

VERBATIM PROCEEDINGS

CONNECTICUT HEALTH INSURANCE EXCHANGE

CONSUMER EXPERIENCE AND OUTREACH  
ADVISORY COMMITTEE MEETING

APRIL 10, 2012

DEPARTMENT OF PUBLIC HEALTH  
470 CAPITOL AVENUE  
HARTFORD, CONNECTICUT

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RE: CONNECTICUT HEALTH INSURANCE EXCHANGE  
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1 . . .Verbatim proceedings of a meeting  
2 before the Connecticut Health Insurance Exchange,  
3 Consumer Experience and Outreach Advisory Committee  
4 Meeting, held at the Department of Public Health, 470  
5 Capitol Avenue, Hartford, Connecticut, on April 10, 2012  
6 at 9:00 a.m. . . .

7

8

9

10 MS. TIA CINTRON: We have some issues with  
11 traffic delays and maybe a little on this room location.  
12 How many more did we expect from this Committee for  
13 attendance today? Do we have a feeling of that?

14 We have a pretty full agenda. Do you  
15 think we should give it a few more minutes or get  
16 started?

17 A FEMALE VOICE: I think we could probably  
18 get started.

19 MS. CINTRON: All right. Are we ready?  
20 Okay, who is calling in? Okay, so, let's get started.  
21 Welcome and thank you very much for taking the time this  
22 morning to be here. We appreciate it, and we're looking  
23 forward to working with you all as we move down this path  
24 towards State certification.

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1                   We will appreciate your guidance and  
2 support in effectively and comprehensively reaching our  
3 consumer and our small employers and doing so in a manner  
4 that's culturally and linguistically sensitive and  
5 appropriate, so we're looking forward to working with you  
6 closely in the coming months and, again, appreciate you  
7 being here this morning.

8                   I thought maybe we should start with some  
9 introductions first. Nellie, would you like to start?

10                  MS. NELLIE O'GARA: Sure. I'm Nellie  
11 O'Gara, and I'm going to be your facilitator today, so  
12 help you get through pretty lengthy agenda, hopefully in  
13 two hours, and that's my role. (Banging)

14                  MS. CINTRON: My name is Tia Cintron, and  
15 I'm the Acting CEO for the Exchange -- (banging). Oh, my  
16 gosh. You've got to be kidding me. So I promise we  
17 won't have future meetings in this room. We are really  
18 challenged right now with room locations and  
19 availability. Go ahead.

20                  MS. KATHY MORELLI: Kathy Morelli, Account  
21 Executive at Mintz & Hoke.

22                  MR. BOB CAREY: And I'm Bob Carey. I'm a  
23 consultant to the Connecticut Exchange.

24                  MR. ROBERT SCALETTAR: Bob Scalettar. I'm

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1 a Board member on the Exchange.

2 MS. CLAUDIA EPRIGHT: Claudia Epright from  
3 United Action. I'm an advocate.

4 MS. VICKI VELTRI: I'm Vicki Veltri, and  
5 I'm (knocking on microphone) and I'm co-Chairing this  
6 Committee.

7 MS. TANYA BARRETT: I'm Tanya Barrett, and  
8 I'm with the United Way of Connecticut, 211, and I'm also  
9 co-Chairing this Committee.

10 MR. TIM LYONS: Tim Lyons, State Insurance  
11 Department. I'm here for Gerard O'Sullivan today, who is  
12 unfortunately out of state, but he'll be coming to the  
13 meetings going forward.

14 MS. JENNIFER JAFF: I'm Jennifer Jaff.  
15 I'm the Executive Director of Advocacy for Patients with  
16 Chronic Illness.

17 MS. DOMENIQUE THORNTON: Dominique  
18 Thornton. I'm the general counsel for the Mental Health  
19 Association of Connecticut.

20 MS. CINTRON: And someone just joined us  
21 on line. Hello?

22 MS. HEATHER GREENE: Hello.

23 MS. CINTRON: Hi. Who joined?

24 MS. GREENE: Heather Greene.

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1 MS. CINTRON: Welcome, Heather. Would you  
2 like to introduce your organization?

3 MS. GREENE: (Indiscernible)

4 MS. CINTRON: Thank you. Chris, would you  
5 like to introduce your team?

6 MR. CHRIS KNOPF: I'm Chris Knopf. I'm  
7 the CEO of Mintz & Hoke. This is my colleague, Andrew  
8 Wood, the Director of Marketing, Sue Strawderman, who is  
9 our Creative Director, Jennette Baxter, who is our  
10 Account Supervisor for Public Relations and Social Media,  
11 and Bill Field, our President.

12 MS. CINTRON: So, with that, I want to go  
13 briefly over just some logistics, and then we'll get  
14 started. As you can see, we kind of have to be sensitive  
15 to speaking into the mike today.

16 Bathrooms are down the hall if you need  
17 them, and if we could all just make sure to turn cell  
18 phones off.

19 We'd like to go over guiding principles  
20 today, the objectives for this group, as well as priority  
21 tasks. Mintz & Hoke will be presenting an overview of  
22 their tasks, in terms of consumer outreach, and will go  
23 through the Next Steps.

24 MS. CECE WOODS: Good morning. Sorry. I

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1 knew I was going to be late.

2 MS. CINTRON: Not to put you on the spot,  
3 but could you introduce yourself to the group?

4 MS. WOODS: I'm Cece Woods. I'm a long-  
5 term legislative staff employee and now a member of the  
6 Exchange.

7 MS. CINTRON: At the end of the meeting,  
8 we also have carved out a few minutes for public comment,  
9 as appropriate.

10 Before we get started, I'd like to know if  
11 anyone has a hard stop at 11:00 today, because I know  
12 that we have a full agenda, and does anybody need to  
13 leave right at 11:00? Do you? Okay, so, we'll try to  
14 stick with these times as best we can.

15 So just to start with some context, as all  
16 of you know, we have developed four -- well what's in  
17 front of you is our slide deck, as well as a contact list  
18 for your Committee, and the agenda, and when Mintz & Hoke  
19 speaks, they will be giving you some additional  
20 materials, as well.

21 So what this slide represents is kind of a  
22 glance at what the focus is moving towards State  
23 certification, so we organized B4 Advisory Committees,  
24 all of that in mind, knowing that they overlap and

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1 crosswalk, in terms of their task lists, and we will be  
2 talking through that matrix later.

3 As you can see, we have about nine months  
4 to accomplish a lot of things, very important  
5 considerations that this group will need to be making, in  
6 terms of how the Exchange develops, a superior consumer  
7 outreach strategy. Bob Carey will be going through these  
8 focused areas here in a minute.

9 So we'll be having monthly meetings, and  
10 in between the monthly meetings the co-Chairs' simple  
11 role will be to help guide and facilitate the action  
12 items that are necessary in decision making and  
13 considerations between the meetings, and, at the very end  
14 here, we'll talk about what makes sense for this group,  
15 in terms of how you want to coordinate your meetings  
16 going forward and the timing of those.

17 So, with that, I think, unless there's any  
18 questions, we'll move to how we're going to work  
19 together, and then to guiding principles. Bob?

20 MR. CAREY: Sure. So as Tia mentioned,  
21 the key sort of hard deadline or milestone for us is  
22 State certification, and what that means is that the  
23 federal government certifies that the State of  
24 Connecticut is ready and able to establish its own state-

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1 based Exchange.

2 Just to get people up to speed on what the  
3 alternative is, the alternative is the federal government  
4 will come in and establish what's called a federally-  
5 facilitated Exchange.

6 I do some work with CCIIO right now.  
7 They're hard at work, trying to put together what the  
8 federally-facilitated Exchange will look like. It's very  
9 likely that there will be a majority of states, or more  
10 than a majority. Yes, ma'am?

11 MS. JAFF: I'm sorry. Can I just ask a  
12 quick question? Because you said you're a consultant for  
13 the Exchange Board, and then we have Mintz & Hoke, could  
14 you tell us what your role is, as compared to Mintz &  
15 Hoke?

16 MR. CAREY: Sure. So maybe just I'll give  
17 you a Reader's Digest on my background. I worked for the  
18 Massachusetts Connector Authority as the Director of  
19 Policy and Development from its inception in the summer  
20 of 2006 through the end of 2008 and helped stand up that  
21 program.

22 I'm now an independent consultant. I work  
23 on strategy and policy and sort of moving the trains  
24 forward. Mintz & Hoke is specialized in marketing and

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1 outreach, messaging, developing the brand, and, so, they  
2 have a contract with the Connecticut Exchange to handle  
3 that work, but I sort of am Jack of all trades, master of  
4 none, I guess.

5 MS. JAFF: Thank you.

6 MR. CAREY: So the State certification I  
7 think is something, just so you understand what that  
8 means and what the alternative is with regard to a  
9 federally-facilitated Exchange, so the law says that by  
10 January of 2013, the Secretary of Health and Human  
11 Services has to certify that the State is ready to  
12 administer an Exchange on its own behalf, and, if not,  
13 the feds will come in and administer Exchange on behalf  
14 of the State, so just a level setting there.

15 We talked at the first meeting of all of  
16 the groups about the overlapping responsibilities, and I  
17 think we thought it would be helpful to sort of refresh  
18 people about what that means with regard to the Committee  
19 matrix, so there are a number of issues that will cut  
20 across the various Advisory Committees.

21 So, for example, the work that the  
22 Committee on Health Benefit Plans and the criteria that  
23 will be used to select health plans affects, in some  
24 regard, the work of this Committee, because this

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1 Committee is focused on what's the consumer experience  
2 look like?

3 And, so, for example, if the Health Plan  
4 Committee recommends that, you know, there be hundreds of  
5 choices available to Connecticut residents and this  
6 Committee says a recommendation is we should have a  
7 streamline package of benefits and choices for people to  
8 help them make an informed choice, then there's some  
9 inherent conflict in what one Committee is doing vis-à-  
10 vis the other Committee.

11 So we think it's important for a number of  
12 reasons, that just being one example, to make certain  
13 that each Committee is apprised of and aware of what the  
14 other Committee is doing, and, so, in some instances,  
15 you'll see that the responsibilities of the Committee  
16 will be to review and comment on the recommendations of  
17 another Committee, or vice-versa.

18 There will be opportunity for your work to  
19 be reviewed and commented on by other Committees, and,  
20 so, we've tried to set up a matrix and a scheduling of  
21 recommendations and review that allow for each Committee,  
22 as appropriate, to comment on and to review the work of  
23 subsequent Committees.

24 So a couple of things we think are

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1 important at the start. One is agreeing on a common set  
2 of principles, guiding principles that will help you make  
3 an informed decision, and should reduce, but we don't  
4 think will entirely eliminate, any sort of potential  
5 conflicting recommendations, so you may agree across the  
6 Committees on a core set of principles, but you may reach  
7 different conclusions, even though you're using a common  
8 set of principles, but we do think that it's important  
9 upfront, and that's why we have as first start at this  
10 Committee meeting is to discuss and agree on a common set  
11 of guiding principles.

12 At the same time, the Board is working on  
13 a set of principles and objectives for its consideration,  
14 and we recognize that this Committee needs, also, to  
15 reflect and to take into consideration the guiding  
16 principles that are being developed at the Board level,  
17 and Vicki may speak more about that, and the process, and  
18 the status of those principles, but we do think, in  
19 general across all of the Committees, that we need to  
20 establish what those guiding principles are.

21 We think, also, that at the Board meeting  
22 next Thursday that there be a report back to the Board  
23 about the activities of each Committee, first and  
24 foremost being the common set or the core set of guiding

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1 principles that will be used to guide decision making.

2 We also recognize that simply having that  
3 core set or common set of guiding principles isn't  
4 sufficient to inform the other Committees about what's  
5 happening, and, so, we have a core set of staff that Tia  
6 has assembled, who will be responsible for informing and  
7 posting transcriptions of what each Committee is doing,  
8 and we also structured this, so that the Board co-Chairs,  
9 the co-Chairs who are Board members, or the non-Board  
10 member who is a co-Chair, will report on the activities  
11 of each Committee to the Board, so that the Board is  
12 apprised of the direction and the approach that each  
13 Committee is taking.

14 So, you know, we're trying to sort of  
15 manage a process, in which different Committees are  
16 responsible for in some instances similar  
17 responsibilities, and we want to make sure that at the  
18 end of the day we don't come to the Board with  
19 potentially conflicting recommendations, so that's sort  
20 of an overview of how we think we, or how we structured  
21 this Committee matrix piece, and maybe we'll open it up  
22 for questions.

23 MS. CINTRON: Vicki, could you state your  
24 name when you speak?

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1 MS. VELTRI: Vicki Veltri. So a couple,  
2 just a couple of things. On the principles thing, I  
3 don't think it's going to be any problem. These  
4 principles look like they completely fit into what the  
5 Board has looked at. It's the draft principles that the  
6 Board is going to vote on at the Exchange meeting.

7 I provided them to the Committee, because  
8 I wanted them to understand the larger principle's  
9 framework, because our focus is only one focus, the Board  
10 work that has to be done. In any event, I know we're  
11 going to go over these, and we'll talk about them.

12 On the cross-walking between the  
13 Committees, one of the things that I know I've discussed  
14 with a couple of Committee members as possible ideas or  
15 as a possible idea is the idea of maybe having a liaison.

16 This Committee that goes -- didn't have to  
17 be active participants of the other Committee, but just  
18 go and sit in on the Qualified Health Plan meeting and  
19 see what it's all about, and get the firsthand experience  
20 from the Consumer Committee perspective while you're  
21 there, and then bring that back, along with whatever the  
22 staff is bringing back to us.

23 I think it might give us a fuller  
24 experience, if one or two of us is sitting on that

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1 Committee. I know Jennifer is on one of them, and I plan  
2 on going to that one, too, just because I'm interested in  
3 it, but there's (papers on microphone). I just wondered  
4 if anybody thought that that might be another way for us  
5 to get a real sense of what's going on at the meeting.

6 MS. CINTRON: This is Tia. I think that  
7 that makes sense, and I also think that after we walk  
8 through the task, you'll see where that's most applicable  
9 right now, and we can kind of evolve this a bit, in terms  
10 of what makes sense for this group to coordinate with  
11 others, and we can talk through that in our Next Steps,  
12 or at the conclusion, and kind of wrap our arms around  
13 what makes sense for you all, if that works.

14 MR. CAREY: Yeah, so, just so folks know,  
15 all of the Committee meetings are public meetings, so  
16 there's certainly, you know, even if it's not, you know,  
17 a fixed person who is attending, they're open.

18 MR. SCALETTAR: Bob Scalettar. So I very  
19 much appreciate the model that you're offering, Vicki,  
20 and I guess what I would say is it feels to me, while it  
21 could be, as you've just suggested, Bob, more ad hoc, I  
22 still like the idea of there being a liaison  
23 representative from each Committee to all of them, not  
24 just thinking about the needs of the Consumer Committee

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1 wanting to be connected, say, to the Health Plan Benefits  
2 Committee, because of the obvious connections, but,  
3 overall, that sounds like a good thing.

4 It may be limited by people's time and  
5 availability, but if we think it's a good idea, we should  
6 ask whether or not there's an appetite on the part of  
7 people to make themselves available for that.

8 MS. O'GARA: So if we can move to  
9 discussing the principles that this Committee would  
10 operate under, is everybody okay with that?

11 MS. CINTRON: Did you have a question?

12 MR. SHELDON TOUBMAN: That's where I was  
13 going.

14 MS. O'GARA: If you could turn to that  
15 slide, Tia, and put the first one up? I think, as Bob  
16 pointed out, the value of having the guiding principles  
17 is to provide you with a reference point as you look at  
18 making decisions, or making recommendations, so that's  
19 the purpose of these.

20 These were drafted, based on experience  
21 working with a number of other State organizations and  
22 what was thought to be appropriate here, so we're going  
23 to go through each one, talk about how you feel about  
24 them, what your thinking is, see if we want to modify if

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1 there's additional ones.

2 I do want to make a note, though, before  
3 we go further. I've written up here on the board that we  
4 are doing a recording, so it's great if you can remember  
5 to state your name and know when to take the microphone.

6 And then, when we get to a situation,  
7 where we're in a review and comment, we're going to  
8 report out what the majority support was. Pardon me?  
9 Yes. Nellie O'Gara.

10 Anyway, when we get to making a -- we're  
11 in a situation, where we're reviewing a piece of  
12 information, we want to make a comment, at the end of it,  
13 we take a majority support perspective, but when you're  
14 actually making a recommendation, we're going to go to a  
15 vote, so that we have a record of pros and cons, all  
16 right?

17 At this point, these guiding principles  
18 are really your guiding principles for this Committee,  
19 and, so, the majority support would be helpful.

20 MR. TOUBMAN: Can I ask a question about  
21 that?

22 MS. O'GARA: Yes.

23 MR. TOUBMAN: When you say --

24 MS. O'GARA: This is Sheldon?

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1 MR. TOUBMAN: I'm sorry. Sheldon Toubman.  
2 I violated the rules already. Personally, I had no input  
3 into these at all.

4 MS. O'GARA: And that's why they're here,  
5 Sheldon, to discuss them.

6 MR. TOUBMAN: Right, so, when you say  
7 they're yours, that's only if we adopt them. I just want  
8 to clarify that.

9 MS. O'GARA: Yes.

10 MR. TOUBMAN: Thank you.

11 MS. O'GARA: Absolutely. Good point. So  
12 if we could go to the first one? And let me just read  
13 it, so that you have a chance to think about it.

14 The Exchange can serve as a central point  
15 of access for all health care coverage programs, for  
16 example, Medicaid, Husky, subsidized insurance, and  
17 provide consumers with unbiased information about their  
18 health care coverage options, so I open that up for  
19 discussion as the first item. Jennifer?

20 MS. JAFF: Hi. It's Jennifer Jaff. So I  
21 guess my first question is kind of what does this mean,  
22 because central point of access could mean any number of  
23 things, and I know that the federal regulations  
24 contemplate at least two options for the Exchange with

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1 respect to Husky, essentially, Medicaid and CHIP, and  
2 that would be the Exchange can make eligibility  
3 determinations, or the Exchange can do, quote, unquote,  
4 "assessments," and then kind of pass it, pass the  
5 application on to Department of Social Services, the  
6 State Medicaid Agency, to make the actual eligibility  
7 determination.

8 Has the Board made a decision about those  
9 two possible roles? Are we supposed to be discussing  
10 that? I mean central point of access could mean either  
11 of those things, I think, and possibly other things.

12 MS. O'GARA: Bob, do you want to take  
13 that?

14 MR. CAREY: Sure. Bob Carey. So I guess  
15 the mechanics, the operational aspects of a single  
16 integrated eligibility system, which would allow an  
17 individual to submit a single application and be  
18 determined eligible for whatever program he or she was  
19 appropriate or was eligible for, is the ultimate goal, I  
20 think the ACA, in general, and the Exchange, in  
21 particular.

22 We're working to try to achieve that in a  
23 relatively truncated time frame that is now looking at 18  
24 months from now. People should be able to go to the

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1 Exchange to access and enroll in coverage.

2 Now whether that can be done remains to be  
3 seen. I think the intent certainly is, that we're  
4 working with DSS, the Exchange is working with DSS and  
5 Medicaid program to enable that to happen.

6 It may not be, just so folks are aware, it  
7 may not be possible to modify the State's Medicaid  
8 eligibility system to have that occur seamlessly on  
9 October 1 of 2013. That's our goal.

10 We're sort of right now on going down two  
11 tracks. One is modify DSS's eligibility system, so that  
12 people can apply and be determined eligible for any  
13 program under (banging) programs, including people, who  
14 are categorically eligible, people, who are not eligible  
15 simply because of their modified adjusted gross income,  
16 so that's a big distinction.

17 I mean that's sort of the most significant  
18 hurdle that they need to overcome, so we're going down  
19 that path, at the same time recognizing that may not be  
20 possible by October 1, 2013.

21 We know we need to allow people to apply  
22 for what we refer to as simple eligibility, eligibility  
23 based simply on a person's modified adjusted gross  
24 income, and family status, and essentially their FPL

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1 level.

2 So one way or another, people will be able  
3 to access through the Exchange their eligibility for,  
4 based on income, for Medicaid, Husky and the Exchange.

5 It may not be possible, given the time  
6 frame on October 1, 2013, for categorically eligible  
7 people to have this sort of simple streamline application  
8 process, and there may be a need to route people from the  
9 Exchange web portal or the application process to the DSS  
10 more detailed application process for people, who may be  
11 categorically eligible for Medicaid.

12 So I think your point is a relevant one  
13 and gets to sort of the mechanics of operationalizing  
14 things, but I think what we tried to put forward in this  
15 principle is that people will be able to access  
16 information and enroll and complete an eligibility form  
17 for these three programs.

18 Hopefully, our goal is to expand it to all  
19 Social Service programs, so that there's a single  
20 application for all Social Service programs, but given  
21 the time frame, we're not sure that that can happen for  
22 some of the more complicated or more detailed application  
23 processes that are necessary for certain types of  
24 Medicaid programs, so I think that's a long-winded

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1 response to your question, but I did want to just apprise  
2 the Committee of the sort of realities of the mechanics  
3 of determining people eligible.

4 MS. O'GARA: Are there other comments on  
5 this particular principle? Yes? Dominique?

6 MS. THORNTON: Yes. Dominique Thornton.  
7 So would it be fair to say that the Exchange is the front  
8 door, and you're going to start with access through a  
9 portal that will be developed on behalf of the Exchange  
10 and whether or not the mechanics of the connections, as  
11 people move through it, that can be developed over time?

12 MR. CAREY: I think that's exactly the  
13 sort of the concept, and there really is sort of no wrong  
14 door. The Exchange is not the only front door. The  
15 Exchange is an important door, but people will be coming  
16 from multiple points of entry.

17 Someone might go to the Medicaid front  
18 door, but they shouldn't have to fill out a Medicaid  
19 application and say, oh, you're at 139 percent of that.  
20 You've got to go to the Exchange and fill out the  
21 Exchange's application.

22 What we want is a single streamline  
23 application, based on MAGI initially, hopefully based on  
24 all categories, but certainly MAGI, so there's no wrong

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1 door concept, as opposed to a single front door.

2 MS. O'GARA: So, Bob, is this, just a  
3 point of clarification with the two ladies' comments, so  
4 this is really our goal, to serve as the center point as  
5 access, and it's going to occur, based on what you've  
6 described over time?

7 MR. CAREY: Yes. I think that's fair.

8 MS. O'GARA: So would we modify any  
9 language with respect to this particular item? Are you  
10 comfortable that with this additional comment, it makes  
11 sense? Sheldon?

12 MR. TOUBMAN: Sheldon Toubman. I think  
13 it's okay, because the word is, the article is the  
14 Exchange would serve as a central point. There may be  
15 others, but I think, when you have that modifier, that  
16 article, it makes it clear.

17 MS. O'GARA: Okay. Yes? Arlene?

18 MS. ARLENE MURPHY: -- information about  
19 their health coverage options, I'm not sure this is  
20 useful, but do we want in this principle to provide  
21 consumers with unbiased information and/or access to  
22 health coverage?

23 I mean the question is -- what sounds like  
24 at the end of this principle we're saying that the

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1 primary purpose is to provide unbiased information to  
2 health care coverage options. Do we envision, and I'm  
3 asking, that if the Exchange is going to provide access  
4 to health coverage options, do we need to change that  
5 first principle's language? I don't know.

6 MS. O'GARA: Point of clarification,  
7 Arlene. So you might say and provide consumers with  
8 unbiased information about their health care coverage  
9 options --

10 MS. MURPHY: And/or health coverage. I  
11 mean the question are the Exchanges providing access to  
12 the coverage, or are we just providing information about  
13 the coverage options?

14 MR. CAREY: This is Bob Carey. The  
15 Exchange is providing information and, also, ultimately  
16 enrolling people in coverage, and that's sort of the --  
17 if the information is not sufficient, you need to help  
18 the people enroll in coverage, so maybe the qualifier may  
19 be some language around and enroll people in the  
20 appropriate coverage option, or something to that effect.

21 The qualifier about an unbiased  
22 information we thought was important.

23 MS. MURPHY: It was very important.

24 MR. CAREY: But I do think your point is

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1 well-taken, that if you just access to information, it's  
2 access to coverage.

3 MS. O'GARA: So and -- you suggested, Bob,  
4 and enroll people in appropriate, in an appropriate  
5 coverage option?

6 MS. JAFF: Before you do that, can I just  
7 --

8 MS. O'GARA: Yes, Jennifer?

9 MS. JAFF: Hi. It's Jennifer. So I think  
10 the way Arlene said it in the first instance, I thought  
11 what she said, which I liked, was with unbiased  
12 information about and/or access to their health coverage  
13 options. And I have one other thing on this principle.

14 MS. O'GARA: Is everybody good with that  
15 suggestion by Jennifer? Okay, go ahead.

16 MS. JAFF: Okay and the other thing, just  
17 because I think we all need to get used to using the  
18 federal vocabulary, so subsidized insurance doesn't --  
19 that's not the right thing to call it. It would be  
20 advanced premium tax credits. (Laughter) I'm sorry, but  
21 I think we should call it what it's going to be called.

22 MS. VELTRI: Maybe, if we changed it to  
23 health care, health coverage programs sort of within the  
24 Exchange or that touch the Exchange, as opposed to,

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1 because it doesn't -- I don't read this as, but I can see  
2 somebody else reading this as touching the regular  
3 commercial marketplace, but that's not what this is  
4 about, so maybe, if we didn't -- if we just said all  
5 health care coverage programs affiliated with the  
6 Exchange, or something with the Exchange?

7 We could take out the e.g., Medicaid,  
8 Husky, subsidized. No? It's just an idea. No?

9 MR. TOUBMAN: Sheldon Toubman. The  
10 problem with that is there's also the basic health  
11 program, so my suggestion would be to keep the e.g. sort  
12 of a combination of thoughts.

13 From what Vicki said, say, e.g., Medicaid,  
14 Husky, Exchange plans, just Exchange plans, because that,  
15 I think, and it doesn't leave out the basic health  
16 program if you say e.g., but Exchange plans avoids this  
17 terminology thing. That's what you're talking about,  
18 right?

19 MS. VELTRI: That works for me.

20 MS. O'GARA: It works? Okay, good.

21 MR. CAREY: I also think that there will  
22 be people, who will want to access coverage to the  
23 Exchange, who won't be eligible for subsidized or  
24 advanced premium tax credits, so I think you're right, to

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1 just put it to generically the Exchange plans.

2 MS. O'GARA: All right, so that we have it  
3 for the record, then, let me read it one time, and you  
4 can edit it. The Exchange should serve as a central  
5 point of access for all health care coverage programs,  
6 e.g., Medicaid, Husky and Exchange plans, and provide  
7 consumers with unbiased information about and/or access  
8 to their health coverage options.

9 Okay. Let's move on, because we have a  
10 few more. Exchange in the number two principle, the  
11 Exchange should provide all Connecticut residents with a  
12 first class consumer-oriented health insurance  
13 marketplace that offers high-quality, affordable health  
14 insurance.

15 Take a few minutes, and see if we have  
16 comments on that one. Arlene?

17 MS. MURPHY: I think that's good. The one  
18 suggestion I would make is on the third line, that says  
19 that offers a choice of high-quality, affordable health  
20 insurance options, plans.

21 MS. O'GARA: Everyone good with that  
22 suggestion? All right. Sheldon?

23 MR. TOUBMAN: Yeah. Sheldon Toubman.  
24 This is okay, that change is fine, but the problem with

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1 that is it has the word "all" in it, and there's  
2 Medicaid, CHIP, potentially the basic health plan, so I  
3 think it needs a qualifier at the end.

4 MS. O'GARA: Pardon me?

5 MR. TOUBMAN: I think it needs a qualifier  
6 at the end, something along the lines of, comma, to the  
7 extent not included or covered by State-administered  
8 health insurance. Is that the right term, or State-  
9 administered health coverage?

10 MS. O'GARA: What does the group think of  
11 that? Does that help to clarify it? How did that read  
12 again, Sheldon?

13 MR. TOUBMAN: I was writing in my head.  
14 Comma, to the extent -- it's a qualifier to the word  
15 "all," versus all Connecticut residents, so if you add a  
16 comma, to the extent not included in State-administered  
17 health coverage.

18 The point was that the Medicaid, Husky and  
19 the basic health plan people, they're not in this, and  
20 they're, frankly, not going to be offered a choice of  
21 plans.

22 MS. VELTRI: Nor are the, well, in the  
23 commercial, the people outside the Exchange, who are  
24 covered by employee-sponsored insurance, are probably not

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1 in there either.

2 MR. TOUBMAN: That's true.

3 MS. VELTRI: So maybe it could just be the  
4 Exchange provide Connecticut residents (multiple  
5 conversations).

6 MR. TOUBMAN: Take out the "all."

7 MS. O'GARA: Good. There's something  
8 about having pithy statements. All right, let's move on  
9 to the next one, then.

10 Consumers should be provided information  
11 that is understandable and accessible in multiple formats  
12 and multiple languages.

13 MS. WOODS: What might the formats be?  
14 Cece Woods.

15 MS. O'GARA: Just a point of  
16 clarification, Bob, what would be some formats?

17 MR. CAREY: So it could be web-based,  
18 telephonic, paper-based, walk-in, so there's multiple  
19 ways to reach people, that we think that this principle  
20 sort of gets at the manner by which people access  
21 information.

22 MS. WOODS: -- need to say including, but  
23 not limited to?

24 MS. O'GARA: So put an e.g. there and

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1 mention --

2 MS. WOODS: I don't know. It's the will  
3 of the group. It just occurred to me people might not  
4 know what that is.

5 MS. BARRETT: I think that would be good  
6 to put in some of the samples of the different formats.

7 MS. O'GARA: Okay.

8 MS. VELTRI: To me, I'm wondering, when  
9 you say provided information -- I'm glad we're having  
10 this discussion. It's good to -- it brings all this  
11 stuff out.

12 So I see information as a couple of  
13 different things. One is, you know, the outreach that  
14 people might get about, or educational information, how  
15 to enroll, what the Exchange might look like, and then  
16 there's, you know, plan information, which is another  
17 kind of information, and that we have those summaries of  
18 benefit of coverage, so they're supposed to apply to all  
19 these plans, so I think the e.g. is a good way to handle  
20 it, whether it's outreach types, you know, outreach  
21 types, or plan information, or any other kind of  
22 information relevant to --

23 MS. O'GARA: So that might read -- let's  
24 just try that and see what happens when we add the e.g.s.

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1 Consumers should be provided information, e.g., Outreach,  
2 Enrollment Process, Coverage Options, that is  
3 understandable and accessible in multiple formats, e.g.,  
4 web-based, paper-based, telephonic, and multiple  
5 languages.

6 MS. BARRETT: Tanya Barrett. I think, to  
7 Vicki's point, that it's pre-enrollment and post-  
8 enrollment, I guess is thing that's kind of the opinion  
9 here, so that, yes, we can lure people in with having  
10 them understand that they need to come to the Exchange,  
11 but, then, once they get in, will they get, you know, an  
12 explanation of benefits that is understandable to them,  
13 or they get notices that are understandable, that sort of  
14 thing, so I don't know.

15 MS. O'GARA: I can add pre and post-  
16 enrollment.

17 MS. BARRETT: Yeah.

18 MS. O'GARA: Good. Danielle?

19 MS. DANIELLE WARREN: Yes. I'm sorry I'm  
20 late. I was at the State Capitol. I thought this was a  
21 consumer type of thing, because this is definitely not  
22 consumer-friendly. (Laughter) When it says multiple  
23 languages, a lot of people just interpreted it to be  
24 vertical language. I don't know if you want to include

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1 sign language, because people just don't take that into  
2 consideration, when you say multiple languages, even  
3 though --

4 MS. O'GARA: We could put it as a  
5 language, or it could be one of the formats, too.

6 MS. WARREN: As an example.

7 MS. O'GARA: As an example. Okay.

8 MS. WARREN: To keep the hearing impaired  
9 consideration.

10 MS. O'GARA: Great. Okay, so, we made a  
11 couple of significant changes. Let me read it back and  
12 see if we have it right.

13 Consumers should be provided information,  
14 for example, pre and post-enrollment coverage options,  
15 that is understandable and accessible in multiple  
16 formats. For example, web-based, telephonic, written,  
17 sign language and multiple languages. Dominique?

18 MS. WOODS: And in multiple languages.

19 MS. O'GARA: Yes.

20 A FEMALE VOICE: I'm sorry, Dominique. I  
21 didn't hear you say Outreach.

22 MS. WOODS: Outreach.

23 MS. O'GARA: Thank you. Okay, moving on  
24 to the next one. The Exchange should implement a

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1 proactive outreach and enrollment strategy that reflects  
2 the diverse needs of Connecticut residents and results in  
3 a reduction in the number of uninsured.

4 MS. VELTRI: I think they also should know  
5 their rights.

6 MS. O'GARA: Is that part of the proactive  
7 outreach, or how will we work that in, Vicki?

8 MS. VELTRI: Well I don't necessarily mean  
9 know their insurance rights, how to exercise, you know,  
10 how to do an appeal and all that kind of stuff, but,  
11 look, if you don't enroll by such and such a date, you're  
12 going to face a penalty, you know, those kinds of things.  
13 I don't know. I'm just throwing that out.

14 MS. MURPHY: It's okay if I jump in,  
15 Vicki?

16 MS. VELTRI: Sure.

17 MS. MURPHY: Arlene Murphy. The Exchange  
18 should implement a proactive outreach enrollment and  
19 information strategy that reflects the diverse needs of  
20 Connecticut residents, because that would leave space in  
21 there for informing people of their rights and of the  
22 continuing process as they navigate the insurance,  
23 because their journey will not end at the point of  
24 enrollment.

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1                   There's lots of stuff that's going to be  
2 going on through that time. That might cover that.

3                   COURT REPORTER: One moment, please.

4                   MS. O'GARA: Tanya?

5                   MS. BARRETT: Yeah, so, I guess the other  
6 thing that's missing for me is a retention strategy. I  
7 think that what we've seen in Medicaid and SCHIP is after  
8 years of successful uptake, but no follow through on the  
9 retention, and, so, that would be really important, to  
10 build a retention strategy upfront.

11                   MS. O'GARA: Can I ask a question related  
12 to that? Bob, does that get reflected in a reduction in  
13 the number of uninsured, or is that too subtle?

14                   MR. CAREY: No. I think it's a point  
15 well-taken. I think it's to obtain and maintain  
16 insurance, because, as you know, people do cycle on and  
17 off.

18                   MS. O'GARA: So would we add something,  
19 Tanya, to that last piece?

20                   MS. BARRETT: I'm just wondering if you  
21 could add the word "retention" as one of the strategies,  
22 "information" and "retention."

23                   MS. O'GARA: I see. Okay, so, the  
24 Exchange should input a proactive outreach, comma,

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1 enrollment, common, information and retention strategy?

2 MS. BARRETT: Yes.

3 MS. O'GARA: Okay. Everyone good with  
4 that? Danielle?

5 MS. WARREN: The uninsured help out the  
6 underinsured, because, hell, I pick and choose my  
7 appointments, because of co-pays, between me and my  
8 children's appointments sometimes, because co-pays are so  
9 high.

10 MS. O'GARA: So we can add uninsured and  
11 underinsured. All right and the next one, the Exchange  
12 should leverage the expertise of a broad range of  
13 community organizations and entities to reach culturally  
14 diverse populations.

15 MS. JAFF: Just culturally?

16 MS. O'GARA: To reach -- take out  
17 culturally?

18 MS. VELTRI: I think so. I mean the  
19 community organizations we have in Connecticut serve tons  
20 of people. They don't have to necessarily be culturally  
21 diverse. They can be diverse in other ways.

22 MS. O'GARA: To reach diverse populations?  
23 Sheldon?

24 MR. TOUBMAN: Yeah, Sheldon Toubman. You

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1 could just say the diverse population. I mean that's  
2 what you're talking about, reaching the entire  
3 population.

4 MS. O'GARA: So would we say the Exchange  
5 should leverage the expertise of a broad range of  
6 community organizations and entities to reach diverse  
7 populations? Yes? Arlene?

8 MS. MURPHY: Arlene Murphy. Do I have to  
9 say it again after you say it?

10 MS. O'GARA: Probably not. We're okay  
11 with that, right? Okay.

12 MS. MURPHY: I'd like to ask about a large  
13 distinction here, and that is, when we talk about the  
14 Exchange leverage, the expertise of a broad range of  
15 community organizations and entities to reach culturally-  
16 diverse populations, I think that what we don't have  
17 included in here is a large aspect of outreach, which is  
18 reaching out to the communities, themselves.

19 One of the things that could address this,  
20 you could say the Exchange should leverage the expertise  
21 of a broad range of stakeholders, or community  
22 stakeholders. I don't know how you'd like to use that  
23 phrase. Comma, community organizations and entities,  
24 rather than reaching out to those organizations that

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1 speak for the community, but to actually reach out to the  
2 community, themselves. And in states, where Exchanges  
3 have been effective in their outreach, one of the things  
4 that they have done is they've involved and trained  
5 stakeholders from the beginning to be part of the process  
6 to make sure that it works.

7 So I guess the short version of that would  
8 be I would ask if it might be a good idea to say broad  
9 range of community stakeholders, comma, organizations and  
10 entities.

11 MS. O'GARA: Yes? Danielle?

12 MS. WARREN: I have a question. So what  
13 do you mean by leverage? I'm not getting that. To make  
14 sure there's a broad range?

15 MS. O'GARA: That there is an existing  
16 body of experts that do this, and we should use those  
17 experts as much as we can, because they're already  
18 getting the word out. Should take advantage of that.  
19 Take advantage of an existing expertise. Does that help?

20 MS. WARREN: Um-hum.

21 MS. O'GARA: Yes? Tanya?

22 MS. BARRETT: Yeah. I'm still having a  
23 problem with the loss of the word "culturally," and I  
24 don't know how we (multiple conversations) only because,

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1 you know, the fact is that minorities are harder to reach  
2 and typically uninsured at higher rates, and, so, whether  
3 or not we were talking about hard to reach populations,  
4 or if we're going to kind of carve out what some of the  
5 examples might be, whether it be disabled populations,  
6 racially-diverse, or culturally-diverse, I don't know.

7 MS. O'GARA: Tanya, can I -- yes, Cece?

8 MS. WOODS: I was going to say that I felt  
9 that the culturally-diverse sent a signal. We all know  
10 what that means, and I think it emphasizes and  
11 underscores that you're reaching out to a large range of  
12 --

13 MS. VELTRI: I think the point to me, when  
14 I was saying the thing, was that, yes, we have to go to  
15 culturally-diverse populations, but not only culturally-  
16 diverse populations, so it has to be -- (multiple  
17 conversations).

18 MR. TOUBMAN: My thing was just to say  
19 diverse, but to say including culturally diverse. Would  
20 that be okay?

21 MS. BARRETT: Yeah.

22 MS. O'GARA: Or would you take culturally  
23 and otherwise diverse populations, or are you saying  
24 culturally and diverse populations?

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1 MR. TOUBMAN: I think Cece is right,  
2 though. Culturally-diverse does have a resonance and a  
3 value.

4 MS. O'GARA: Okay, so, Sheldon, say again  
5 how you'd like that.

6 MR. TOUBMAN: It's just my suggestion.

7 MS. O'GARA: That's okay.

8 MR. TOUBMAN: I said, at the end, to reach  
9 diverse populations, including culturally-diverse  
10 populations, including, but not limited to. If you do  
11 that, sometimes feel, if it says including, if that's  
12 what you're really talking about only, and you say  
13 including, but not limited to, you avoid the thing where  
14 you then have to get to a --

15 MS. O'GARA: Right.

16 MS. WARREN: I still have a problem with  
17 the word "leverage." Just for someone to -- I mean this  
18 needs to be appropriate for people, who might be that  
19 10th grade level, also. The word "leverage" is just not  
20 hitting it for me.

21 MS. JAFF: This is Jennifer. Can we just  
22 say utilize? (Multiple conversations)

23 MS. WARREN: That's what it should say.  
24 It should be simple.

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1 MS. O'GARA: Okay. Good suggestions. Are  
2 you ready for me to try and read this? (Laughter) Okay.  
3 Correct me if I got it wrong.

4 The Exchange should utilize the expertise  
5 of a broad range of community stakeholders, organizations  
6 and entities to reach diverse populations, including, but  
7 not limited to, culturally, or the Exchange should  
8 utilize the expertise of a broad range of community  
9 stakeholders, organizations and entities to reach  
10 culturally-diverse --

11 MS. WOODS: Or just culturally and other  
12 diverse populations.

13 MS. O'GARA: Thank you. Culturally and  
14 other diverse populations.

15 MS. WOODS: Because, as you said, there  
16 are other diverse populations that might necessarily fall  
17 into culturally.

18 MS. O'GARA: It might sound a little  
19 better, but do you want me to read it again? Okay, one  
20 more time, folks. Here we go.

21 The Exchange should utilize the expertise  
22 of a broad range of community stakeholders, organizations  
23 and entities to reach culturally and other diverse  
24 populations.

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1 MS. JAFF: How about otherwise diverse?

2 MS. O'GARA: Otherwise culturally and  
3 otherwise --

4 MS. JAFF: No. Culturally and otherwise  
5 diverse.

6 MS. O'GARA: Okay. Bravo. The last one  
7 that we have is this one. In order to be financially  
8 sustainable, the Exchange's outreach efforts should build  
9 upon existing resources to the greatest extent possible  
10 and work across other public assistance programs.

11 MR. TOUBMAN: I have no idea what that  
12 means.

13 MR. CAREY: The intent there is that the  
14 Connecticut program, or the low-income home energy  
15 assistance program, or other programs that are targeted  
16 towards lower income individuals have certain outreach  
17 components, and given that the Exchange has got to be  
18 self-sustaining, we thought it important that, you know,  
19 as part of the market scan, so we actually have a vendor  
20 that's looking at all of those ways in which people  
21 receive information, and, so, to build upon any programs  
22 that currently go out into the community, public  
23 assistance programs that might go out into the community.

24 The bullet before was focused really on

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1 communities and community stakeholders and community  
2 organizations. This one is more reflective of state, or  
3 county, or public programs that may reach people.

4 MS. VELTRI: So we need to say somewhere  
5 successful program, successful existing programs, right?  
6 No, seriously, because we have -- there have been  
7 examples from time-to-time, where we've ruled out things  
8 that we thought would help and just didn't work for one  
9 reason or another, so it seems to me we would want to  
10 work across other successful assistance programs as one  
11 thing.

12 MS. O'GARA: So what would you think,  
13 then? Any other -- yes? Dominique?

14 MS. THORNTON: I just have a concern,  
15 because I know a lot of -- when the cuts come, they  
16 always go to outreach first for the public programs, and  
17 we've had outreach in our public programs, so I'm not  
18 sure.

19 I'd like to make sure that the Exchange,  
20 itself, has a commitment to outreach and just doesn't  
21 want to piggyback on community and public resources,  
22 because, you know, it sometimes is not there.

23 MS. O'GARA: Is that not reflected up  
24 above, where we said the Exchange should implement a

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1 proactive outreach? I mean the word "proactive" is  
2 pretty important.

3 MS. THORNTON: Okay.

4 MS. O'GARA: But, in this one, had a  
5 suggestion of a change. Yes, Jennifer?

6 MS. JAFF: What if we just say in the  
7 previous bullet the Exchange should utilize the expertise  
8 of a broad range of State agencies, community  
9 stakeholders, organizations and entities, and eliminate  
10 that whole (papers on microphone).

11 MS. O'GARA: I don't know. I'm focusing  
12 in on these two words, financially-sustainable, which is  
13 different.

14 MS. VELTRI: (Indiscernible - too far from  
15 microphone).

16 MS. O'GARA: No. I think that was the  
17 intent, for the Exchange to be financially sustainable.

18 MS. VELTRI: (Indiscernible - too far from  
19 microphone).

20 MR. CAREY: The intent is to recognize  
21 that this will need to be financed by the Exchange, and  
22 that to be as broad-based and to be as -- to reach as  
23 many people as possible and to be financially  
24 sustainable, the Exchange needs to think not just about

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1 the community organizations that touch people, but the  
2 public organizations that touch people.

3 It could be the DMV, you know? There's  
4 lots of ways that people get information. I just think  
5 that that was the point.

6 MS. JAFF: This is Jennifer Jaff. I just  
7 have a problem with this bullet. It's kind of along with  
8 what Dominique said. I have a problem with focusing on  
9 outreach as the piece that has to be financially  
10 sustainable, because it ends up being the first thing  
11 that's cut, and, so, I mean I just have a problem with  
12 this whole bullet.

13 MR. CAREY: Just so folks know, that each  
14 one of the Advisory Committees, sort of the consideration  
15 of financial viability, so you know it's not just with  
16 this Advisory Committee that we wanted to have a  
17 discussion about and a recognition, that the Exchange is  
18 going to need to finance whatever it does overall, and,  
19 so, the entire package of services needs to be  
20 financially sustainable.

21 COURT REPORTER: I'm sorry. Could you  
22 bring that microphone up just a little bit closer?

23 MS. JAFF: So I have no problem with a  
24 bullet that said the Exchange should be financially

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1 sustainable, period. I have no problem with that.

2 MS. O'GARA: So would we, then, say, in  
3 order to be financially sustainable, the Exchange should  
4 build upon existing resources, just take out outreach?

5 MS. WOODS: I took it mean that we were  
6 supposed to coordinate and integrate the outreach efforts  
7 of other existing programs, not necessarily just to do  
8 efficiencies, but so you don't duplicate your efforts.

9 If you're doing something in Medicaid, or  
10 you're doing something in Husky, or you're doing  
11 something in another program, that the Exchange can't be  
12 coordinated without that being recognized. Is that  
13 accurate?

14 MS. O'GARA: I like what you said, Cece.  
15 You said should integrate and --

16 MS. WOODS: And I'd take out work across  
17 other public assistance programs, because that kind of  
18 jumps out at me as a little odd, but just say and  
19 coordinate and integrate with outreach efforts of  
20 existing health coverage programs, or health care  
21 programs, or whatever.

22 MR. TOUBMAN: I might just give a little  
23 bit of reality to this. I've been involved in a lot of  
24 the programs, you know, Medicaid, particularly, in terms

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1 of the outreach and the effectiveness of that.

2 There is very little that's gone on  
3 successfully, and part of that is the thing Dominique  
4 said, is it's the first thing to go.

5 I think it's really a mistake to be -- I  
6 understand. I would agree with Jennifer. Just have a  
7 thing that says the whole Exchange should be financially  
8 sustainable, period. I'm fine with that, but as soon as  
9 you start linking we have to try to save money in  
10 outreach, I think it's a really bad idea.

11 If what Cece is saying is that get rid of  
12 this financially sustainable stuff and all that and just  
13 say will link within utilize, because that makes sense  
14 and take advantage of, of course, to the extent they  
15 exist.

16 MS. JAFF: Which is why we could add it to  
17 the previous bullet, which was on leveraging existing  
18 resources.

19 MR. TOUBMAN: Right.

20 MS. O'GARA: Okay, so, the group is -- I'm  
21 trying to get both of them together here. I may not be  
22 able to do it right now.

23 Bob, I think what we're trying to do is  
24 utilize the expertise of a broad range of organizations,

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1 and we're trying to integrate and coordinate with the  
2 outreach efforts of existing health care coverage  
3 programs, State health care coverage programs, right? Is  
4 that where the two link together?

5 MR. CAREY: Well I would caution us not to  
6 limit it to State and not to limit it to health, because  
7 there's ways in which people are touched, and I think  
8 that that concept is to recognize that when someone goes  
9 to talk to someone about, you know, it might not be a  
10 health-related program, it could be another program.

11 Maybe if I could just suggest that that  
12 bullet with regard to the one we discussed previously  
13 with regard to community stakeholders that said public  
14 programs, community stakeholders, organizations and  
15 entities to reach culturally and otherwise diverse  
16 populations, so just add sort of public to that.

17 MS. O'GARA: Okay.

18 MS. EPRIGHT: Claudia Epright here.

19 MS. O'GARA: Before we go ahead, Claudia?

20 MS. EPRIGHT: I would like to suggest that  
21 we also include some of the grassroots networks that are  
22 in place when we talk about entities, because many of  
23 them, although they may not have done direct educational  
24 efforts around this issue, they're set up already to be

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1 trained to do that, and there are some very well-  
2 established and very well-trusted grassroots networks  
3 that could be tapped into, who have really good access to  
4 the people that are going to be needing the services from  
5 the Exchange.

6 MS. JAFF: That isn't covered by community  
7 organizations? Because that's what I thought it meant.  
8 Yeah, an entity. I assumed we were talking about that.

9 MS. EPRIGHT: Okay. I just don't want  
10 them to be forgotten.

11 MS. JAFF: No, I totally agree with you.

12 MS. O'GARA: And then there were two more  
13 comments. Arlene, did you have a comment?

14 MS. MURPHY: Bob knows so much more about  
15 this than any of us, so I agree with what you were  
16 saying, though, about the idea that when we talk about  
17 partnering, there are states that partner with a vast  
18 array of everything, from baseball teams to, you know, to  
19 really thinking outside of the box and not just the  
20 public service organizations, so I think the idea of, you  
21 know, having this specific saying, you know, having this  
22 specific bullet, saying that the Exchange outreach effort  
23 should build upon existing resources, you know, to the  
24 greatest extent possible, period, I think that's a bullet

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1 worthy of including in our guiding principles, because I  
2 think that's actually going to be one of the keys to  
3 success.

4 MS. O'GARA: Okay. Tanya and then  
5 Danielle, and we'll move on.

6 MS. BARRETT: Tanya Barrett. I guess the  
7 build upon part is the part that I am troubled by a  
8 little bit, because I feel like either it should be  
9 supported, but that people should be given tools, or  
10 incentive, or something to help them to kind of expand  
11 their existing capacity to be able to provide this other  
12 type of outreach, and that it shouldn't be limited to,  
13 you know, resources, but, like Arlene is saying, to do a  
14 lot of outreach with, you know, schools, and school  
15 lunch, and those types of things, where we know that  
16 we're going to reach people every year.

17 MS. O'GARA: We want to make sure, when we  
18 rewrite that, that that's included in here. Maybe we can  
19 put some examples in, Bob, when we get that one.

20 Okay and then, Danielle, we're going to  
21 move ahead.

22 MS. WARREN: I note that the financial  
23 stuff we kind of want to stay away from, but the bottom  
24 line is we're doing this, so that our health care system

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1 can be more cost-effective, because if it's more cost-  
2 effective, then maybe my co-pays wouldn't be so high.

3 It really should be a part of this. In my  
4 work and just living life, you know, I just really  
5 thought I would never be on that side of the table, but  
6 the bottom line is the dollar amount, and I think that's  
7 what we're here about, and I just don't -- see, I kind of  
8 saw the way it started, okay, yeah, because you want  
9 people to know that this is about being cost-effective,  
10 not that we're going to, especially in this environment,  
11 not that we're going to add extra costs or anything like  
12 that, but we're going to utilize this, because prevention  
13 is a whole lot cheaper, a hell of a lot cheaper than  
14 treatment.

15 So, you know, I know we want to stay away  
16 from it, but I think it's just, you know, part of, to me,  
17 it should be part of our guiding principles, that we're  
18 doing this to be cost-effective. It is the financial  
19 piece. That's why we're here, because if the financials  
20 were okay, we wouldn't even have to be here, so I'm just  
21 throwing that out there.

22 MS. O'GARA: So are you, then, saying  
23 leave in what I think you suggested before, the Exchange  
24 should be financially (siren).

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1 MR. TOUBMAN: I think there's a confusion  
2 about what you're talking about, in terms of the plan, or  
3 consumers being cost-effective versus the health  
4 (multiple conversations) being financially sustainable to  
5 run itself, and what I was objecting to is -- I'm fine  
6 with saying should be financially sustainable, period.  
7 Like Jennifer said, just don't tie it to the outreach.

8 But with regard to your point, this is  
9 where -- this is not on the agenda, but I want to talk  
10 about a missing principle that needs to be here, that  
11 basically says what you just said and is already in here  
12 in another group, not ours, regarding principles that  
13 goes right to the supportability.

14 MS. O'GARA: And which one are you  
15 suggesting?

16 MR. TOUBMAN: Jumping ahead, then --

17 MS. O'GARA: If you'd just read it?

18 MR. TOUBMAN: Health plan benefits and  
19 qualifications group, number one, affordability is of  
20 paramount importance and is essential to the ability of  
21 Connecticut residents to retain and maintain access to  
22 health care and health insurance.

23 MS. O'GARA: So we will add that to this  
24 group.

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1 MR. TOUBMAN: Well if everybody agrees.

2 MS. VELTRI: That is an overarching  
3 principle of the Board in the operation of the Exchange,  
4 is that is fiscal sustainability and cost effectiveness,  
5 affordability, so even if we can't, because of our  
6 limited focus on our consumer focus, can't get to that,  
7 the Board, as a whole, and of the other Committees I  
8 think touching on it in some way.

9 MS. O'GARA: Can I make a suggestion,  
10 Sheldon? I guess do we want to add that principle that  
11 you just talked about to this group, or do you want to  
12 say that the other group and we want you to endorse that  
13 one?

14 MR. TOUBMAN: No. My suggestion on that  
15 would be to add that to the group.

16 MS. O'GARA: Okay. With that, all right.

17 MR. SCALETTAR: It feels to me that where  
18 it currently exists is the perfect place for it, because  
19 it's defining programs and benefits, as opposed to  
20 administrative costs.

21 And I certainly agree with the point about  
22 separating the financial sustainability from a specific  
23 issue. It feels like it's overreaching on moving the  
24 benefit cost to consumer into this.

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1 MS. O'GARA: Jennifer?

2 MS. JAFF: This is Jennifer. I would  
3 really -- I would disagree with that. Shock. But I  
4 think that by including that bullet here in this  
5 Committee, we are stressing how important it is to  
6 consumers to have affordable health care, and I think  
7 that absolutely should be a guiding principle of this  
8 Committee, not just the Health Plan Committee.

9 I think the Health Plan Committee should  
10 care about it, too, but we're going to care about it  
11 through a slightly different lens, and, so, I think -- we  
12 know these Committees are going to overlap to some  
13 extent, and, so, I think it makes sense, for all the  
14 reasons that Sheldon explained, to include it here, as  
15 well, to make sure that we've got that consumer lens on  
16 affordability, as well as the systemic lens, which the  
17 other Committee will deal with.

18 MS. O'GARA: Okay. Is that the general  
19 feeling of the group? Can I see a shake of heads if that  
20 is? All right. We have a lot more on the agenda, folks.  
21 Is there anything burning issue on this?

22 MS. VELTRI: One burning issue.

23 MS. O'GARA: One burning issue.

24 MS. VELTRI: The one thing that I think

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1 we're missing, and I have a bias, and I admit it, and if  
2 I have to recuse myself, I will, seriously, is we don't  
3 have a principle on assisting consumers, consumer  
4 assistance.

5 MS. O'GARA: Can you elaborate on that a  
6 little bit?

7 MS. VELTRI: Well it seems to be, when  
8 people are enrolled, or they're trying to get enrolled,  
9 either, A, getting help appealing eligibility denials,  
10 whether it's, you know, they're in a plan, and their  
11 coverage is being denied, all those kinds of things that  
12 consumers would be really concerned about having a  
13 robust.

14 MS. O'GARA: Can we do something with that  
15 in the proactive list of strategies? We had proactive  
16 outreach. We had proactive enrollment. We have  
17 proactive information. We have proactive retention.

18 A FEMALE VOICE: How about assistance?

19 MS. O'GARA: Can we add that?

20 MS. BARRETT: Or, in the first bullet, it  
21 could say and provide consumers with unbiased  
22 information, access and assistance, because I kind of  
23 think that they kind of all go together.

24 MS. VELTRI: Yeah, because there's a

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1 stream. There's sort of a stream of assistance.  
2 There's, you know, helping people with information,  
3 helping them get enrolled, which the navigators, brokers,  
4 etcetera, helping them once they're in their plans, or  
5 even getting denied to get in their plans, to get  
6 enrolled again, you know, get their eligibility approved,  
7 then to help them with problems once they're enrolled,  
8 which will exist. I mean that's just a fact, because --

9 MS. BARRETT: Like those three things go  
10 together. (Multiple conversations)

11 MS. JAFF: -- assistance there. You're  
12 talking about assistance with their health care options,  
13 which is more limited than what Vicki was going for, in  
14 terms of consumer assistance. It's not just assistance  
15 with their options, but it's assistance with everything,  
16 with navigating the Exchange, and choosing a plan, then  
17 staying covered under the plan and all that.

18 I agree with Vicki. I think it's an  
19 important enough point that it really should be  
20 highlighted.

21 MS. O'GARA: So what I'm going to suggest,  
22 in the interest of time, since this is an important  
23 issue, may we try to incorporate that in one of these  
24 bullet points and bring it back to the group for

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1 discussion at the next meeting? Okay?

2 MS. WOODS: What did we do with that other  
3 point? Did we just drop it?

4 MS. O'GARA: The financial?

5 MS. WOODS: Yeah.

6 MS. O'GARA: No. I added it as the  
7 Exchange should be financially sustainable, period.

8 MS. WOODS: Okay.

9 MS. O'GARA: Okay? And, again, we're  
10 going to bring all these back to you at the next meeting,  
11 so we will have a chance to make sure they say what they  
12 mean or supposed to mean, okay?

13 MS. WOODS: Okay.

14 MS. O'GARA: All right. We have two very  
15 important items to get to. I'm wondering -- we have  
16 Committee Focus and Priority Tasks, and we have Mintz &  
17 Hoke. Would we want to change the order? Do you want to  
18 go ahead with Mintz & Hoke? Better? Okay.

19 Could we do that, and then we have a hard  
20 stop it looks like, folks, at 11:00 for a couple of  
21 people. If other people can stay, we have a public  
22 comment session at the end, okay?

23 All right, so, Bob, we'll come back to  
24 you.

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1 MR. KNOPF: Hello. I'm Chris Knopf. I'm  
2 CEO of Mintz & Hoke. I've gotten to meet several of you  
3 already, like Sheldon. We spoke on the phone. You may  
4 or may not remember. And Jennifer, and my other folks  
5 talked to Vicki. So we're going to take you through  
6 where we're at at the current moment in the Outreach  
7 Program.

8 Our overall task is to -- we're the ones  
9 charged with developing the communications, the outreach,  
10 the marketing of the Exchange, in partnership with you  
11 all.

12 This is a crucial meeting, and we're  
13 really very, very happy to be here to be able to speak  
14 with you, and it is designed -- I think you see how these  
15 connect pretty closely to those principles. It's  
16 designed around consumer needs, it's consumer-oriented,  
17 consumer-friendly, and, small businesses, that's our key  
18 focus.

19 The object is to drive enrollment. I mean  
20 we've got to get as many people as we possibly can into  
21 the program, and that's what we do, that's our  
22 professional expertise, and build ongoing communications.  
23 This is not a one and done, as I think you've all already  
24 referred to that, assistance and education and all that

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1 mechanism. That's something that you start, and then you  
2 continue, and you build, and you refine, and that's what  
3 we're all about.

4 Let me tell you a little bit about Mintz &  
5 Hoke. I think it's really important for everybody to  
6 realize we've been doing this for over 30 years. We call  
7 it Social Services, Public Affairs, call it what you  
8 will.

9 Connectability is the program we work with  
10 in DSS, which puts people with disabilities together with  
11 employers, who are seeking excellent employees, the State  
12 of Connecticut, the Department of Public Health. We've  
13 done dozens of programs, outreach programs of all sorts.

14 Connecticut Community Care is eldercare  
15 that takes place literally out in the community.  
16 Connecticut Children's Medical Center, we are the ones  
17 who are responsible for the branding and the design, and  
18 we're the ones who created that brand at the beginning of  
19 that program. It went way beyond just making a brand.  
20 We also had to bring three entities together into some  
21 sort of form of consensus.

22 Partnership for long-term care, UConn  
23 Health Center, anti-violence. Special Olympics, we were  
24 the agency that did the world games when they came to

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1 Connecticut.

2 This is just a small smattering of the  
3 Social Services, and we put up there, also, we've worked  
4 for years with multiple plans, community-based plans,  
5 community health centers. I actually worked with some  
6 community health centers and hospitals, providers, so  
7 we've had deep experience, both on the provider side and  
8 the insurance side, in addition to the Social Services.

9 I won't go through all these. We have  
10 leave-behinds, which we're going to give you, and we'll  
11 get to more of that later, but this is some of the areas  
12 we've been involved in, any stigma with DMHAS and Mental  
13 Health area, compulsive gambling, also to the Department  
14 of Health, breast cancer awareness. We did a full  
15 program to encourage women, mostly hard-to-reach  
16 populations, by the way.

17 A lot of these programs are oriented  
18 around getting to hard-to-reach populations, culturally-  
19 diverse, all those things that we're talking about here,  
20 nutrition, mentoring, drug abuse, poverty.

21 These things, by the way, don't line this  
22 way. This is just a list of one side and another list on  
23 the other side.

24 We work with all these different

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1 constituencies, legislators, lots and lots of Committees.

2 Haven't had construction going on before, but that's --

3 Benefits managers on the insurance side,

4 people with disabilities. We have a day-to-day

5 involvement with DSS, both in terms of the disability

6 issues and, also, we're also the agency working with

7 Money Follows the Person.

8 Some of you may know about that, which is

9 the effort to move the people, the institutionalized,

10 where appropriate. We're actually really calling it a

11 rebalancing of institutional and community care, so

12 that's basically our credentials.

13 How do we approach communications in the

14 Social Services arena? We're professional marketers. We

15 market products. We market services. We bring the power

16 of all that marketing skills and expertise into the arena

17 for public affairs, so there's a lot that can be applied

18 that's very effective and very successful.

19 And the process that we use that we're

20 going to go through a little bit is the same one we use,

21 no matter what we're marketing, and it's proven across

22 the country, that this is a successful way to go.

23 Again, I'm just showing some examples

24 here. Connectability, see the ability, see how we can

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1 work together. We created that brand. We created the  
2 graphics. We created the whole program, soup to nuts.  
3 We named it Connectability, so that will all be part of  
4 our charge here working with you all.

5 When we talk about diverse audiences, the  
6 most diverse audience you can possibly approach are  
7 people with disabilities, and it's completely colorblind,  
8 completely blind to socioeconomic, it's across the  
9 board, and we had to involve -- get input from and get  
10 consensus with all that population, in addition to those  
11 employers, who we're seeking to employ, and that's a  
12 very, very similar thing we're doing with you all.

13 Next slide? So, as I said, the same  
14 process can be applied to virtually any outcome that  
15 we're seeking. It's effective. It's proven. So whether  
16 we're naming and creating the Branford, Connecticut  
17 Children, or we're helping to reduce compulsive gambling,  
18 whether we're helping our state's most important medical  
19 institution, increase its acceptability, we use the same  
20 process in all of those.

21 We customize it, obviously, to every  
22 situation, but there's a certain order and logic to it  
23 that we think is important.

24 Talk about getting to the consumer. The

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1 goal here is to, obviously, the consumer is the person,  
2 are the people we care about. I was chatting with  
3 Claudia about that. We're going to the consumer, and we  
4 don't just send out surveys. We don't just sit in a  
5 conference room and do focus groups. We literally go  
6 right out into the community, right out into the  
7 neighborhood, right into face-to-face.

8 It's not an easy task, and it's not  
9 something you can just -- you just can't go to one  
10 location and sit down and talk to people. There's  
11 multiple, multiple, multiple avenues that have to be  
12 addressed, and there's multiple audiences that we need to  
13 reach with this program, and there's no one way to do it  
14 all, so our program we have it seeks to address that  
15 complexity.

16 There's another thing, which I think you  
17 all are very painfully aware of. There's a lot of  
18 siloing in this particular endeavor.

19 Claudia knows things that Dominique  
20 doesn't know and vice-versa, so within the minds sitting  
21 around here, there's a lot of information, but no one  
22 person has it all, and no five people have it all, so  
23 you've got to be able to get everyone's opinion, get  
24 everybody involved, and then have the kinds of messages

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1 and the kinds of communication that resonates ultimately  
2 with the people we want to influence. They're the ones,  
3 who we really are all working for.

4 I like that example that Losolita  
5 Decarlos(phonetic), which it's a novella, so anyone, who  
6 is familiar with the Latino community, when we were doing  
7 AIDS prevention, very difficult subject, especially back  
8 in the '80s, when we started that, very difficult  
9 population to reach, we uncovered the best way to reach a  
10 certain -- most of the female population with these  
11 things called novellas, which are essentially some of  
12 these graphic versions of soap operas.

13 And, so, it's not just the language. It's  
14 also the media that we select, so this endeavor, like I  
15 said, isn't just getting the message. It's how do we,  
16 then, get that message out to the appropriate people?

17 The one on the right, it was during that -  
18 - we thought that we were going to have a flu epidemic, I  
19 think it was last year, and we ended up -- here's an  
20 example of a campaign that was identical right across the  
21 board, but it reached into the Hispanic community,  
22 African-American community.

23 We had I think six different languages  
24 this was produced in, and, again, we worked very closely

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1 with community groups, because Spanish isn't Spanish.  
2 Spanish varies, depending on what community you're  
3 talking to, so everything has to get vetted through, so  
4 that we have messages that are appropriate, that resonate  
5 with the audience, and that are deliberate in a way that  
6 they are most accepting of.

7 So how do we work? We listen first. It's  
8 very important to listen. We don't just come in and  
9 preach, and we've been doing a ton of listening, because,  
10 again, if we're just talking, we're not hearing, and  
11 we're not understanding what your all concerns are.

12 And, like I said, I've spoken to several  
13 of you, and you'll recall that the object was to get as  
14 much as we possibly could.

15 We are natural collaborators. We  
16 collaborate. That's what we do. We don't know how to do  
17 it any other way. We just don't come in with something  
18 and show you and say this is it. What do you think? We  
19 work with you.

20 We worked with lots and lots of  
21 committees, and we see a committee as a team. We're a  
22 team, part of a team, you're part of the team. We're  
23 working together. That's how we regard it. That's how  
24 we approach things.

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1           It's not a one and done. We don't want  
2           this to be us coming in and just lecturing to you all, or  
3           even doing Q & A. We want this to be an ongoing  
4           relationship, where we're in constant communication,  
5           where we're constantly working through things, and it  
6           never stops, and it's candid, and it's open, and it's  
7           coming back and forth, so we're working together. We're  
8           not working in separate parts.

9           COURT REPORTER: One moment, please.

10          MR. KNOPF: With regard to that, stop me  
11          if you want to ask a question at any time.

12          MS. WARREN: I hope you don't mind --

13          MR. KNOPF: Not at all.

14          MS. WARREN: -- up there. It says the  
15          neighborhood.

16          MR. KNOPF: Um-hum.

17          MS. WARREN: The writing on that, was that  
18          supposed to be legible writing?

19          MR. KNOPF: Not really for this purpose.  
20          This was just an example.

21          MS. WARREN: Oh, okay.

22          MR. KNOPF: What that was -- I can show  
23          you the real thing. It's a tiny, little book that we  
24          made to go to teenage girls. We had a whole program that

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1 helped to prevent teenage pregnancy, so the program also  
2 involved going to the men, who were preying on young  
3 girls, so we built this little book that we handed out in  
4 schools.

5 It was little, so they could put it in  
6 their purse, or put it in their pockets, and it was  
7 written in a style that was appropriate for the audience.  
8 We'll show it to you sometime. I think you'd be  
9 interested.

10 Okay, so, listening. This is the  
11 foundational learning that we had to go through. You  
12 have to start with the people, who are the most expert,  
13 who are the most concerned with the stakeholders, who are  
14 most involved in this whole process, so a lot of you,  
15 consumer advocates. We talk to agents and brokers. We  
16 talk to the insurance world.

17 We're having this meeting now. Providers,  
18 health providers, insurers people within the  
19 administration that has just come in, small employers,  
20 and the secondary research, and that's a small box, but  
21 it's a big, big deal, because we had to research what's  
22 going on across all the Exchanges that are happening,  
23 some that are in place, some that are coming.

24 There's a ton of research that exists

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1 within the various state agencies. And back to the  
2 siloing, they don't necessarily talk to each other. They  
3 don't necessarily share with each other, but we're  
4 fortunate, in that we work with most of the agencies that  
5 have any involvement at all in this, so I have personal  
6 relationships with the people at DSS and DMHAS and the  
7 DECD, which I think it's still called that, all these  
8 various agencies, and the CERC, which is a very important  
9 one, so we're pulling together all the secondary  
10 research, because it doesn't make any sense at all for us  
11 to reinvent the wheel.

12 So we're absorbing it, and we're also  
13 looking for where there's commonalities, but there's also  
14 some inconsistencies that exist within this research.  
15 It's not all monolithic, so we're doing a cross-  
16 referencing of all that information, and we'll compile  
17 it, and we'll present it, and work with you on it.

18 The audience mapping is really basically  
19 getting the clear, coherent profile of our consumer, our  
20 consumers. What are they like, as to how they think?  
21 What do they look like? What are their -- demographics  
22 is the marketing term.

23 There's a lot of consistency, of course,  
24 across the different states on this, but Connecticut is

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1 different, and we have to always keep in mind that we can  
2 learn from other states, and we're going to learn from  
3 other efforts, but we're a very distinctive community  
4 here.

5 We're a very, very complicated little  
6 state, I think, pound-for-pound, more complex than any  
7 other in the country, so we've got to know what other  
8 people are doing, but we absolutely have to know how it  
9 affects us here in Connecticut, and that's an ongoing  
10 process. We've done a lot of this work, but it's  
11 ongoing. It won't end.

12 This leads into the community learning,  
13 and all over your guiding principles you're talking about  
14 leveraging -- sorry. You don't like that word. Taking  
15 advantage of, exploiting the expertise that exists at the  
16 community level.

17 We said health organizations and community  
18 centers. The community health centers are crucial to  
19 this. We're in contact with -- we've already been  
20 accepted by their Board of Directors, which there's two  
21 of them, actually. There are two different groups.

22 We're going out to the CEOs of all them.  
23 They've accepted and said, yes, please come in. We'll  
24 work with you. So they're going to be very, very

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1 important in getting to the consumer.

2 A FEMALE VOICE: (Indiscernible - too far  
3 from microphone)

4 MR. KNOFF: The community health centers?  
5 There's actually two. Religious organizations we talk a  
6 lot about, and you hear about. The expertise we're  
7 talking about, it's out there.

8 Many are connected to religious  
9 organizations. Certainly, African-American community,  
10 very, very important, but we're calling these people for  
11 art terminology, and maybe you won't accept it, maybe  
12 it's not the right one, but we talk about ambassadors.

13 These are people, who aren't going to be  
14 the ones who are sitting down and signing people up, but  
15 these are the people for whom we need the endorsement and  
16 the acceptance and approval.

17 Again, you can't go to a directory and  
18 pull out and say, oh, here are all the ambassadors.  
19 You've got to actually go out there into the community  
20 and talk to people and find out who they are and where  
21 they are, and this is also very true within the Latino  
22 community. Yes, ma'am?

23 MS. EPRIGHT: Have you checked into the  
24 Parish Nurse Networks?

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1 MR. KNOFF: Parish Nurse Networks. Not to  
2 my knowledge. Okay, we'll talk. We've got to get your -  
3 - we'll get connected. That's one of the things we're  
4 really hoping you all can provide us. Who do you think  
5 we should be talking to? Who are the people? Who are  
6 the experts that you might know, that you might not know,  
7 but you know, so we need that information, and that's a  
8 lot. It's a very complicated situation.

9 And we talked about the existing agencies,  
10 of course, the DSS and the Medicaid and the DMHAS. All  
11 these different agencies have -- a lot of the people out  
12 there working in the community day-to-day, they're  
13 ambassadors.

14 They can end up being navigators, but  
15 they're also ambassadors, but you don't know who they  
16 are, until you study it.

17 As you can see, audience mapping is going  
18 on and ongoing research with all the other organizations  
19 that are doing this. And we're in the midst of this  
20 right now.

21 I mean, again, it's not going to stop, but  
22 we sort of started here, it continues on, the community  
23 learning is beginning now, we're launching it, we're  
24 underway, we're collecting names, we're collecting

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1 information, we're already reaching out, we're already  
2 getting information back, and we've already learned a  
3 lot.

4 This will ultimately go to the hard core  
5 part of it, our ultimate goal, which is actually to talk  
6 to consumers. They're not monolithic, they're  
7 complicated, there are many different places.

8 In some ways, getting to people in certain  
9 communities, to the community health centers, is almost  
10 easier than some of the other challenges we face. I mean  
11 there are people out in the rural areas. Let's not  
12 forget about them. It's not just urban, it's rural, it's  
13 remote locations.

14 We have the corners of the state, the top  
15 corners that are very, very hard to reach, so we're not  
16 going to just rely on organizations, because, if we did  
17 that, we would be missing a very important constituency.

18 For that, we're going to use classic  
19 qualitative, quantitative market research. We're going  
20 to recruit people. We're going to do interviews in  
21 malls. We're going to go out to construction sites.  
22 There's an awful lot of underinsured and uninsured that  
23 are out there.

24 Real top line. What we're hearing from

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1 everybody is high hopes and expectations. Something  
2 great is going to happen. There's also a tremendous  
3 amount of uncertainty and skepticism. I mean it is vast,  
4 and it is across the board. Every constituency is very  
5 uncertain, very skeptical, and nervous about this.

6 This is something we're going to try to  
7 talk to quickly, but we need a Bridging Communication's  
8 Plan right now. Silence is not golden. It's killing us  
9 that we're not communicating, and we have to start to  
10 communicate, and we've got to be clear, we've got to be  
11 simple, we've got to be welcoming, and there's another  
12 word we should have put up there, which is educational  
13 and informative.

14 The Bridging Communications Plan cannot be  
15 a slick marketing program. It has to be informational  
16 and has to be informative, and we've got to get stuff.  
17 There's a lot of information we could be talking about  
18 right now that we all know, but the people out there  
19 don't know that we know it, so what we'd like to say is  
20 that whenever there's a void of communication, it's  
21 filled with the worst possible interpretations, and it's  
22 not fair to the Exchange and everything that you guys are  
23 working on, so let's get that information out.

24 So there's five parts of how we're going

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1 to start this process. We're going to be sending out e-  
2 mails to every stakeholder we can possibly muster, so all  
3 those that we interviewed during the stakeholder  
4 research.

5 Every person, who has come forward, every  
6 name that has been bubbled up from people like you, we're  
7 going to have an e-mail program going out to them, and  
8 we're going to encourage them to pass that along to  
9 people that we don't know.

10 We're going to start with a postcard, and  
11 I'll show you what they look like. We're going to start  
12 with a postcard reminder, because what's happening today  
13 -- here's, again, where we can bring our sort of private  
14 sector expertise.

15 People are killing e-mails. They're not  
16 opening them. There's too much spam and so forth, so  
17 we're going to actually have a little postcard program  
18 that will say please don't delete this message. Take a  
19 look at it.

20 We're going to create a little website, a  
21 little landing page that will drive people to. It will  
22 be full of information, so it's not just here's an e-  
23 mail, here's a newsletter. It will be information on a  
24 website.

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1 Social media, we're in a listening phase  
2 right now, which we call it, which is we're out there  
3 monitoring what's going on in the social media space.  
4 It's extremely important today, and there's a lot  
5 happening, and we don't know about it, because we're not  
6 there listening, but we will. We're getting that  
7 information.

8 Actually, we have some software at the  
9 agency that's out there prowling around and collecting  
10 every possible bit of information we can. We'll do that  
11 for at least a month and a half before we start engaging  
12 on the social side, because it's very important to know  
13 before you go, and the same thing, classic public  
14 relations, P.R. with the press.

15 Identifying the reporter, who care,  
16 identifying the bloggers, who are active, identifying  
17 those people in the media space, who are engaged as you  
18 are and have commentary that we need to get information  
19 to, and we need to have a dialogue with them, so they're  
20 on our side.

21 This is kind of what it looks like. A key  
22 objective to the Health Insurance Exchange, a healthy  
23 exchange of information, so we're saying look for the  
24 updated e-mails, learn more at this website, share,

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1 forward the e-mails, so this is -- the first thing people  
2 are going to get is we're going to tell all these folks,  
3 who are saying what's going on, we're going to say  
4 information is coming. Probably two days after that,  
5 they'll get an e-mail, and then they'll have the site  
6 ready, they can go to the site, and we'll have it loaded  
7 with all this information.

8 Just a couple more. Make room in your  
9 inbox. Connecticut Health Insurance Exchange updates are  
10 coming your way. We're off to a healthy start, starting  
11 with our Connecticut Health Insurance Exchange updates,  
12 so, you know, it's a classic direct mail process. Three  
13 hits usually gets to people eventually, so we've got them  
14 engaged.

15 And then the hope is this will propagate,  
16 and I think it will propagate very rapidly. Yes? Sorry?

17 A FEMALE VOICE: (Indiscernible - too far  
18 from microphone)

19 MR. KNOPF: No, those are just ideas that  
20 we just put together, so you can see the nature of the  
21 work. I'm short on time, so I'm kind of racing along,  
22 but please ask questions.

23 This is called a wire frame. This is not  
24 the website. This is not the design. This is not art

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1 directed. It's just a way for us to sort of start to  
2 figure out where the information will go and what kinds  
3 of information we'd like to have, so if there's an event,  
4 there's an announcement, anything that happens that's  
5 newsworthy, it goes up on there.

6 There's a mission statement about the  
7 Exchange. We'll have an ongoing newsletter, so that will  
8 be available, so if you want to get the newsletter, you  
9 click on it, you get it.

10 And then benchmarks, progress, where we  
11 are today, how far we've gotten. There's an awful lot of  
12 work that's been done that's consistent.

13 Another very, very important finding is  
14 that you've got to get information out there, but you  
15 can't put information that's so speculative that we might  
16 have to change it.

17 We've got to be consistent, so we have to  
18 have the sense of like, okay, we can tell them for sure  
19 we're doing this, so let's get it out there, but if it's  
20 something that, you know, the Exchange is still working  
21 on, it could be this, it could be that, our strong  
22 recommendation is to hold fire on that, except to say  
23 perhaps this is what we're working on. These are some of  
24 the options. We can do that.

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1                   You'll get a packet. This is kind of  
2 small type. You didn't see how detailed this can be.  
3 That's it for that.

4                   Moving forward, we'll be moving into  
5 primary research, as I said before, with consumers. We  
6 talk about no wrong doors. There's also no wrong door to  
7 getting it out to the community, so we'll go through the  
8 organizations, we'll go through community leaders, state  
9 agencies, but, also, doing some raw, basic, primary  
10 recruitment through a whole variety of different methods,  
11 up to and including some digital outreach.

12                   The partnerships in multi-cultural, we're  
13 lining up our multi-cultural partners. They'll be doing  
14 focus groups and seminars, focus groups and outreach in  
15 the native languages, not just Hispanic. Latinos, by far  
16 and away, is the largest population, but there's other  
17 populations we need to get to, but, as we're learning, a  
18 lot of the Latino organizations also can have some access  
19 into some of these other multi-cultural groups.

20                   And, so, it will be a qualitative -- it's  
21 a large-scale qualitative study that we're undertaking.  
22 All the detail is in the big package we're going to leave  
23 with you, so you can dig through it to your heart's  
24 content, and please ask us any question you have on that,

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1 but you can see it's very thorough, very professionally-  
2 designed, primary qualitative research, and the sample  
3 size is so big that really you're pushing into what we  
4 would call, then, the quantitative, which is more --  
5 qualitative is few people that you go very deep with, you  
6 get very intimate with. Quantitative is lots of people  
7 that you're kind of shallow, so it makes a lot of sense  
8 to start with the qualitative, and then move into the  
9 quantitative.

10 One more, last slide, then I'll stop. So  
11 we would like to get together with you as soon as we can  
12 for in-depth -- any of you, who want to be part of this,  
13 to go through this big stack of information we're going  
14 to leave you, and we'll work through the Exchange to set  
15 up a meeting time, and we'd like to just sit down and go  
16 through, point-by-point-by-point, because we have lots of  
17 findings, we have lots of studies, we have all kinds of  
18 stuff that we really need to share with you, but we can't  
19 do it in this context, obviously, since I've only got a  
20 minute left or so.

21 So that's part of our agenda item today,  
22 is to set that up. Those of you I've spoken to already  
23 have been tremendously helpful, so we really hope that as  
24 many of you can be engaged in that, and this is not the

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1 end of this. This is an ongoing process, so this is just  
2 our first chance to meet and talk.

3 MR. CAREY: Can you talk about the  
4 bridging communication strategy in the face of the  
5 uncertainty of the Supreme Court, the election, etcetera,  
6 etcetera?

7 MR. KNOPF: Yeah, well, again, the  
8 principle here is that if you don't communicate at all,  
9 everybody is going to have a negative attitude. This is  
10 a Public Relations 101 sort of thing. We've been doing  
11 this for decades in the regular public relations arena,  
12 so you can discuss the uncertainty.

13 You put it out there, and you talk about  
14 it. These are some of the things that could happen. We  
15 don't know yet. They're going to recur on this date, in  
16 case you don't know. A lot of people don't know that  
17 they're not going to make the judgment -- it's not coming  
18 out until June. Yeah.

19 I mean I think most people, if you walked  
20 out there and asked them, they'd think, I don't know,  
21 tomorrow? I don't know when they're going to do it. We  
22 know that, because we're intimate to it, so I think  
23 getting that kind of useful information out there is  
24 very, very helpful.

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1           You don't have to have it all figured out.  
2           You don't have to have it all decided in order to  
3           communicate. And once you start communicating, the  
4           reverse of that is true, that once information is falling  
5           out, their confidence in the Exchange will go up, their  
6           confidence in the process will go up, their general good  
7           feelings will be improved upon.

8           You're not going to make everybody happy.  
9           There will be plenty of people, who will be critical, no  
10          matter what you do. Some people just don't want to be  
11          friendly to an effort, but, on the whole, the vast  
12          majority of those, who are just confused now, if their  
13          heads are clear, they're going to be much more -- they're  
14          going to be working with us, rather than us constantly  
15          trying to have to explain things and constantly push back  
16          against negative stuff.

17          MR. TOUBMAN: Going specific on the  
18          Supreme Court, I assume you're not really planning on  
19          doing this outreach until after June, because that is  
20          such a massive uncertainty of monumental proportions that  
21          I think it would be really hard to sort of fix it once  
22          you start it.

23          MR. KNOPF: My recommendation as a  
24          communication's person is you really should start

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1 communicating now whatever you can communicate. I think  
2 every day that goes by you're getting hurt by the lack of  
3 information.

4 We're in the service of what you all want  
5 us to do, so if you feel like you need to hold, you'll  
6 hold, but I would caution you, would counsel you that  
7 there may be more negative consequences to that than  
8 having something started. You guys are the  
9 professionals.

10 MS. WARREN: Just a question, because I  
11 just didn't get it. I'm trying to learn here. So, now,  
12 your agency is going to be the public relations? I just  
13 want it clear, as to who you were.

14 MR. KNOPF: I'm sorry. I should have been  
15 more detailed. I can just real quickly say that. What  
16 we do is we create the messages, based on the information  
17 that we receive from the people that we're communicating  
18 to.

19 MS. WARREN: And you're going to do that  
20 for the Exchange?

21 MR. KNOPF: We're going to do that for the  
22 Exchange.

23 MS. WARREN: Okay.

24 MR. KNOPF: There will be advertising,

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1 there will be digital, posters. We don't know yet,  
2 because we haven't done all this work.

3 MS. WARREN: Okay.

4 MR. KNOFF: We'll also do the public  
5 relations, obviously, the press, social media. There's  
6 millions of different happenings how. We're lucky that  
7 we live in a time now, where there's so many different  
8 ways to communicate, and we have all of them at our  
9 disposal, and that's our job.

10 We're not making the product. We're not  
11 handling the technology. Our part is messages, words,  
12 pictures, media information.

13 MS. CINTRON: Mintz & Hoke is tasked with  
14 doing the first phase of work, in terms of doing  
15 outreach, so that we can effectively and comprehensively  
16 identify a strategy around how we're going to identify,  
17 reach, engage our consumers and our small businesses  
18 effectively.

19 So from January through May was the first  
20 phase of four to really look at comprehensively  
21 understanding, walking in the shoes of our citizens in  
22 Connecticut, and, so, that entails a variety of things  
23 that Mintz & Hoke would like to talk with all of you  
24 about in a time soon that they can dive a bit deeper.

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1                   They have done quite a bit of outreach.  
2                   They've called those sessions discussion forums, where  
3                   they have met with the key stakeholder groups, but  
4                   there's much, much more to do. It's an initial step. So  
5                   does that help a little?

6                   MS. WARREN: Yeah.

7                   MR. KNOFF: I apologize. I misspoke. It  
8                   could be us. It could be someone else, ultimately, but  
9                   our part of it is all the communication side.

10                  MS. CINTRON: So we're evolving this, or  
11                  they're evolving this, and they're really realizing from  
12                  those discussion strategies or discussion forums that a  
13                  communication bridging, for lack of a better word, so  
14                  temporary communication strategy, until we get to the  
15                  point where we can really roll out a marketing,  
16                  comprehensive marketing strategy.

17                  MS. WARREN: Okay.

18                  MS. CINTRON: So there's acute needs  
19                  there, messaging, communication to the various audiences.

20                  MS. WARREN: Okay.

21                  MS. CINTRON: So this bridging  
22                  communication strategy is what Chris is referencing.

23                  MS. WARREN: And that's going to be the  
24                  first phase?

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1 MS. CINTRON: So like a quick fix, how do  
2 we get the messaging out clearer and more comprehensively  
3 to a larger group, groups?

4 MR. KNOPF: Principally, those people,  
5 like you all, who are stakeholders, who are community  
6 people, providers, really all of those, who are all in  
7 this issue, is really going to be our start, although  
8 it's not going to be restricted to that.

9 There will be a public website, and we  
10 would suspect this will work its way out into the world.

11 MS. CINTRON: And, so, they're here today  
12 to introduce themselves, to hopefully engage you as a  
13 partner, a very close partner, critical partner in this,  
14 because this is the group that will feed and be the  
15 mechanism for their work going forward, so this was an  
16 introduction today to hopefully soon meet with all of you  
17 to dive into some findings on Next Steps.

18 MR. KNOPF: We have a lot of really  
19 interesting stuff to go over with you.

20 MS. CINTRON: Thank you. Sorry to have to  
21 hurry you through this.

22 MR. KNOPF: Thank you.

23 MS. O'GARA: I think there was one follow-  
24 up, though, that you would like to meet with members of

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1 this group and go through the big report you're going to  
2 give, and, so, that will be one of our -- when do we do  
3 that, Next Steps?

4 Okay. Speaking of that, Bob, you were  
5 going to discuss the priority tasks that this group is  
6 going to be focused on, and, as you do that, would you  
7 highlight the immediate Next Steps that we need to begin  
8 looking at?

9 MR. CAREY: Sure. So this first meeting  
10 is devoted to discussing and agreeing on hopefully the  
11 key principles. We'll bump those up a little bit, based  
12 on the feedback, bringing them back for Committee  
13 approval, review and approval at the next meeting.

14 Also at the next meeting, we'll review  
15 information on the essential health benefits. And, so,  
16 just so folks understand what I mean by essential health  
17 benefits, the federal government essentially pushed to  
18 each of the states the decision with regard to what is  
19 included in the benefit's package that will be offered to  
20 people, who purchase coverage through the Exchange, and  
21 there are a number of options.

22 There are a limited number of options, so  
23 it's not sort of a, you know, whatever you want type of  
24 situation, and, so, we're collecting that information

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1 right now, and we're going to bring for your review  
2 information on the essential health benefits options that  
3 are available to Connecticut. Connecticut will need to  
4 make that decision no later than September.

5 Just so folks understand, the essential  
6 health benefits package does not apply just to people,  
7 who purchase coverage through the Exchange. It applies  
8 to people in the individual and small group market,  
9 broadly speaking, and, so, it's a bigger issue than just  
10 the Exchange.

11 The Exchange certainly has a role and will  
12 play, in terms of making recommendations about what that  
13 package looks like, and we thought that this group, in  
14 particular, given its understanding and recognition of  
15 the needs of the people, who are the ultimate consumers  
16 of this package, will have some advice or thoughts with  
17 regard to what that package looks like.

18 MR. TOUBMAN: There's a huge omission on  
19 the slide, and that is that when the -- at the kickoff  
20 meeting, when the slide was presented, I noted that for  
21 the QHP group, they had making recommendations on the  
22 basic health program, and that it wasn't here, and you  
23 responded that was an error, and, since then, I've  
24 communicated with Amy about fixing this, and it's agreed

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1 that it has to be fixed, that this group also will be  
2 looking at and making recommendations on whether  
3 Connecticut should adopt a basic health program for all  
4 Connecticut residents between 133 and 200 percent of  
5 poverty, who are not life-insured, not on Medicare.

6 MR. CAREY: You're right. This was a case  
7 from the --

8 MR. TOUBMAN: Right.

9 MR. CAREY: And, so, the BHP, to the basic  
10 health program, so people understand what that is, the  
11 basic health program is essentially a separate program,  
12 separate health benefit package for individuals between  
13 income -- with an income between 138 and 200 percent of  
14 federal poverty, and, so, the thought it would be a  
15 potentially richer benefits package, with potentially  
16 lower cost for the consumer, that may be offered by the  
17 state, and it's an option.

18 States can choose to offer that or not.  
19 Mr. Toubman is correct, that the Qualified Health Plan  
20 Committee will look at that, and the consumer group will  
21 look at that.

22 We don't think, given the timing, that  
23 that might be ripe for the May meeting, but you'll see,  
24 later in the July meeting, that there's a discussion

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1 about the number and type of health plans and insurers at  
2 each plan level. We think, either in June or July, we'll  
3 be able to have a more informed discussion of that, so,  
4 perhaps, if I might, we could move that and not include  
5 it on the May agenda, but we'll include it maybe I think  
6 perhaps on the June meeting, would provide sufficient  
7 time for both the Qualified Health Plan Committee and for  
8 this Committee to receive information and to review and  
9 make recommendations.

10 Our thinking is that what we'll do is  
11 prepare sort of an issue brief, or a summary that goes  
12 through the issue, explains it, and provide that to the  
13 Committee before the meeting, so people have a chance to  
14 read it and review it and come prepared, then, for a  
15 presentation and a discussion about the topic, if that is  
16 satisfactory to the Committee.

17 MS. O'GARA: It's not on here, but I  
18 think, if we want to -- how many people are we losing at  
19 11:00? Okay. Can I interrupt just for a minute and ask?

20 We'd like to get a date on the calendar  
21 for the next several meetings, and it turns out that a  
22 similar date to today would be May 8th, from 9:00 to  
23 11:00.

24 MS. VELTRI: If that's the cabinet

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1 meeting, I would prefer it to not be on that date.

2 MS. CINTRON: Is that for sure, Vicki?  
3 Ideally, if we can work with everyone's schedules, we  
4 have -- if we can do, you know, two and two, that's what  
5 we would ideally like to see happen, depending on the  
6 availability of your Committee, but what about the  
7 following week, the following Tuesday? So that would be  
8 May 15th.

9 MS. O'GARA: So one of the things we could  
10 do is do a polling and see when we can maximize the  
11 attendance and put some dates out there to everybody, if  
12 that's okay.

13 MS. CINTRON: Can I ask, though? Is a  
14 morning time preferable, or an afternoon, or does it  
15 matter? (Multiple conversations) Sometimes it takes 10  
16 minutes for everybody to get to sit down and get settled  
17 anyway, so as long as it's understood.

18 Is that week, in general, bad? Okay, so,  
19 we'll do a doddle for all of you guys and see.

20 MS. O'GARA: I think Bob did a good job of  
21 pointing out for our next meeting, you have on here Next  
22 Steps, so our next meeting we'll have the basic  
23 guidelines again for you to finalize.

24 We're going to have the EHB options

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1 review, and we're going to have the KPMG report.

2 MR. CAREY: So folks understand, KPMG is a  
3 vendor that's been retained by the Exchange to review all  
4 of the consumer assistance programs and ways in which  
5 people receive information from a state perspective  
6 largely.

7 MS. JAFF: Programs that already exist?  
8 Because they haven't talked to anybody, who is actually  
9 in the community doing that work, as far as I know.

10 MR. CAREY: I don't think it's community-  
11 based programs. I don't think it's community  
12 organizations. It's state entities and what their  
13 community assistance is, so that's the focus of that  
14 report.

15 MS. VELTRI: Can I ask a question about  
16 that? Both of our programs have been evaluated, so I  
17 don't know if there's going to be any -- is it just a  
18 report, no voting, no nothing like that? I mean if it's  
19 just a report, we can be here. If it's kind of voting, I  
20 would feel kind of like a conflict of interest.

21 MS. CINTRON: It's not. It's an  
22 assessment.

23 MS. VELTRI: Okay.

24 MS. CINTRON: And, Jennifer, I'd like to

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1 talk with you about your comment here maybe at another  
2 time to understand, because if we're missing something  
3 that they need to consider in this -- (multiple  
4 conversations)

5 MS. O'GARA: And then one last thing. The  
6 folks from Mintz & Hoke have invited to have a discussion  
7 with several of you, so, Vicki, do you want them to, and,  
8 Tanya, as the Co-Chairs, do you want to have them get in  
9 touch with you?

10 MS. VELTRI: Sure.

11 MS. O'GARA: And then the last thing is  
12 this liaison suggestion. I don't know if you want to  
13 pursue that as co-Chairs and identify people.

14 MS. VELTRI: Do people think that that's a  
15 good idea, like being liaisons to the other Committees?

16 MS. JAFF: I volunteer to be the liaison  
17 for the -- (multiple conversations)

18 MS. VELTRI: I'm going to go anyway,  
19 because I'm interested. We need a Shop Committee person,  
20 a navigator person. Navigator? You want to go to the  
21 navigator meetings? Okay, that's great. That way, we'll  
22 just have more of a feel.

23 MS. O'GARA: And how about a shop?

24 MS. JAFF: Isn't that interesting. That's

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1 the navigators?

2 MS. VELTRI: Navigators, brokers and  
3 agents is one meeting, one group.

4 MS. O'GARA: And, Vicki, Arlene just  
5 raised her hand to do Shop.

6 MS. VELTRI: All right. Seems like we're  
7 covered, although everybody is welcome, obviously,  
8 because they're public meetings.

9 MR. TOUBMAN: I want to go back to the  
10 basic health plan, though, and when we would talk about  
11 that. I can see that May would be too early, and we're  
12 not having a June meeting. Is there a reason for not  
13 having a June meeting?

14 MR. CAREY: This was not a list of the  
15 meetings. This was sort of a list of when we need to  
16 make these decisions by these dates, so I do think the  
17 plan is to have a June meeting.

18 MR. TOUBMAN: Okay, all right, because I  
19 would suggest that maybe, if we can't do BHP for next,  
20 then do that in June, and I also want to suggest that you  
21 had said we could -- you could do a report what it is to  
22 send around, but there are several in this group, who are  
23 actually quite familiar with it, and have done a lot of  
24 work on it, and just volunteering myself. I know Vicki

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1 is another one, but, folks, I'd be happy to work with you  
2 on preparing something that lays out the option. It's  
3 special in Connecticut, because Connecticut we, January  
4 1st, went to a unitary ASO model for the entire Medicaid  
5 program, so it would allow us to leverage into that if we  
6 did that, and that's different from other states.

7 MR. CAREY: Okay.

8 MS. CINTRON: So if I could suggest maybe  
9 that, because we've had to skip over the tasks, that we  
10 put together information and send an e-mail to you, in  
11 terms of just describing what our Next Steps are, and  
12 then these briefings and information will be disseminated  
13 out.

14 Does that make sense? Because we're  
15 really missing an important discussion here, so to try to  
16 rectify that, why don't we plan to do that via e-mail in  
17 the next week or so here, soon, and then we can kind of  
18 talk about Next Steps, in terms of our meeting date.

19 MR. SCALETTAR: So in terms of these  
20 priorities, could we particularly focus on the things  
21 that are crucial to the level two grant, the short-term  
22 stuff that you need from all of these Committees?

23 MS. CINTRON: Yes. Good point. Again, we  
24 spent a lot of time on these tasks, lining them up for

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1 looking at funding information, critical decision points  
2 leading to State certification, successful State  
3 certification, so all this was geared to, you know,  
4 trying to achieve a bunch of parallel objectives.

5 MS. WARREN: The first one it says  
6 uninsured. Now are we going to do something with the  
7 underinsured, separate it, keep it together, because  
8 there are a lot of programs that people don't necessarily  
9 know about, you know, like HIPAA and things like that  
10 that won't help with co-pays? You know just the  
11 underinsured needs to be addressed in this it's left out  
12 for April the very first one, reduce the number of  
13 uninsured.

14 MR. CAREY: Oh, no. So that was -- there  
15 was the guiding principles that we walked through --

16 MS. WARREN: Oh, okay.

17 MR. CAREY: -- this point of underinsured,  
18 and we added that to the guiding principles.

19 MS. WARREN: But was that across the  
20 board?

21 MR. CAREY: That's what we went through,  
22 basically.

23 MS. WARREN: Okay.

24 MR. CAREY: And then the report, I think,

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1 also, I think would be helpful. Once the Board agrees on  
2 its principles, it will bring that back down to the  
3 Committee level, so they see what the Board has agreed to  
4 with regard to guiding principles.

5 MS. WARREN: So would we do the report --  
6 would we have the report on consumers (indiscernible -  
7 too far from microphone).

8 COURT REPORTER: I'm sorry. Can you bring  
9 that microphone closer?

10 MS. O'GARA: So, Danielle, your question  
11 was, in May, when you see the KPMG report?

12 MS. WARREN: Right, because you kind of  
13 used words for me, because --

14 MR. CAREY: So KPMG --

15 MS. WARREN: -- lose me.

16 MR. CAREY: KPMG is a company, a vendor, a  
17 contractor that was hired by the Exchange to provide sort  
18 of a market scan, or landscape scan of what currently is  
19 available from the State at a State level with regard to  
20 consumer assistance.

21 We thought it would helpful to bring that  
22 report to this Board, so that they could review what KPMG  
23 has gathered and criticized, compliment, add, delete,  
24 whatever, and, so, you would review that report.

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1 MS. WARREN: Okay.

2 MR. CAREY: As part of your role as the  
3 Outreach and Consumer Experience Committee.

4 MS. WARREN: Okay.

5 MS. CINTRON: And then we certainly would  
6 walk you through and do a Q & A and make sure that that  
7 report is something that is understood.

8 MS. WARREN: Okay. I'll stick with that.  
9 I've got to take this one step at a time. Okay, thank  
10 you.

11 MS. JAFF: I do think it's a very  
12 important point that has been made, about, you know, we  
13 do tend to slip into code, and we should really resist  
14 that, you know, because there will be members of the  
15 public, who are interested in what we're doing, and for  
16 consumers, who are among us, so I very much support that  
17 point.

18 MS. O'GARA: Any other last comments,  
19 Vicki?

20 MS. VELTRI: I don't have any other  
21 comments. Donna, do you, before we decide to adjourn?  
22 Is there anybody from the public, who wants to speak?

23 MS. O'GARA: We did have public comment on  
24 the agenda, so I think we have to. So, ma'am, if you

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1 could come up here and use a microphone? If you could  
2 introduce yourself, that would be wonderful.

3 MS. CHERYL FORBES: It's still morning, so  
4 I'll say good morning. My name is Cheryl Harris Forbes.  
5 I'm a small business owner and, also, an Outreach  
6 Consultant with Small Business for a Healthy Connecticut.

7 Two of the issues that came up during this  
8 discussion for me were a little bit more information on  
9 how that information would be shared about the process of  
10 submitting comments or recommendations to the Committee  
11 outside of this body, so that was a question that I had,  
12 if there's a mechanism that currently exists for that,  
13 and how would the public become aware of that?

14 The second would be the process for  
15 selection for the Outreach piece that Chris spoke about,  
16 and what would the process, what participation be in  
17 that, and I know there are a number of stakeholders, who  
18 were not involved in that process, and I would like to  
19 know a little bit more about how that was achieved.

20 MS. CINTRON: I can answer a little bit.  
21 Would you like me to address that one? This is Tia. So  
22 that initial outreach was just that, initial, in that we  
23 took the model that we had basically used successfully in  
24 April of last year to start reaching out to the larger

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1 community, and we had basically developed it into  
2 professional group categories, with an outreach of over  
3 80 organizations, so we took the community leaders within  
4 huge community organizations, and they disseminated out  
5 to their constituents, so that the reach was as  
6 comprehensive as we could do in a three-month period,  
7 again, for initial outreach.

8 In addition, we conducted five public  
9 forums throughout the State to try to engage and do some  
10 initial education, so, as a start, that was where Mintz &  
11 Hoke started, and, again, this was a baby step in moving  
12 forward, and a more comprehensive engagement now is where  
13 we're at. Does that help?

14 MS. FORBES: Okay and the second was the  
15 process for submitting comments, other than the body  
16 that's here.

17 MS. CINTRON: So I think that's excellent,  
18 and it's something that we've been thinking about doing.  
19 Again, we have a pretty significant lack of resources,  
20 and, so, it's one of the things that could be added to  
21 the list as a way to input comments and have that  
22 publicly displayed.

23 A FEMALE VOICE: (Indiscernible - too far  
24 from microphone)

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1 MS. VELTRI: I would like to suggest,  
2 Tanya and I were kind of talking about this while you  
3 were commenting, that in the interim, until we get the  
4 site up and running, that if there are written comments  
5 related to this Committee, that we would be happy to  
6 accept them for now and share them with our Committee  
7 members, and then figure out a way, once this mechanism  
8 is up, to get it all up on the site.

9 MS. CINTRON: If I could just recommend,  
10 Vicki, that if they could come through the Exchange  
11 staff?

12 MS. VELTRI: That's fine. That's fine.

13 MS. CINTRON: That way, we can, you know,  
14 make sure that it's comprehensively posted, and if we do  
15 that same thing for the other ACs, there's a unified  
16 approach to this.

17 MS. VELTRI: That is perfectly fine.

18 MS. CINTRON: So we'll get your e-mail,  
19 and we can put you in touch.

20 MS. VELTRI: I was trying to make it easy  
21 on the Exchange staff. Is there anybody else here, who  
22 would like to make public comments, or has a public  
23 comment? If not, I guess I'd like to -- will somebody  
24 make a motion to adjourn?

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1 MR. SCALETTAR: So moved.

2 MS. WOODS: Second.

3 MS. VELTRI: Thank you. With that, we are  
4 adjourned.

5 (Whereupon, the meeting adjourned at 11:10  
6 a.m.)

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