Committee
17 makes.

18 But we think that if there are common
19 guiding principles, so we went through them at this
20 morning's meeting, principles for the Outreach Committee,
21 we're going to go through them after this brief
22 discussion, about what are the guiding principles for
23 this Committee, and then there will be a feedback group
24 across Committees, so that everyone understands and

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 respects the principles that each Committee is operating
2 under.

3 There's also the Board is establishing its
4 own guiding principles, and that will be important for
5 this Advisory Committee to understand what is sort of the
6 common core guiding principles for the Board.

7 And then one recommendation from this
8 morning's Advisory Committee group was that each Advisory
9 Committee may want to appoint, or, you know, so when they
10 volunteer to be the liaison to the other Advisory
11 Committee, so there are only four Advisory Committees, so
12 there might be an opportunity for folks.

13 The meetings are open to the public,
14 whereby one member of this Advisory Committee may be
15 tasked with sitting in and just sort of keeping track of
16 what the other -- what another Advisory Committee is
17 doing, so that was our recommendation that came up at
18 this morning's meeting, and I thought I would just throw
19 that out there.

20 What we're trying to do is to minimize
21 conflict and conflicting recommendations and to keep each
22 of the Advisory Committees apprised of what the other
23 Advisory Committee is doing. I don't know if there are
24 any questions with regard to trying to dovetail the tasks

POST REPORTING SERVICE
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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 that have multiple Advisory Committees weighing in on it.

2 The other approach that we will take is to
3 bring to the Advisory Committee a recommendation or a
4 report from another Advisory Committee that may be of
5 interest or relevance to whichever Advisory Committee
6 that we're working with.

7 MR. MATTHEW FAIR: I'm Matt Fair from
8 Pierce & Smith, First Niagara. The Merritt had a little
9 bit of construction or cutting a tree, so I do apologize
10 to everybody. Coming from the Norwalk area, but it's
11 nice to be here.

12 MS. CINTRON: So we can address the
13 liaison interest, you know, maybe towards the end, if you
14 guys want to consider that, and see where we're at with
15 our tasks.

16 MS. O'GARA: Okay, then, we'd like to move
17 to the next part of the agenda, which is to discuss the
18 guiding principles.

19 The value of having these is as a
20 reference point as you begin to make decisions about the
21 Committee responsibilities here, so these have been
22 drafted. They're for your consideration and discussion.

23 I'd like to read the first one and see if
24 there are any particular questions, or perspectives, or

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 maybe word changes.

2 As a goal, the Exchange should leverage
3 the expertise of brokers, agents and community-based
4 organizations to help consumers evaluate their health
5 coverage choices and enroll in coverage.

6 So the question to you, as you think about
7 that, is that a meaningful statement? Are there things
8 in there that make sense to you? Are there things that
9 should be added or changed? Yes? Steve?

10 MR. GLICK: Steve Glick. One of the
11 concerns is, by definition, what kind of certification
12 and understanding these people have.

13 You can be a property casualty agent, and
14 if you talk about health insurance, that's a little
15 different. I think you have to be broader, and I think
16 you should have some form of certification to be part of
17 this mission statement or this statement.

18 MR. CAREY: So a couple of points, and
19 we'll go into the final rule, but the final rule, I
20 think, does address your concern with regard to training
21 and licensure certification, so two things.

22 One, the final rule that the feds just put
23 out I think does address this concern. We can modify
24 this language to reflect that.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 The second is just, and we'll get into it
2 at the next meeting, with regard to licensure and the
3 oversight of agents and brokers, which is the
4 responsibility of the Connecticut Insurance Department,
5 and we should have a conversation here about do you all
6 think that the Exchange should also have a role in
7 training, or certifying, or licensing brokers and agents
8 and navigators, who will, then, be able to help people
9 with enrollment coverage through the Exchange, so there's
10 a couple of points there that I think are worth bringing
11 out, some of which we did identify, and we'll talk about
12 it at the next Board meeting, but maybe we need to focus
13 on, you know, with expertise in, you know, individual and
14 small group coverage, or something that reflects the fact
15 that understanding that people do -- that there's lots of
16 brokers and agents. They don't all do health.

17 MS. CINTRON: Yes? Connie?

18 MS. HILBERT: Yes. When I look at the
19 first bullet, obviously, when you look at the federally-
20 recognized Tribes in the State, we don't fit under a
21 community-based organization. We're a government, so I'm
22 wondering how we could perhaps incorporate that into that
23 bullet, because, you know, you have community-based
24 organizations representing a small group of people.

POST REPORTING SERVICE
HAMDEN, CT (800) 262-4102

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 We have governments representing our
2 people. Mashantucket Pequot --

3 MS. O'GARA: Connie, is it appropriate for
4 us to include the tribes as a group?

5 MS. HILBERT: We're a separate entity.
6 The federally-recognized tribes.

7 MS. O'GARA: So we can say federally-
8 recognized tribes?

9 MR. GUTTCHEN: Nellie, this is David
10 Guttchen. I wouldn't stop there, because there are
11 municipalities, outreach programs, social service
12 programs. You wouldn't want to just limit it to
13 federally-recognized tribes.

14 You might want to specify them, but you
15 could also say other governmental structures.

16 MS. HILBERT: Right. I just want to make
17 sure.

18 MR. CAREY: Perhaps, if we added and
19 governmental entities to help consumers evaluate, will
20 that cover?

21 MS. O'GARA: We could put an e.g. after
22 that, saying tribes, governments, like that, to explain
23 that.

24 MR. CZARNECKI: Mark Czarnecki. How about

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 simplifying it and just using the word organizations,
2 because they all fall under the word organizations? Is
3 it government type of organization?

4 MS. CINTRON: Well, being sensitive to the
5 last group that was in here, I think we probably don't
6 want to lose community-based organizations, because there
7 are so many different kinds of those that aren't
8 governmental.

9 MR. GUTTCHEN: And I also think that, it's
10 just my opinion, I don't think people think of government
11 when you say organization. You have to specify
12 government. I would say state municipal, you know, in
13 your e.g.

14 MS. O'GARA: Okay.

15 MR. GUTTCHEN: Tribal and state municipal.

16 MS. O'GARA: Good. Can we go back to your
17 comment, Steve, for a moment? Would it be appropriate to
18 add the word certified in that list of individuals?

19 MR. GLICK: Steve Glick. I do believe
20 that's a very appropriate word, because we'd like
21 defining certified, obviously, what that means, but,
22 again, you just can't keep a very open-end description of
23 agents and brokers.

24 MS. O'GARA: So should it be Exchange

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 certified, Bob?

2 MR. CAREY: Well that's an open question.
3 Going forward, we will need to address that. Not putting
4 Exchange-certified in the guiding principles, although we
5 might say certified brokers and agents, something to at
6 least recognize.

7 MR. BOYLE: Because it could be the
8 Department of Insurance that might be doing
9 certification.

10 MS. O'GARA: Okay, so, this first one has
11 been changed. Now, if I can read it, you can tell me if
12 we've got it right.

13 The Exchange should leverage the expertise
14 of certified brokers, agents, community organizations,
15 and other governmental organizations, such as local and
16 state municipalities, tribal organizations, something
17 like that, right?

18 A MALE VOICE: I think you'd have to say
19 other governmental, and governmental.

20 MS. O'GARA: And governmental
21 organizations?

22 A MALE VOICE: Entities.

23 MS. O'GARA: Entities. Okay. All right,
24 so, we'll move on to -- oh, I'm sorry. Connie?

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. HILBERT: Connie Hilbert. I have an
2 issue with the certification. That is one of the items
3 here that we have up for discussion during consultation.

4 We put forth some recommendations with
5 Indian Country to HHS with regard to navigators serving
6 tribal communities, being exempt from any State licensing
7 standard, certification standards, and that was something
8 that we wanted to discuss this afternoon, so, for the
9 record, I'd like that --

10 MS. O'GARA: Okay.

11 MS. HILBERT: -- incorporated.

12 MS. O'GARA: All right.

13 MR. FAIR: Exempt? Exempt from? Matt
14 Fair.

15 MS. HILBERT: That was the request from
16 the Indian Country, and I have a determination from HHS,
17 which we're going to have a tribal consultation after
18 this, so I would like to bring that up at that time.

19 MS. O'GARA: Okay.

20 MS. HILBERT: What we'd like to put it
21 for, since this is going on record.

22 MS. O'GARA: Okay.

23 MR. CAREY: I think that the certification
24 applied to brokers and agents, so perhaps we can

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 wordsmith it around brokers and agents to indicate that
2 that's the certification that we're talking about.

3 MS. HILBERT: Thank you.

4 MR. HERBERT: Mickey Herbert. It seems to
5 me that the issue with the Indian tribes is so different
6 than anything else that it's, I don't know, worthy of an
7 asterisk, or something to point out that this is like a
8 different category, but needs to be included.

9 I'm not exactly sure how to write that,
10 but I think trying to force it into this paragraph is too
11 difficult. I think at least a separate asterisk to
12 indicate that we're concerned about it, we want it
13 included, but not necessarily in this paragraph.

14 I think you can take care of your concerns
15 by doing that.

16 MS. HILBERT: I don't have an issue with
17 the asterisk, as long as it doesn't diminish the seat at
18 the table and the voice.

19 MS. O'GARA: Well I think we can work it
20 in here in a separate way that may satisfy both of the
21 concerns. I think we can work on that, Bob, and bring it
22 back to the group.

23 And then, Ellen, did you have another
24 comment?

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. ANDREWS: Yeah. I just want to, in
2 that group, now that you're listing them, maybe you
3 should just put and others, because I'm thinking that the
4 media is an incredibly important part, not necessarily
5 that they're being paid as navigators, but that's going
6 to be a really important piece of leveraging expertise.

7 And I'm sure, if we started listing, there
8 will be providers. There would be a lot of other groups.

9 MS. O'GARA: How does the group feel about
10 that? The Exchange should leverage the expertise of
11 certified brokers and agents and community-based
12 organizations, and we had and other state and local
13 municipalities, and something about the tribes, the
14 Indians, and now you want the media, did you say? Did I
15 get that right?

16 MS. ANDREWS: Yeah.

17 MS. SAXTON: You can take it a step
18 further. I run the voluntary enrollment agency, where
19 all we do all day long is educate consumers on their
20 health care options, and we would not fall under brokers,
21 agents, community-based. We wouldn't fall under any of
22 that. We work for the health broker.

23 MS. O'GARA: And we wanted these as
24 inclusive as possible.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. SAXTON: Right, and I think you could
2 just take this on, and on, and on, and on, quite frankly.

3 MS. O'GARA: So how do we get our arms
4 around this?

5 MR. BOYLE: Phil Boyle here. That was my
6 initial comment that I was going to make, is you're going
7 to need a book to include everybody. You could take the
8 phonebook out, I mean, at this point, because if the
9 original intent is of the Exchange to use the expertise
10 of the experts, so to speak, and we're just keeping
11 expanding out, I mean I come from a Union background, you
12 know, you just keep going.

13 Not in deference that all those groups
14 will be needed on some level. I don't want to take away
15 from that, but there's got to be some inclusive language
16 here, where everybody is kind of captured, because,
17 otherwise, you're just going to keep going here, right?

18 MS. O'GARA: Right. Right, so, actually,
19 we could say should leverage the expertise of a broad,
20 diverse range of organizations, right? And we could put
21 some examples.

22 MR. GLICK: This is Steve Glick again.
23 Voluntary people, whatever. They have to be trained and
24 understand a certain level of understanding of this

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 program. You have to have that underpinning in that, so
2 any organization, if we expand it, they must go through a
3 training process to understand, to guide the consumer in
4 the right direction.

5 MS. O'GARA: Maybe we need that as a
6 separate principle.

7 MR. GLICK: That should be the underlying
8 principle of it all, to understand the program.

9 MS. O'GARA: If we had a separate
10 principle that spoke to training and education of the
11 individuals or organizations we're going to reach out,
12 would that, then, separate, because it is a different
13 thought. We could add a principle. Steve?

14 MR. GLICK: Steve. In my opinion, if
15 people don't understand what we're putting together, the
16 Exchange is going to be, and they're going to talk to a
17 consumer, that consumer has to know the pros and cons of
18 the decision to go into an Exchange.

19 If that person is not well-trained, they
20 can make a mistake for that consumer that doesn't help
21 the growth of the Exchange.

22 MR. GUTTCHEN: This is David. Just a
23 question. Is that first bullet designed to say who will
24 be navigators, or who will just help the Exchange,

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 because I think it's a very different concept. And if
2 it's just people are going to help, then I would agree
3 with Mark's earlier comment, that you can be very broad
4 about it.

5 It seemed like it was talking about
6 people, who would be navigators.

7 MR. CAREY: Yes. It was not, to Ellen's
8 point, it was not about the overall consumer education
9 and information and outreach. It was focused on brokers,
10 agents and navigators. That was the intent when I wrote
11 it. It doesn't come across that way, obviously.

12 So I wanted to focus it in on those are
13 entities. To Mr. Glick's point, you know, you're exactly
14 right. People have to know what they're talking about if
15 they're going to serve as brokers, agents and navigators
16 in the Exchange.

17 There will be lots of people providing
18 information, you know, in the universe, but, for people
19 who are working as brokers, agents and navigators on
20 behalf of the Exchange, they will need to be educated and
21 informed about the various options available to
22 individuals.

23 MS. O'GARA: Well can I make a suggestion,
24 that we put the training and education and the navigator

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 in the second bullet and use the first bullet
2 differently? So navigators should include a broad and
3 diverse group of individuals and organizations, who have
4 been trained and educated on the programs of the
5 Exchange, and who reflect the different populations,
6 something like that, to bring in your concept, and then
7 we leave the first one with what you were suggesting,
8 where we have all these organizations, who can help us,
9 right? What does the group think of that, separating the
10 two?

11 MS. HILBERT: Again, as long as the word
12 organizations represent our --

13 MS. O'GARA: Okay. Okay. Okay, so, I'm
14 hearing clearly that, in the first one, we've got to
15 stipulate some examples of government, including the
16 tribes, and that, in the second, let's go to the second
17 one now.

18 The way it reads is navigators should
19 include a broad, diverse group of individuals and
20 organizations that reflect different populations, that
21 will be eligible to enroll in coverage through the
22 Exchange.

23 We want to add to that navigators should
24 include a broad, diverse group of individuals and

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 organizations, who have been trained and educated about
2 the Exchange program that reflect the different
3 populations. Is that good with folks?

4 MR. CAREY: We want to address this issue
5 of organizations. Organizations and entities?

6 MS. HILBERT: I believe that should be
7 incorporated there.

8 MR. CAREY: Okay.

9 MS. O'GARA: It works there?

10 MR. CAREY: Entities. Would entities
11 encompass that? You prefer governmental entities, okay.

12 MS. O'GARA: Yes? Matthew?

13 MR. FAIR: Matt Fair. On the trained and
14 educated, would you want to add certified?

15 MS. O'GARA: Well I'm sensitive to that.
16 Do we want to add certified?

17 MR. CAREY: That's a policy decision by a
18 policy recommendation by this Committee to the Board of
19 the Exchange, as to whether there will actually be a
20 certification process or a licensing process for
21 navigators.

22 It's recommended in the rule, and we'll go
23 through the rule, but I think that's up for discussion.

24 MS. O'GARA: So we're comfortable leaving

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 it out at this time? Okay. All right.

2 MR. GLICK: This is Steve Glick again. I
3 think we should have a formal vote that's on record among
4 this Committee, rather than just a nod of heads, so we
5 know directly who and what percentage of the people are
6 for or against anything.

7 Since this is a Committee, I assume our
8 Chairmen have the right to request a vote among us.

9 MR. CZARNECKI: The issue is we need it
10 all laid out for us in more specificity than we have
11 here, and I'm not suggesting we -- but maybe we wait
12 until it's been rewritten in such a way that we know what
13 we would be voting on.

14 MR. GUTTCHEN: I also disagree. If we
15 don't include the word certification and we say it's
16 okay, it's not saying that we're on the record. It's
17 saying that we shouldn't have certification. It's a
18 totally separate discussion.

19 MR. CZARNECKI: That was my understanding.

20 MS. O'GARA: So we'll have the minutes
21 reflect that sentiment, and we will bring back for your
22 May meeting the exact language, and then you'll be able
23 to take a vote. Ken Lalime?

24 MR. LALIME: Ken Lalime. Could we include

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 something in that wording in the beginning, because you
2 could go on for an awful long time? Physicians do this
3 daily, whether people like it or not. Patients are
4 walking in and just going what do you think, and they get
5 an opinion. They're not going to get a certification for
6 7,000 doctors out there.

7 So if we can include things along the
8 lines of included, but not limited to, and give some
9 examples? And I think Ellen's point, also, I mean,
10 there's going to be a lot of people, who we're going to
11 draw on for expertise.

12 I don't think defining them here is what
13 the intent of that paragraph is.

14 MS. O'GARA: That's a good suggestion.
15 Yes?

16 MR. CZARNECKI: I want to make a comment,
17 too, to kind of drive home why this point is important,
18 and I'll share a story with you.

19 First of all, I think -- I would think
20 there's some guidance from CMS already, if they're going
21 to go to all the states that are not setting up their own
22 Exchanges on some of these guiding principles, so I don't
23 think it would hurt for us to get our hands on anything
24 that CMS is doing, because I've been working in that

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 market with the Medicare Advantage and Part D plans for a
2 number of years, and I'll share a story with you.

3 We have to get certified every year to
4 sell these plans, and then we have to get certified with
5 each company that we sell the plans for. It's a lot of
6 work.

7 And I have four local brokers that refer
8 all their people to me, because they don't even want to
9 do it, so the certification thing is really serious, and
10 I do think it's a good thing, but when it comes to the
11 navigators, I do not question the good intent of having
12 navigators.

13 I think it's great, but I'll share one
14 little story with you. The seniors going to pharmacies,
15 and they get advice from people in pharmacies on their
16 Part D plans.

17 A few years ago, I had a client, who I
18 helped him help his mother, who is in her 80s. She had a
19 Health Net, Medicare Advantage Plan, which included Part
20 D. He calls me in a panic in January, because somebody
21 at the pharmacy told his mom to dis-enroll from the
22 Medicare Advantage, including Part D, and include and
23 enroll in the Medicare Part D plan standalone.

24 We were very lucky that it was within that

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 enrollment period, where she could change her mind. So
2 although we're sitting here, going, oh, why are we going
3 over this and over this, it is really important, because
4 the whole role in navigator is, yeah, it's important, but
5 it's important it gets done right.

6 I don't question the fact that this is
7 going to be a huge, sweeping issue that has to get dealt
8 with quickly, but it has to be done right, and that's
9 why, as agents, we take seriously what we do, because
10 we're subject every day to scrutiny, law suits, or
11 whatever, or complaints, and that's why we're real
12 concerned with the navigators and how they do their job.
13 Thank you.

14 MS. O'GARA: Yes? Ellen?

15 MS. ANDREWS: This is Ellen Andrews. It's
16 my understanding, and I'm going down to Maryland in a
17 couple of weeks to get a better understanding of how they
18 do this, but they have two levels of navigators, and they
19 were concerned about liability issues, that somebody
20 would say somebody was eligible for, say, a particular
21 subsidy and they're not, and that's tragic for the
22 family. They'll make the wrong decision.

23 It's bad for the State. It's bad for the
24 Exchange. We need that to get out in the media. And,

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 so, they have two levels.

2 My vision is that there is not a social
3 worker in the State, there's not a home health care aide,
4 there is not anybody, who doesn't have a brochure, and
5 say this is something really good. You should look into
6 it.

7 This is how we do it at Husky, but only
8 the Department can make the determination that you are
9 eligible or you're not eligible. These are going to be
10 your costs. So there are two levels.

11 One is the quality control, rock-solid,
12 you get an answer from them, you can take it to the bank,
13 then there's a just army of people out there, who are
14 just selling this thing and driving you toward the other
15 level of navigators, and that, I think, makes a lot of
16 sense, and that's how Maryland has structured theirs.

17 I don't know how they arrange resources.
18 I don't know what the rules are. I don't know any of
19 that right now, but I think we're imagining two different
20 levels, and we're not talking about, you know, dumbing
21 down the certified level, but we're not talking about
22 restricting the army of people out there.

23 MR. CZARNECKI: That kind of falls under
24 community outreach, and that is a very important part.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. O'GARA: Those are very good points.
2 If we go back again and look at these two, what we were
3 saying is the Exchange should leverage the expertise of
4 certified brokers, agents, community-based organizations
5 and other organizations and governmental entities to help
6 consumers evaluate their health care coverage and enroll
7 in coverage. Is that what we wanted to say?

8 Okay, then, the next one would say
9 navigators should include a broad and diverse group of
10 individuals, organizations and governmental entities, who
11 have been educated and trained in the Exchange programs,
12 and that reflect the different populations that will be
13 eligible to enroll in coverage through the Exchange.

14 That's what I've got so far in my notes.
15 You'll get a chance to look --

16 MR. HERBERT: If there is agreement, if
17 there's unanimity, certainly, or not even unanimity, if
18 there's general agreement with what you just said, we
19 could have a vote, I think, on what you just said.

20 I think that's probably acceptable to
21 everyone. If so, I'll accept a motion from you and look
22 for a second to accept the language.

23 MR. BOYLE: This is Phil. Can you read
24 the second one, the navigator one again?

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. O'GARA: Navigator should include a
2 broad and diverse group of individuals, organizations and
3 governmental entities, who have been trained and educated
4 in Exchange programs, and that reflect the different
5 populations that will be eligible to enroll in coverage
6 through the Exchange.

7 MR. BOYLE: So they're not enrolling.
8 They're educated?

9 MS. O'GARA: I was describing who a
10 navigator is.

11 MR. BOYLE: Okay.

12 MS. SAXTON: Is there any reason why the
13 Exchange wouldn't have the oversight to the navigator,
14 and instead of the Exchange, who leverage the expertise
15 of brokers, agents, community-based, etcetera, etcetera,
16 to help consumers, is there any reason why navigators
17 couldn't be the oversight, I mean, the Exchange couldn't
18 be the oversight to the navigator?

19 Kind of under the context that Ellen is
20 talking about, where you have two different roles. One
21 is the expert, certified, licensed, trained, to Steve's
22 point, which is the Exchange's role, and then the
23 navigators, the masses kind of reporting up into the
24 Exchange, if you will.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MR. CAREY: So the Exchange does have
2 responsibility for oversight and monitoring of
3 navigators, and that would be one of the issues that we
4 talked about, what does that look like, and what does the
5 training look like, and is there a certification process?

6 There's a series of issues that we'll work
7 through as a Committee, but, certainly, the
8 responsibility of oversight and monitoring and funding of
9 the navigators falls under the Exchange.

10 MS. SAXTON: Right, so, the Exchange is
11 not really the role. The navigator is really the role.

12 MR. HERBERT: So I'll ask again. If
13 there's unanimity here, we'll go ahead and vote on this
14 thing. Not even necessarily unanimity, but at least a
15 second, and we can have a vote.

16 MS. O'GARA: Do we have a second over
17 here, Ken?

18 MR. LALIME: No. I was actually going to
19 ask a question.

20 MR. HERBERT: I know most of you in this
21 room, and I don't think any of you are shy.

22 MR. CZARNECKI: I'll second it.

23 MR. HERBERT: Is there further discussion
24 here?

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. O'GARA: Ken?

2 MR. LALIME: In that first paragraph, this
3 group that we're defining very broadly, their role is to
4 help consumers evaluate coverage? Is that what we wanted
5 that to say, or did we want it to say that this group
6 should be educating and moving them towards those that
7 would help them make decisions?

8 Right now, we have in this group actually
9 evaluating health coverage choices and enrollment. I
10 thought we were trying to be very broad in the first
11 sentence, direct them to those that had the professional
12 expertise to get the consumer into whatever program.

13 I didn't know if that was being sent to
14 the group, because, as it's written, I think it's too
15 specific.

16 MS. O'GARA: So how would we change it,
17 Ken? What would be an alternative?

18 MR. LALIME: Of the health consumers and
19 provide sufficient information to engage them in the
20 process, engage them in -- a couple more words. I think
21 engage them is a key word these days.

22 You can't tell somebody what to do, but
23 what you want to do is move them, if they're interested,
24 get them interested, move them to the next level. That's

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 kind of the role of everybody in the community that's
2 going to be part of this. How do we get them enrolled in
3 that?

4 MS. O'GARA: So what if we said to help
5 consumers understand the health coverage choices, period?

6 MR. LALIME: That works.

7 MS. O'GARA: And then navigators, who are
8 going to be educated and trained, in the second
9 paragraph, would need to reflect the different
10 populations, who are eligible to enroll.

11 And then, in the next paragraph, you could
12 see how these kind of flow together. Maybe we can read
13 through them. The Navigator Program should be
14 coordinated with other Public Health coverage programs to
15 insure consumers are provided information on their
16 appropriate health coverage options.

17 COURT REPORTER: One moment, please.

18 MS. O'GARA: What I was thinking, Barbara,
19 with respect to your comment was perhaps the Navigator
20 Program, which is overseen by the Exchange, there's a
21 comma, right, which is overseen by the Exchange, should
22 be coordinated with other Public Health coverage
23 programs.

24 MR. CALKINS: If I could stop you for a

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 second? It's John Calkins. Why do we want to limit it
2 to navigators coordinate with other Public Health
3 coverages? I think that's one of the biggest failings of
4 the Husky program, is that the agents and brokers aren't
5 developed.

6 MS. O'GARA: So, going back up to the
7 previous one, John, are brokers and agents included in
8 navigators?

9 MR. BOYLE: No, they can't be. It's
10 almost like we should have defined navigators and brokers
11 before we kind of went down this path. I'm sorry to say
12 that.

13 So I think we're kind of getting mired,
14 and, you know, you've got two sides of the house sitting
15 here, or three sides, and that's where some of the
16 confusion is, because, again, you know, to your question,
17 what is a navigator, what is a broker?

18 MR. CAREY: We have in the materials a
19 sort of breakdown of navigators and then brokers, as
20 defined by the rule. Does it make sense to jump ahead to
21 that first, so people sort of get some grounding about
22 what the final rule looks like, and then maybe go back to
23 this?

24 MR. BOYLE: We're getting mired in the

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 (multiple conversations) because we can't get through
2 that.

3 MR. HERBERT: Why don't you do that? That
4 makes a lot of sense.

5 MR. CAREY: Okay, so, maybe, if we just
6 skip ahead to final rules? So Health and Human Services
7 came out with their final rule on a whole host of issues,
8 not exclusive to, but certainly focused, in part, on
9 navigators and brokers and agents, so I went through and
10 pulled out sort of the most salient points on this rule.

11 So they are, as it states here, private or
12 public entities, qualified and licensed, if appropriate,
13 so, again, they defer to the State to say, if you want to
14 license navigators, you can. You're not required to
15 license navigators.

16 They also distinguish between licensing of
17 agents and brokers and licensing of navigators, and they
18 say you cannot apply the requirements that apply to
19 brokers and agents to navigators.

20 It's sort of a different licensure, just
21 so folks understand that. And then they lay out sort of
22 that you'd be able to carry out at least three of these
23 duties, so maintain expertise and eligibility enrollment
24 and program specifications and conduct public education

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 activities to raise awareness of the Exchange.

2 Provide information and services in a
3 fair, accurate and impartial manner. Facilitate
4 selection of a qualified health plan, so this gets into
5 helping people enroll in and select a qualified health
6 plan offered through the Exchange.

7 Provide referrals to other State agencies
8 or the appropriate State agencies for grievances,
9 complaints, or questions, and then provide information in
10 the culturally and the linguistically appropriate manner,
11 so that's taken and lifted almost verbatim from the final
12 rule issued by HHS on, you know, what are navigators, and
13 then it goes to the next point, about what they must be
14 able to do.

15 They have to demonstrate that they either
16 have an existing relationship, or could readily establish
17 relationships with employers, employees, consumers,
18 including uninsured and underinsured, or self-employed
19 individuals likely to be eligible to enroll through the
20 Exchange.

21 They need to meet any licensing or
22 certification standards, again, referring to the states
23 to figure that out. They cannot have a conflict of
24 interest, and they talk about both financial and non-

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 financial conflicts of interest for navigators, and then
2 they need to comply with privacy and security standards
3 established by the Exchange.

4 MR. BOYLE: This is Phil Boyle. So is
5 this kind of where we should kind of get into the meat of
6 some questions here, or are you going to continue on?

7 MR. CAREY: Let me just continue on. So,
8 then, they have a list of, well, who are these entities
9 that you need to be considering, so they did, in the
10 proposed rule, they didn't require that community and
11 consumer focus, non-profit groups be included as
12 navigators.

13 In the final rule, they require that every
14 State Exchange one of the groups that must be included as
15 a navigator must be a community and consumer-focused non-
16 profit, and at least one of the following groups. Trade
17 Industry and Professional Associations. They have, you
18 know, commercial fishing, ranching and farming, Chambers,
19 Unions, Small Business Association, licensed agents and
20 brokers, and other private and public entities that meet
21 these requirements, so it's sort of a catchall about who
22 would be a navigator.

23 And, then, maybe just to the next one,
24 about who is not a navigator. A health insurer, a

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 subsidiary of a health insurer, an association that
2 includes members or lobbies on behalf of the insurance
3 industry, and then anyone, who receives any compensation,
4 financial or otherwise, for enrolling people in coverage
5 in a qualified health plan, or a non-qualified health
6 plan, so, again, the proposed rule initially limited the
7 compensation issue to people, who enroll people in
8 coverage in the Exchange and qualified health plan, you
9 couldn't get compensation, but you could outside the
10 Exchange.

11 They changed that, and they said, if you,
12 and this sort of is the broker exclusion provision I like
13 to call it, if you get compensation inside or outside the
14 Exchange for enrolling people in coverage from a health
15 insurer, you're precluded from being a navigator.

16 MS. SAXTON: Barbara Saxton. Why would
17 someone be a navigator?

18 MR. CAREY: The navigator --

19 MS. SAXTON: I mean what's the motivation?
20 Why would somebody become a navigator? What would be the
21 driving force to be a navigator to educate consumers if
22 there's not any, per se, compensation as we know it
23 today?

24 And, further, can you tell me who operates

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 as a navigator, so I can get my arms around? Is there
2 another industry, or another type of role that we can
3 equate to a navigator?

4 MR. CAREY: Sure. So a navigator, we'll
5 talk about this, they will get funding by the Exchange.
6 It would likely be in the form of a grant or other type
7 of direct from the Exchange to individuals and entities
8 that operate today in some programs to help people with.

9 There's the SCHIP program. There's the,
10 you know, Medicaid enrollment to help people with
11 Medicare enrollment. There's community organizations,
12 religious-based organizations.

13 In Massachusetts, we had Greater Boston
14 Interfaith Organization, and, so, they received a grant,
15 and they went out to educate people and help people
16 enroll in coverage, so the thinking is that you need sort
17 of boots on the street to, you know, help people, who
18 otherwise are not reached by your typical, you know,
19 media campaign.

20 And, so, there are lots of organizations
21 in Connecticut today that do -- that help people sign up
22 for Medicaid, or Husky, or low-income home energy
23 assistance, or, you know, that touch people in various
24 ways, and the thinking was that the Exchange should

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 engage with those types of individuals, who aren't
2 licensed brokers and agents, but who do reach people and
3 help them understand their options.

4 This is a new program, and just putting up
5 a website is not going to be enough --

6 MS. SAXTON: -- that more on a salary type
7 program.

8 MR. CAREY: Yeah. Salary is a stretch of
9 the compensation model. It probably will be -- I mean it
10 could take a number of different forms. They won't be
11 employees of the Exchange. That's not the concept. The
12 concept is that they're community-based, religious-based,
13 could be providers, could be, you know, intake workers at
14 a hospital that might be trained in what people's options
15 are.

16 And the reason that it's necessary to
17 include other public programs is, you know, you go knock
18 on someone's door, you're not going to know whether
19 they're Medicaid, or Husky, or Exchange-eligible, and,
20 so, navigators have to have a broader understanding of
21 all of the various programs that somebody would be
22 eligible for.

23 MS. O'GARA: And, Bob, isn't it your
24 Massachusetts experience that they had a better

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 enrollment when they used community-based organizations?

2 MR. CAREY: Well there was a big focus of
3 the outreach effort, was to engage. Across the state,
4 there was open solicitation. There was a grant program.
5 People applied and said, you know, these are the
6 relationships we had, this is what we currently do, and
7 we're perfectly situated within the community to explain
8 this new program and to help people enroll in coverage.

9 MR. BOYLE: And it was pre-computers, so
10 they were going door-to-door with pieces of paper,
11 sitting and talking to people face-to-face.

12 MR. CAREY: Call this 1-800 number.

13 MR. GUTTCHEN: Bob, this is Dave. Can I
14 interject one thing? You guys can tell me if I'm wrong,
15 but I believe our statute for the Exchange requires that
16 enrollers in the Exchange, or anybody who talks about a
17 plan, is the language, that wordsmith at the end, has to
18 get an insurance license within 18 months of being
19 employed.

20 So I understand navigators can't have
21 that, but just to put the context, because even though
22 navigators might not do the actual enrollment, they might
23 take that person almost as far as an employee of the
24 Exchange, and, so, just keeping in mind what those

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 standards are if we're going to require that for people
2 on the Exchange.

3 That was a big debate when the statute was
4 discussed.

5 MR. CAREY: Was that particular to
6 employees of the Exchange?

7 MR. GUTTCHEN: Yes. And, so, the idea was
8 that because they're actually in a sense selling
9 insurance, the Insurance Department felt strongly, as
10 well as others, that there should be some certification,
11 and that led to a discussion, well, why not make sure
12 they're licensed as agents?

13 And then it got to the timing of it,
14 because they might not come in as licensed agents, so,
15 within 18 months, they have to go through the process and
16 the training.

17 So in sort of putting together what we
18 would require for people on the outside of the Exchange,
19 it might not be the exact same thing, but that's a good
20 starting point, in terms of what that requirement is.

21 MR. BOYLE: This is Phil Boyle. Yes,
22 you're exactly right, Dave. We, the Connecticut Benefit
23 Brokers, work with the Department of Insurance, and they
24 were very strong on making sure that people at the

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Exchange were licensed. They were very concerned about
2 that, because, again, it gets down to being certified, to
3 other points that were made. You know, you want to make
4 sure the right people are telling you the right things.

5 It was originally a year, but then they
6 made the accommodation to make it 18 months.

7 MR. GUTTCHEN: (Feedback on microphone) I
8 still have to be licensed. If I call the Exchange and
9 that Exchange is talking to me about different plans and
10 how to make a choice, then that person has basically sold
11 me insurance.

12 MS. O'GARA: So, Bob, there were a couple
13 more points, I think, of slides to give the whole
14 picture.

15 MR. CAREY: The final key points on the
16 navigator's piece is that this is what the Exchange must
17 do, so it doesn't require that the navigators be
18 licensed.

19 In the preamble, it certainly suggests
20 that that's probably, you know, something that the
21 Exchange should consider, but it does not require the
22 Exchange to license navigators, but they need to develop
23 conflict of interest standards, and they need to develop
24 training standards and a training program to insure that

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 these people have expertise in all of the areas that
2 they'll be responsible for informing people about.

3 And, so, one of those is, you know,
4 understanding of other publicly subsidized programs, and
5 I think that's an important distinction to make, too.

6 MS. SAXTON: Barbara Saxton. So does the
7 navigator need to be defined as the educator of the
8 health plans that are in the Exchange, and they're going
9 to paint the picture of here are the -- I mean what is
10 the navigator doing? Communicating here's the plans?
11 Are they advising as an opinion, based on your personal
12 circumstance? This is what plan I recommend?

13 I mean how far does that navigator go
14 before now going off to the Exchange to actually purchase
15 the plan?

16 MR. CAREY: I think that's part of the
17 charge of this Committee, is to figure out what's the
18 role of the navigator, and then, you know, it won't be a
19 clear line, but there will be a line at which there will
20 be additional licensure required that falls under broker
21 and agent responsibility, so we'll have to figure that
22 out.

23 And that's, to Ellen's point, that's what
24 Maryland went through to try to figure out, okay, what's

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 the distinction in the level one versus level two, in
2 terms of the ability to actually advise people to
3 purchase coverage?

4 MR. BOYLE: So quick question for you.
5 Since navigators are I guess really not people, right,
6 they're, like you were saying earlier, they're
7 organizations, when you're talking about them being
8 licensed or certified, whatever this group decides, I
9 guess, so I guess that's probably part of the \$64,000
10 question that we're going to answer, how does that
11 process work?

12 How does the Chamber get licensed to do
13 this? I also have questions about conflicts of interest.

14 MR. CAREY: I think that it will come down
15 to that it's individuals, who are licensed within an
16 entity, so an entity may get a grant, and then have six
17 or seven people that operate as navigators.

18 My suggestion would be that each one of
19 those navigators, if we're going to have a training
20 program, you don't train the entity. You train the
21 individuals, and, so, that will be part of this
22 discussion.

23 MR. GLICK: Steve Glick. One of the
24 things that you see about who are proposed navigators is

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 one thing. They bring critical mass of people together,
2 and that's crucial.

3 If we're going to have an educational
4 process before we sell a product, do we need an
5 environment, where people could come together in a very
6 simple form?

7 I mean I'm prejudicial to Chambers of
8 Commerce, because they do this all the time. They bring
9 critical mass together. They do educate people all the
10 time on different topics.

11 They don't sell the product. They educate
12 them. They bring health care people together, and they
13 bring marketing people together, but the idea here is, if
14 you go down the line, trade unions and other
15 organizations, they're crucial to the process to
16 eventually bring people to the next step to sign up for
17 an Exchange program, because it all begins with some
18 understanding, some basic understanding.

19 I can tell you right now most people that
20 we talk to about the Patient Protection Act have not
21 absorbed it, but at least they are going to hear about
22 it.

23 They're much more educated than people
24 that are just totally oblivious to the whole marketplace.

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 So I think the navigator role, and the agent role, and
2 some of the other things we're talking about, advantage
3 of the navigator that brings critical mass quickly to the
4 marketplace, rather than not using organizations that are
5 not that way.

6 MR. GUTTCHEN: This is David again. I
7 think it's important to note that navigators are only
8 entities that take grants from the Exchange, and there's
9 no way to control what other entities are doing.

10 Other groups will talk to people about
11 what's available, and, so, back to Ellen's comment, which
12 I think is good, it's good to look at what Maryland is
13 doing. It may depend on what sort of grant they want.

14 If they just want a grant to be able to
15 pass out brochures and they're not going to go any
16 further, then maybe that's a different standard of
17 training or education than the grant where they're going
18 to say, well, we're going to train people to actually sit
19 down with people and talk about their options.

20 I don't know if that's what Maryland is
21 doing, but it's only people, who come to the Exchange and
22 say we want money to do this outreach. If they don't
23 come to the Exchange, they're going to do whatever they
24 want.

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. O'GARA: You had a couple more slides,
2 Bob?

3 MR. CAREY: Yes, so, let's talk a little
4 bit -- there's a couple slides about brokers, so that the
5 next section in the proposed rules talks about the role
6 of brokers and agents, and it basically is permissive.

7 It allows the Exchanges to permit -- the
8 brokers and agents to enroll individuals, employers and
9 employees in a qualified health plan inside and outside
10 the Exchange and assist individuals in applying for
11 advanced premium tax credits and reduced cost sharing.

12 There is a requirement, that there be an
13 agreement. They don't define what that agreement looks
14 like, but that there be an agreement between the Exchange
15 and brokers and agents that help enroll people in
16 coverage through the Exchange.

17 The brokers and agents must register with
18 the Exchange, receive training in qualified health plan
19 options and other publicly subsidized insurance programs,
20 and then, again, comply with any privacy and security
21 standards.

22 MS. O'GARA: So as you digest that last
23 piece, are there any questions on that? Can we return
24 back to the principles and see if we can make some

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 headway?

2 So we had restated this. We exchanged the
3 leverage to the expertise of certified brokers and
4 agents, community-based organizations, and other entities
5 to help consumers evaluate their health coverage choices
6 and enroll in coverage.

7 A suggestion was made to change the last
8 piece to help consumers understand their health coverage
9 choices, period.

10 MS. SAXTON: Barbara Saxton. And not
11 enroll? Take the enroll out of it?

12 MS. O'GARA: That was the --

13 MS. SAXTON: And the navigator.

14 MS. O'GARA: Then we went on to navigator,
15 and we said navigators should include a broad and diverse
16 group of individuals, who have been educated and trained
17 in the Exchange programs, or individuals and
18 organizations, who have been educated and trained in the
19 Exchange programs, and that reflect the different
20 populations that will be eligible to enroll in coverage
21 through the Exchange.

22 We defined navigators to include this
23 group.

24 MR. BOYLE: So this is Phil. It almost

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 seems like that last sentence that got changed should
2 really -- it really kind of falls into that second part,
3 navigators, you know, the education, the understanding,
4 whereas the first part, I mean, eventually, you've got to
5 have somebody enroll people into the Exchange.

6 MS. O'GARA: So we would leave the first
7 one as it is?

8 MR. BOYLE: I would at least keep the word
9 enroll in there somehow.

10 MS. SAXTON: Somebody has got to.

11 MR. BOYLE: Somebody has got to.

12 MR. CAPORALE: Or the -- I'm sorry. This
13 is Tony Caporale. What also we could do, we could move
14 that piece that we have deleted from the first part and
15 move it on to the navigator's part to make sure that they
16 are the ones, who are enrolling, and they are doing all
17 this consumer outreach, and they're explaining the proper
18 problems.

19 MR. GUTTCHEN: Navigators aren't going to
20 enroll them.

21 MS. O'GARA: Pardon me, David?

22 MR. GUTTCHEN: Navigators aren't going to
23 enroll them. This is David. Can you change the first
24 line to say to educate consumers about their health

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 coverage options and how to enroll in coverage?

2 That's what you're really talking about,
3 is educating them, right? Nellie, you could say
4 something like the Exchange should leverage a broad and
5 diverse group of individuals and organizations, such as,
6 but not limited to, brokers, agents, community-based
7 organizations, governmental entities, providers,
8 etcetera, to educate consumers about their health
9 coverage options and how to enroll in coverage. All in
10 favor, say aye. (Laughter and multiple conversations)

11 The Exchange should leverage the -- of a
12 broad and diverse group of individuals and organizations,
13 such as, but not limited to, certified brokers, agents,
14 community-based organizations, governmental entities,
15 providers, etcetera, to help educate consumers about
16 their health coverage choices and how to enroll in
17 coverage.

18 MR. HERBERT: Your English teacher
19 wouldn't like that, but it's good. It's a run-on
20 sentence.

21 MS. O'GARA: Can I see a show of hands?
22 (Multiple conversations) All right, so, if we've done
23 that with the first one, David, stay with me, we could do
24 navigators should include a broad and diverse group of

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 individuals and organizations, who have been educated and
2 trained in Exchange programs, and that reflect the
3 different populations that will be eligible to enroll in
4 coverage through the Exchange. Okay?

5 All right, then we go to the next one.
6 The Navigator Program, which is overseen by the Exchange,
7 should be coordinated with other Public Health coverage
8 programs to insure consumers are provided information on
9 their appropriate health coverage options.

10 MS. ANDREWS: This is Ellen Andrews. I
11 think that needs to be stronger, and it doesn't -- it's
12 not the program that -- I mean the program does need to
13 coordinate, but, to John's point, I think the individual
14 navigators need to understand Medicaid and give people
15 information about what they're eligible for, or likely
16 eligible for, what the qualifications are.

17 They need to understand Medicaid as well
18 as they do the Exchange, because a lot of the people they
19 encounter are going to be eligible for Medicaid, and they
20 can't just refer them somewhere.

21 MS. O'GARA: Is that not in here, Ellen?

22 MS. ANDREWS: Well it's not, because it
23 says the Navigator Program, and it says coordinated with,
24 could be, oh, you know what? You might get that Medicaid

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 thing. Here's a brochure. Good luck with that. Really,
2 good luck with that. They need to do better than that.

3 MS. O'GARA: Is that part of the
4 stipulation under what the training qualifications are,
5 rather than an overall guiding principle?

6 MS. ANDREWS: I actually think it's really
7 pivotal. I think that a lot of the people, who are going
8 to come through the door, or the doors we're going to go
9 knock on, are going to be -- and, oh, the other piece
10 about it is we might be able to get some match if we do
11 it through navigator functions, which would be a cool
12 thing.

13 MR. CALKINS: This is John Calkins. I
14 agree with Ellen, and I think that, you know, if we're
15 going to put monies out there for people to educate, then
16 they should be damn well educating them on everything and
17 not just certain things.

18 A MALE VOICE: You've either got to take
19 it out, or you've got to change the wording.

20 MR. GUTTCHEN: Bob, one of your bullets
21 under the final rule, it says navigator must develop and
22 disseminate training standards to insure expertise and
23 needs to -- eligibility enrollment rules and procedures
24 QHP, other publicly subsidized health coverage program,

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 so it sounds like the Exchange has been training
2 navigators, or somebody has to train navigators in public
3 responsibilities.

4 MR. CAREY: Right.

5 MR. GLICK: This is Steve Glick.

6 Shouldn't we use the words that the government says
7 essential benefits? In other words, the standards of
8 benefits in Connecticut are determined by us, but the
9 government in the design of the wording of product is
10 essential benefits.

11 They said they built a standard that's
12 essential benefits. Now it's gone back to the State to
13 be determined what our essential benefits are in a plan.

14 In other words, other states don't have
15 the same mandates that we have, but I know they're not
16 going to change the mandates of Connecticut, so our
17 benefits now are going to be the essential benefits, but
18 we have to -- I think we should use some of the words
19 that the government says. What are the Connecticut
20 essential benefits, that they're educated to understand
21 that?

22 MS. O'GARA: So that would be -- you're
23 advocating that that be part of the training program,
24 that they understand the essential benefits?

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MR. GLICK: Yeah. That's the words that
2 was composed to be used in these programs.

3 MS. O'GARA: So what if we were to include
4 in this the Navigator Program? Can we link it back to
5 the final rule, which is consistent with --

6 MR. CAREY: Well I think that the point
7 Ellen made was that navigators need to be, not that the
8 Navigator Program, that navigators need to be, and maybe
9 we can come up with some wording about fully versed in,
10 you know, Medicaid and Husky and all public assistance,
11 medical assistance programs.

12 MR. HERBERT: Just say that, the
13 navigators should be fully versed with other public
14 health coverage programs. I don't know if that's strong
15 enough.

16 MS. O'GARA: Mickey, could you read that
17 again? Fully versed? I got that.

18 MR. HERBERT: That's Bob's. I like the
19 term.

20 MS. O'GARA: Okay.

21 MR. LALIME: Question. This is Ken
22 Lalime. Can't you just, if you're going to define this
23 somewhere else, can't you just take that middle of that
24 sentence out and just say the Navigator Program should be

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 coordinated, no, should insure, just go from Navigator
2 Program should insure consumers are provided information
3 on appropriate health coverage.

4 If you're going to define both the
5 absolute criteria of the navigator, that they have to
6 have education and train people in those other programs,
7 this is too soft. Insure is a pretty strong word. It's
8 an option to eliminate words.

9 MS. O'GARA: So the Navigator Program
10 should insure consumers are provided information on their
11 appropriate health coverage options?

12 MS. ANDREWS: Can we just make it
13 navigators? The Navigator Program might, you know, you
14 assess somebody, insurance isn't right for them, there's
15 a check box, and it goes back to somebody in an office,
16 and they get a mailing on that.

17 MS. O'GARA: Okay. Navigators should
18 insure consumers are provided information on their
19 appropriate health coverage options, including, but not
20 limited to.

21 MR. GUTTCHEN: I agree with John. It's
22 implied that any rules are going to have to be met.

23 MS. O'GARA: Yeah.

24 MR. GUTTCHEN: These are just overriding

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 principles.

2 MS. O'GARA: Right.

3 MR. GUTTCHEN: That guide us in what we
4 want the program -- not the program, but what we want
5 navigators to do.

6 MS. O'GARA: Okay. I have navigators
7 should insure consumers are provided information on their
8 appropriate health coverage options, period. And one
9 comment from Connie.

10 MS. HILBERT: Connie Hilbert. I just have
11 another way to phrase it. Navigator function shall
12 include coordination with other public-funded health
13 coverage to insure, you know, just go on with the rest of
14 that sentence, that bullet.

15 MS. O'GARA: Navigator function shall
16 include what?

17 MS. HILBERT: Shall include coordination
18 with other public-funded health coverage to insure, and
19 then go back to the rest of it, to insure consumers are
20 provided information on their appropriate health coverage
21 options. I don't know if that's a little better way of
22 saying it. She's talking about the function of the
23 navigator.

24 MS. O'GARA: I can bring that back. You

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 guys, when you see it, sometimes it's easier when you see
2 it in writing. I'll bring them both back, both versions.

3 And then the last one we have here is the
4 financing of the navigator, Navigator's Program should be
5 structured to enable the Exchange to sustain the program
6 on an ongoing basis. We have a vote by Phil in favor of
7 that. Anyone else?

8 MR. CAREY: There's no federal funding for
9 the Navigator's Program, and, so, we need to recognize
10 that, and, so, when we, you know, develop recommendations
11 on how many navigators, how much money, we also need to
12 think, well, someone is going to pay for that, and it's
13 not going to be Uncle Sam, so we have to --

14 This bullet I'm financing is in every --
15 each one of the Advisory Committees, to recognize that,
16 at some point in time and earlier for the navigators,
17 it's going to be probably people that are purchasing
18 coverage through the Exchange that are going to be
19 financing the whole administrative infrastructure of the
20 Exchange, including navigators.

21 I just wanted the Committee to stay
22 focused on the fact that, you know, someone is going to
23 have to pay for this, and it's probably not going to be
24 the general fund.

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MR. GUTTCHEN: This is David again.
2 Because, for the financing to be exchanged, itself, you
3 have that first year of federal funding to carry you
4 over, so that the money you have is the first year of
5 operation. We don't have any navigator dollars. Of
6 course, you're not generating any dollars.

7 I can't speak for Secretary Barnes, but
8 not likely there will be general fund dollars for that,
9 so has there been discussion in other states about --

10 MR. CAREY: -- this conundrum, where the
11 feds say that the Navigator's Program must be funded
12 through the operations of the Exchange. If you wanted to
13 start before the Exchange is actually operating, so some
14 thoughts are a loan, right?

15 MR. HERBERT: A loan from the feds?

16 MR. CAREY: No. A loan from the general
17 fund.

18 MR. HERBERT: Well the Exchange has the
19 ability to borrow money.

20 MS. O'GARA: All right, well, those are
21 the guiding principles, so Mr. Co-Chairs will write them
22 up and bring them back, and you'll have them for your May
23 agenda to take another look at, okay?

24 MR. CAREY: Not to beat a dead horse, but

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 these were the ones that we came up with.

2 MS. O'GARA: All right, then, we're going
3 to turn to Bob again and talk about some of the priority
4 tasks that this group is going to be focused on, so that
5 you have an idea of what work agendas will be.

6 MR. CAREY: Okay, so, the first is this
7 (announcement). So we'll bring these key principles back
8 to the next meeting to finalize them.

9 Also at the next meeting, KPMG, which is a
10 contractor with whom the Exchange has engaged to do --
11 provide an overview of the Consumer Assistance Programs
12 that are currently in operations, focused primarily
13 almost exclusively I think on State Consumer Assistance
14 Programs across a wide-range of program areas, and
15 they'll present at our next meeting what are some of the
16 existing Consumer Assistance Programs, and are there
17 opportunities to leverage existing Consumer Assistance
18 Programs to provide people with information and
19 education.

20 And, so, that will be a report that the
21 Insurance Department will come and discuss a broker and
22 agent licensing requirements and go over that, so that
23 folks, who aren't familiar with the regulatory oversight
24 and licensing of brokers and agents they'll provide an

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 overview of that, and we'll have a briefing.

2 I'll put together an issue brief that goes
3 into a bit more detail about the final rule on brokers,
4 agents and navigators, so folks will be aware of that.

5 And I think, also, at that May meeting,
6 then we'll start to get into a discussion about, okay,
7 how do we define the role of brokers, agents, vis-à-vis
8 navigators, and I think perhaps it might be helpful if I
9 send out this Maryland report.

10 They spent time in the fall of 2011 going
11 through this. They have a very active community in
12 Maryland, both from the community organizations, as well
13 as brokers and agents, and I think it might be
14 illuminating to see how they sort of wrestled with some
15 of those issues, so we'll put that out.

16 And, so, the intent is that prior to the
17 meeting, you'll get an e-mail with a number of
18 attachments, hopefully not too long, that you can read
19 through, and then, at the meeting, itself, we will then
20 go through presentations, so that people will have -- it
21 won't be so brand new to folks when they show up at the
22 next Board meeting.

23 And then I think, also -- and, so, at the
24 June meeting, I think we'll start to have to, you know,

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 make some recommendations about what exactly is the role
2 of brokers, agents and navigators, and then, also, talk
3 about what are the financing options, and how should we
4 structure the grant program if we're going to have a
5 grant program about how to engage navigators, in
6 particular.

7 And then it's also a consideration of how
8 brokers and agents may be compensated, so there are a
9 couple of different models.

10 So one model is it's between the insurance
11 company and the broker/agent that the Exchange simply
12 passes, you know, information to the insurer that, you
13 know, Phil Boyle is the broker of record on this account,
14 and whatever the compensation arrangement between United
15 and Phil is, then they work out whatever that comp model
16 is.

17 Another model is that the Exchange,
18 itself, would set compensation for business that sold
19 through the Exchange, and, so, some Exchanges are
20 establishing a compensation structure for brokers and
21 agents that bring business through the Exchange. I guess
22 those are two options, really.

23 Massachusetts, the Exchange, the Connector
24 pays the brokers and agents, so out of the fee, the way

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 that the Connector is financed in Massachusetts, they
2 retain a portion of the premium, and out of that portion
3 of the premium, if there's a broker of record attached to
4 the account, they pay the broker of record.

5 MR. GUTTCHEN: This is Dave.

6 COURT REPORTER: I'm sorry. Can you take
7 that microphone?

8 MR. GUTTCHEN: Does the final rule talk
9 about appointment issues, because the broker and agent
10 has to register with the Exchange, but they're selling
11 the product of a private insurer, and, now, they have to
12 have an appointment with that company, and there's
13 liability issues and all of that.

14 MR. CAPORALE: Well, actually, the
15 appointment is already valid if there is an agency
16 relationship. Because of the rules of HHS, brokers
17 cannot be compensated from health insurance companies.

18 I would not think that the appointment
19 becomes necessary or even required.

20 MR. GUTTCHEN: So they become a
21 broker/agent of the Exchange?

22 MR. CAPORALE: Of the Exchange.

23 MR. GUTTCHEN: It's a very different
24 relationship.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MR. CAREY: I'm not sure that's exactly
2 true, that the Exchange has to interject itself into the
3 relationship between the carrier and the broker and
4 agent.

5 MR. HERBERT: I mean we don't want the
6 Exchange having to license brokers. We want to lead that
7 Insurance Department, I'm assuming.

8 MR. CAPORALE: Well there's a couple of
9 different concepts there. First of all, there is no
10 distinction, at least -- a net distinction would be
11 between agent and broker. They all have the same
12 license, so it's just a function of who are they working
13 for?

14 In this case, they're not working for the
15 insurance company, because they're expressly forbidden
16 from being compensated by the insurance company,
17 therefore, they are not an agent of the company.

18 Whether we want them to be an agent of the
19 Exchange and structure in such a way that they are an
20 agent of the Exchange, we can certainly do that, or,
21 otherwise, we are the agent for the consumer, for the
22 insured. In either case, there will be --

23 MR. GLICK: Steve Glick. What is the
24 opinion of the State Insurance Department of a private

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 Exchange? Can an agent be selling the Exchange under the
2 same guidelines as a private Exchange if Connecticut
3 allows private Exchanges?

4 MR. CAPORALE: I don't think that that's
5 an issue that has been reviewed or considered.

6 MR. GLICK: Because some organizations in
7 Connecticut are touting that they are a private Exchange
8 already.

9 MR. GUTTCHEN: I'm just a little confused,
10 because I thought Bob said that one of the options was
11 that compensation could come from the insured to the
12 agent as it is today, and, therefore, I would think you'd
13 have to have that appointment. You'd have to have that
14 relationship, and that company might have certain
15 training requirements and liability issues, because I'm
16 representing them in the field.

17 It sounds like what Tony is saying is it
18 just says you can't do that.

19 MR. CAPORALE: Basically, the appointment
20 is not necessary, unless you are an agent of the company.

21 MR. GUTTCHEN: I guess what I heard you
22 say was that HHS is saying the insurer cannot reimburse
23 the agent. Is that -- that's different than --

24 MR. CAPORALE: That is a different issue,

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 whether they can receive compensation from an insured.
2 That's a different issue all together, which does not
3 call into question the appointment part of it.

4 In that respect, because there is a
5 provision about compensation directly from an insured,
6 that might be something that we need to do, so that they
7 are agent of the Exchange through their contract with the
8 Exchange.

9 MR. GUTTCHEN: Yeah. I just raised it,
10 because I think it's a big issue who that -- we'll call
11 them producers, because that's what they are. Who does
12 that producer represent?

13 If I'm selling an Anthem plan, you know,
14 today, I represent Anthem, and if I screw up, I'm an
15 agent of Anthem, and I'm sure there's all sorts of issues
16 around that.

17 MR. CALKINS: Plus the fact that Anthem
18 has requirements for you to be a producer.

19 MR. GUTTCHEN: Right.

20 MR. CALKINS: And I would think the
21 Exchange would have similar requirements to be a producer
22 for the Exchange.

23 MR. GUTTCHEN: Right, and the question is
24 you can make that choice. I mean are they producers of

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 the Exchange, which puts the Exchange in a different
2 scenario than the Exchanges of the marketplace, and all
3 the producers are really working as they work now for the
4 individual companies, who are marketing products on the
5 Exchange.

6 COURT REPORTER: One moment, please.

7 MR. BOYLE: I mean currently in
8 Massachusetts, you know, I'm licensed with Blue Cross and
9 Blue Shield of Mass. I can either provide the product
10 through the Exchange, or I could provide it directly to
11 Blue Cross and Blue Shield, but I'm still licensed with
12 Blue Cross.

13 But to your point earlier, the Exchange,
14 then, takes its piece, and I get a compensation piece,
15 but it's really coming through the money that's going to
16 Blue Cross and Blue Shield of Massachusetts.

17 I'm not sure where the differentiation. I
18 know Rhode Island did that. Rhode Island did all the
19 insurance agencies were now licensed. No more producers,
20 but that was the only place I saw.

21 MR. GUTTCHEN: I don't mean to muddy this.
22 It's just, for this Committee, it seems that the issue --
23 when we're talking about broker and agent roles, we need
24 to define who they're actually working for, because

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 there's liability.

2 MR. BOYLE: We have E & O insurance we
3 have to provide to the companies to show that we're out
4 there and following their rules and regs.

5 MR. CAPORALE: And, again, because the
6 agents, let's call them the producers, are not forbidden
7 from receiving compensation from the company, that
8 implies that HHS is trying to eliminate a conflict of
9 interest there.

10 So, in other words, you don't want to have
11 a producer in a situation that is only going to push
12 Company A's product, therefore, a more impartial player
13 within the Exchange, so, therefore, we can say on the
14 Connecticut law we can say, specifically, that that
15 person is not an agent of Company A.

16 As a matter of fact, all we want to do is
17 discourage that person from acting as an agent of Company
18 A. So, in that respect, we still want to make some
19 decision, as to who is going to be the principal in this
20 transaction.

21 MR. GUTTCHEN: So, if I follow that logic,
22 under that HHS rule, the money has to flow through the
23 Exchange. Is that right, Bob?

24 MR. CAREY: I'm not sure. We need to go

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 back and take a look at what that rule.

2 MR. GUTTCHEN: I'd like to know what the
3 final rule is going to require in Massachusetts.

4 MR. CAREY: Yeah. We'll have to go back
5 and take a look at the rules to make certain. I wasn't
6 familiar with the fact that there was a prohibition that
7 agents and brokers, producers, who essentially ran
8 business through the Exchange, could not be compensated
9 by the carrier for placing that business through the
10 Exchange with the entity.

11 MS. O'GARA: So I think that deserves some
12 further consideration. We'll put that on the agenda for
13 the next meeting, or when it's appropriate. And then you
14 had two or three more items.

15 MR. BOYLE: Just a real quick question,
16 just for clarification, going back, actually. It has
17 nothing to do with the conversation we just ended, but,
18 Bob, that report that you're giving from Maryland, was
19 that a NAHU report, National Association of --

20 MR. CAREY: No. This was the report by
21 the -- there's NAHU, the Maryland Chapter of NAHU, issued
22 a report a year and a half ago or so, but the Maryland
23 Exchange had an Advisory Committee on agents, brokers and
24 navigators. I think it might be illuminating to share

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 that report with folks to take a look and see some of the
2 common issues that they dealt with.

3 MS. O'GARA: And you were on October, I
4 think.

5 MR. HERBERT: It looks like there's a
6 slide missing.

7 MR. CAREY: We put these together, because
8 these are sort of the funding options for the navigators
9 is important to prepare a recommendation on by June,
10 because, at the end of June, the Exchange has to submit
11 what's called a level two funding request, which carries
12 forward for multiple years to finance and support the
13 Exchange.

14 We need to develop budget. It doesn't
15 have to be down to the second decimal point by June, but
16 we need to have an understanding about what this
17 Committee thinks and what the Board thinks about
18 financing options for a Navigator Program, and that's why
19 the June dates.

20 Then, later on in the fall, we think it's
21 important, this is, again, an overlap issue, so the SHOP
22 Exchange Advisory Committee will be delving deeper into
23 the employee choice models and the purchasing models that
24 are available through the SHOP Exchange.

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 That has a ripple effect on the role of
2 particularly producers with regard to how they help
3 employers and employees make informed decisions about the
4 choices, and, so, there are different options, and we
5 think it's important to get this group's feedback, in
6 particular, due to your, you know, expertise in working
7 with small employers, in terms of whether those options
8 make sense, and any thoughts and recommendations you may
9 have.

10 So, in that time frame, we'll bring to you
11 the recommendations of the SHOP Exchange Advisory
12 Committee for you to weigh in on and comment on with
13 regard to how that may affect the relationship of
14 brokers, agents, navigators and a small employer.

15 MR. GUTTCHEN: Bob, just a clarification.
16 The level two grant in June, none of those dollars can go
17 to the Navigator Program.

18 MR. CAREY: Right, but we need to put
19 together a budget, including State or non-federal funds
20 and federal funds, and, so, we need to have a general
21 understanding about the group's thoughts with regard to
22 how much the Navigator Program might need, given the
23 discussion of what you think about, in terms of how to
24 establish grant programs.

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MR. GUTTCHEN: That's what HHS is
2 requiring as part of that grant?

3 MR. CAREY: Correct. So HHS requires a
4 full budget, including, you know, federal funds and non-
5 federal funds, and then a financing plan, so that's why
6 the financing plan is important, as well.

7 And then, later on in the year, we'll get
8 into specific thoughts and decisions with regard to
9 training and licensure and certification and all the
10 stuff that we talked about earlier, both with regard to
11 navigators and then brokers and agents.

12 A piece may be, with regard to brokers and
13 agents, that, you know, a requirement through the
14 Department of Insurance's oversight of brokers and
15 agents, producers is a component associated with
16 Exchanges and qualified health plans, and maybe a
17 separate section there, so those issues are later on. We
18 didn't think it was necessary to address those in the
19 next couple of months.

20 MR. GUTTCHEN: Do we have access to the
21 Massachusetts Navigator budget? Because I'm just
22 thinking, I don't know how we come up with a figure.

23 MR. CAREY: Yes, so, we'll prepare for you
24 sort of I can get what they had put together and the

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 number of entities that they funded.

2 MR. GUTTCHEN: They prorated for our size,
3 but, otherwise, it seems like it's pulling numbers out of
4 the air.

5 MS. CINTRON: We had used a little of that
6 for the Mercer Financial modeling, the numbers that were
7 used on that, but, you're right, it needs a lot more
8 detail and fill-in.

9 MS. O'GARA: Okay and, so, that takes us
10 to what do we need to do between now and our next
11 meeting?

12 MR. FAIR: Just a quick comment.

13 MS. O'GARA: Yes, Matt?

14 MR. FAIR: Matt Fair. I think Vicki's
15 question was a good one in regards to Massachusetts, once
16 we dig deeper into whether they need to change their
17 current structure, and then I think the second point is,
18 you know, forgive me, but I just got confused with how
19 this navigator, broker, agent, everything, if examples
20 could be used, if you have them, specific to
21 Massachusetts or specific to how we see this playing out,
22 specific examples. That might help the discussion
23 anyway.

24 MS. O'GARA: And then there was one more

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 question?

2 MS. ANDREWS: Can I also ask, and maybe
3 you're doing this for the other groups, as well, but some
4 description of who is likely to enroll, and who is going
5 to be the hard-to-reach, because people have been talking
6 about reaching out to homeless shelters.

7 People in homeless shelters are going to
8 be eligible for Medicaid. We don't need -- navigators
9 don't need to be knocking on doors there.

10 Reaching out to groups that represent
11 people with very high needs, those people are probably
12 going to sign up. The ones we're going to have trouble
13 reaching are the people, who are well and not worried
14 about it.

15 MR. CAREY: So, to that point, we have --
16 I think we're about to a contract with an entity to do a
17 deeper dive into by FPL level, by zip code, by age, by
18 gender, who is uninsured, and what that profile of people
19 look like, and I think that would be helpful, for this
20 group to review that information to get a better
21 understand just exactly on that.

22 MS. ANDREWS: Well it will help us, too,
23 when we think about like I was -- Unions are in the final
24 rule. I understand that, but most unionized workers have

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 insurance through their employers. I don't know that
2 they'd be my first choice. Just be a little smart about
3 how it's going to --

4 MS. O'GARA: So if we can go to work in
5 between now and our next meeting, let me just suggest.
6 We're trying to find a date for the next meeting, and we
7 threw out a date of May 8th, which is about a month from
8 today.

9 I don't know what that looks like on your
10 calendar. The prior group had a little bit of a problem
11 with that week and wanted to go to the following week, so
12 what we're going to suggest is we're going to I guess
13 we're going to send out a Doodle and try and maximize the
14 attendance.

15 We'd like to kind of do two days in a row,
16 the two meetings, the two meetings with all the interface
17 and overlap is there, so we're looking at the week of the
18 14th of May, potentially, Tuesday, the 15th, or
19 Wednesday, the 16th.

20 MR. CALKINS: I'm sorry. So you're
21 looking at the 8th, and then the 14th and 15th?

22 MS. O'GARA: No. We're going to skip
23 that. We're looking at the week May 15th or May 16th.
24 Anybody got a major problem with it?

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MR. BOYLE: I know they just cancelled the
2 May Cabinet meeting for us, because that's the end of the
3 session or whatever on May 8th.

4 MS. CINTRON: Oh, they did?

5 MR. BOYLE: Yeah.

6 MS. CINTRON: Okay.

7 MS. O'GARA: Well, then, let's do that.
8 Let's go out to our Doodle.

9 MS. CINTRON: We will Doodle.

10 MR. BOYLE: The Governor said that.

11 MS. CINTRON: Amy will Doodle.

12 MR. CALKINS: I can say that I can't be
13 here on May 16th.

14 MS. CINTRON: I know we're never going to
15 get 100 percent. (Multiple conversations)

16 MS. O'GARA: If I could just keep you
17 focused for one more minute? The Committee meeting for
18 our next meeting in May, we're going to revisit the
19 guidelines, we'll have the Insurance Department summary
20 on regulations and requirements with regard to producers.
21 We'll have a copy of the Maryland program
22 sent out. You'll prepare a summary brief on the final
23 rule, right? And then we'll have the KPMG report to
24 review.

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 MS. CINTRON: And additional some
2 information from Mass.

3 MS. O'GARA: And some information from
4 Mass, okay. Okay, so, we give it back to -- do we want
5 to have any public comment? Mickey, this is the time to
6 take any public comment.

7 MR. HERBERT: Is there anyone? Anyone is
8 free to say anything. If anyone has anything to say,
9 they're welcome to say it.

10 MS. O'GARA: Could you come forward? If
11 you could use the microphone?

12 MS. KAREN HATCHER-SNEED: My name is Karen
13 Hatcher-Sneed, and I'm the CEO and President of Pequot
14 Health Care, which is the wholly-owned entity of the
15 Mashantucket Pequot Tribal Nation.

16 We are a self-funded plan, and Pequot
17 Health Care we have a TPA and a pharmacy, and we
18 administer claims and do claim health care benefit
19 administration primarily for small self-funded groups, as
20 well as tribal nations throughout the United States.

21 So I'm really sitting here at the table,
22 just kind of sitting in and supporting my sister tribe,
23 Mohegan Sun, and I'm really here, and my counterpart from
24 the Tribal Health Services could not be here, but I'm

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 really here from an employer perspective, as the casino,
2 and we're trying to understand what this will mean for
3 our employee-base.

4 When you look at the southeastern region,
5 today I happened to open The Day newspaper, and I saw
6 where Pfizer is doing another layoff, and, so, we have
7 that on our plate, as well as the decline and possibly
8 the loss of the submarine base, so a lot of things are
9 happening in the southeastern region that I think, you
10 know, will play in and have an interesting segue with the
11 Health Exchange, so I'm here sort of representing my
12 town.

13 I also sit on the RTM for the Town of
14 Groton, so I'm really interested in the dynamics of what
15 this is going to mean, particularly for what I call the
16 region sometimes, so we forget about the southeastern
17 region of Connecticut.

18 I'm here, and I look forward to continuing
19 to hear how this is going to move forward. Particularly,
20 we're interested, when you look at Mohegan and
21 Mashantucket, together our casinos we're covering about
22 20,000 employees, and, so, when you add in the dependence
23 to that, we're looking at a pretty hefty volume.

24 That's what I wanted to do, take the

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

1 opportunity, and I wish you all the luck. It's a very
2 complicated and exciting time to be in health care.

3 MS. O'GARA: Thank you.

4 MS. CINTRON: Just for the general
5 information, the Exchange is having a discussion with
6 both the federally-recognized tribes this afternoon to
7 start kind of formal discussions around tribal
8 consultation and all of the different issues that we need
9 to collectively address with them, in terms of enrollment
10 and contributions and all sorts of things.

11 And we will be sharing that with all of
12 the different Committees, again, working collaboratively
13 together as we move down this path, so we're looking
14 forward to meeting with both of you in a little bit here.

15 MS. O'GARA: And, so, that completes our
16 agenda for today.

17 MS. CINTRON: Thank you very much.

18 (Whereupon, the meeting adjourned at 12:21
19 p.m.)

RE: CONNECTICUT HEALTH INSURANCE EXCHANGE
APRIL 10, 2012

AGENDA

Welcome and Introductions	2
Committee Focus	9
Discussion of Guiding Principles	15
Key Points on Final Rule	40
Priority Tasks and Resources	65
Public Comment	82