

Healthcare Cabinet Meeting Minutes

October 8, 2019

Meeting Date	Meeting Time	Location
October 8, 2019	9:00 a.m. - 11:00 a.m.	LOB 1D

Participant Name and Attendance

Healthcare Cabinet Member					
Victoria Veltri	X	Nancy Navarretta	X		
Alan Kaye	X	Susan Adams	X		
Anne Foley	X	Renee Coleman-Mitchell	X		
Valencia Bagsby-Young	X	Nicole Taylor	X		
Danielle Morgan	X	Deidre Gifford	X		
Paul Lombardo	X				
James Michel	X				
Theodore Doolittle	X				
Shelly Sweatt	X				
Members Via Phone					
Hussam Saada					
Nichelle Mullins					
Others Present					
Alan Fontes					
Kimberly Martone					
Members Absent					
David Whitehead		William Handleman		Cassandra Murphy	
Kurt Barwis		Margherita Giuliano		Francis Padilla	
Ellen Andrews		Patricia Baker			

	Agenda	Responsible Person(s)
1.	Call to order and Introductions	Victoria Veltri
	Call to Order The regularly scheduled meeting of the Healthcare Cabinet was held on Tuesday, October 8, 2019 at the LOB 1D. The meeting convened at 9:07 a.m. Victoria Veltri presiding	
	introductions were made.	
2.	Public Comment	Victoria Veltri
3.	Approval of September 17, 2019 HCC Meeting Minutes	Victoria Veltri
	The motion was made by Anne Foley and seconded by Alan Kaye to approve the meeting minutes. Motion carried.	
4.	Member Reappointment Vote	Victoria Veltri
	The motion was made to reappoint, Shelly Sweatt, Margherita Giuliano and Patricia Baker to the Health Care Cabinet. Approved by Anne Foley seconded by Susan Adams.	
5.	CID Review of 2020 Health Insurance Rates	Paul Lombardo

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Paul Lombardo from Connecticut Insurance Department provided a presentation with a Summary of the Rate Increase Request received for the 2020 benefit year for individuals and small groups market known as the Affordable Care Act (ACA) Market.

- The scope of the presentation involved 14 rate filings by 10 carrier in the state that currently covers about 242,000 individuals in Connecticut by both groups.
- It was noted that the Feds reinstated the Federal Health Insurer Tax for the 2020 benefit year and which accounts for approximately 3 percentage points of each carrier rate increase request submitted by the carriers.
- The Annual Trend Medical Inflation accounts for rising health care cost including the cost of prescription drugs and demands for those medical services. This year it has increased on an average of 8.2%.
- Center for Medicare and Medicaid Services (CMS) completed its first audit of the Risk Adjustment Data Validation (RADV) for the 2017 benefit year. The impact varied by carriers in both the individual and small group markets. The Risk Adjustment Program is just a redistribution of monies between the carrier that participated in the individual market and separately in the small group market.
- A summary of the Connecticut Insurance Department's final rulings on 14 health insurance rate filing for the 2020 individual and small group markets ensued.

Q & A

Dr. Kaye noted that if you add up the total amount of the covered lives is fairly small. Mr. Lombardo noted that the majority of people in the state are covered by self-funded plans and stop loss arrangements which the Insurance Department does not have any regulatory authority over.

Dr. Kaye asked what was the meaning is of "not fully insured"? Mr. Lombardo stated that they are self-funded. An employer will self-fund in the large group market where they hire a Third Party Administrator (TPA) to manage their plan but they take on the full risk and also they have carriers that are part of the TPA process as well.

Ms. Foley asked where she would be able to research further the First Dollar Coverage for meds for chronic diseases. Mr. Lombardo will forward it to Executive Director Veltri and she will be able to pass it along.

Ms. Veltri had a question on the Stop Loss, it's not a guarantee issue for the groups not for an individual? Mr. Lombardo noted that if the carrier issues the Stop Loss it is for all the employees and their dependents and it's not guarantee renewable.

Ms. Veltri ask if there is a way to do a general survey of Connecticut employer to have a sense of what policies there are using in the small group market. Mr. Lombardo noted that until the Affordable Care Act (ACA) came along very few carrier sold Stop Loss below a 100 lives. The Insurance Department surveyed a few carrier before the ACA and many did not go below 300 lives; but as the ACA came along there was an impact to small employer's carriers started to listen to the employers for difference options, so the decision was made at that time to get into the Stop Loss employer market.

Mr. Theodore Doolittle mentioned that there has been a discussion that CID consider in the future years a way to show the Premium as well as the Predicted All In Cost so that information can be trend the information.

Ms. Veltri thanked the Insurance Department for the presentation to the cabinet members.

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	<p>For a completed review of the presentation please go to the Connecticut Network Health Care Cabinet Meeting recorded on 10/8/2019 http://www.ctn.state.ct.us/ or https://portal.ct.gov/-/media/OHS/Healthcare-Cabinet/2019-Meetings/October-8-2019/CID-Review-of-2020-Health-Insurance-Rates.pdf</p>	
6.	Access Health Open Enrollment	Robert Blundo
<p>Robert Blundo from Access Health present a Summary of Open Enrollment Preparation for the next Open Enrollment Period with the following updates:</p> <p>This year Open Enrollment will be from November 1st to December 15th. There is an Open Enrollment Team which is a diverse group focused on the Open Enrollment efforts. The mission is to ensure the most successful process with a variety of activities planned for all customers.</p> <p>This year we are focus on the following High Level areas:</p> <ol style="list-style-type: none"> 1. Enhancing the Digital Experience for Consumers. 2. Acquisition and Retentions of Enrollees. 3. Improvements to customer experience. 4. Greater in person presence. <p>From a timeline perspective some mayor milestones are:</p> <ul style="list-style-type: none"> • In September the first wave of new callers representative completed training and been integrated into the call center. • Carrier Participation decision received for 2020 period. • Started the online training process for Community Assisters & Brokers. • In October, we will be releasing our final system update and freeze the system to be optimized for next Enrollment Process. • On October 18th, projection notices will be sent to customers to inform the consumer whether there are or not projected to automatically renew for the 2020 plan from their 2019 plan. • On October 22nd, windows shopping will be opened and consumer will be able to see 2020 options. • On the last week of October the Brokers and Assisters will be activated. • November 1st the 2020 enrollment portal will be available. • November 19th the automatic renewals will be sent. • December - the focus will be on retention. • December 15th the enrollment will be ending. <p>The Challenges expected for this Enrollment Process are:</p> <ul style="list-style-type: none"> • Short Open Enrollment Window • Annual Changes and Premiums • Consumer Confusion in the Market Place <p>New Features Releasing in 2020</p> <ul style="list-style-type: none"> • Converted and Optimized Site over to a responsive design for mobile and tablets user to have same experience and help customers as they shop for plans. • Redesigned pages to provide simplicity • Simplified verification process • Variety Simplifications for Brokers • Release over 100 systems updates over the last 12 months to reduce the number of issues. 		

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Q & A

Commissioner Coleman-Mitchell asked if a specific vendor was used to design the website and if the 45 days stated included weekends? Mr. Blundo stated that a system integrator is Deloitte and a new design team who worked together to developed the best possible experience for consumers is iFactory. It was stated that the 45 days are calendar days and the call centers were open Monday-Friday 10-6; 10-3 on Saturdays. Enrollment is 24/7 online.

Commissioner Coleman-Mitchell asked what happened to the four defunct silver plans?

Mr. Blundo responded that in 2019 there were 4 standard and nonstandard silver plans and in 2020 the Board voted to switch to a one standard silver plan. All of the individuals who participated in the 4 silver plans that have been s have been crossed walked to the remaining silver plan. Communications have been and will continue to be active with these individuals.

James Michel noted that they are currently preparing a customer impact study to be presented and discussed at the next Access Health Board Meeting.

Mr. Doolittle provided information on the reasons for the change of Silver Plans. The change was made to maximize the amount of premium tax credit that Connecticut citizen will be eligible for.

Ms. Veltri thanked Mr. Blundo and Access Health for sharing the presentation.

For a completed review of the presentation please go to the Connecticut Network Health Care Cabinet Meeting recorded on 10/8/2019 <http://www.ctn.state.ct.us/> or <https://portal.ct.gov/-/media/OHS/Healthcare-Cabinet/2019-Meetings/October-8-2019/2020-Open-Enrollment.pdf>

<p>7. Next Steps</p> <p>Next meeting will be in November 12, 2019</p> <ul style="list-style-type: none"> ✓ HSP – presentation on the Financial Stability Report and the Facility Fees Report ✓ Follow up on APCD Data ✓ A request was sent to the Commissioners to present topics that are relevant to the health care cabinet in future meetings. 	
<p>6. Adjourn</p>	