

## Advisory Committees Kick-Off Meeting MEETING MINUTES

Location: State Capitol Building  
210 Capitol Avenue, Old Judiciary Room, Hartford, CT  
Date: Tuesday, March 20, 2012  
Time: 1:00 p.m.

### Participants:

Tia Cintron, Bob Carey, Michael Kelleher, Kecia Stauffer, Amy Tibor, Vicki Veltri, Tanya Barrett, Grant Ritter, Pamela Russek, Jeannette DeJesus, Mark Espinosa, Mickey Herbert, Mark Czarnecki, Robert Tessier, Gloria Powell, Marcia Petrillo, Kevin Galvin, Maria Diaz, Anne Melissa Dowling, Barbara Saxton, Ellen Andrews, Jay Festa, Connie Hilbert for Jeanette Ziegler, John Calkins, Ken Lalime, Matthew Fair, Michael Nicastro, Phil Boyle, Aaron Glick for Stephen Glick, Timothy Pusch, Antonio Caporale, Antonio Paulo Pinto, Christopher McKiernan, John Fleig Jr., Lynn Marie Janczak, Marjorie Cole, Marta Maciuba, Matthew Katz, Patricia Pulisciano, Robert Scalettar, Cee Cee Woods, Arlene Murphy, Claudia Epright, Domenique Thornton, John Erlingheuser, Shawn Lang, Sheldon Toubman, Barbara Spear for Gerard O’Sullivan

### Agenda Item: Introductions

Tia Cintron, Acting CEO of the Connecticut Health Insurance Exchange welcomed all in attendance and introduced advisory committee co-chairs and Exchange Staff. The Small Business Health Options co-chairs are Grant Ritter and Pamela Russek; Consumer Experience and Outreach co-chairs are Vicki Veltri and Tanya Barrett; Brokers, Agents and Navigators co-chairs are Mickey Herbert and Mark Czarnecki; Health Plan Benefits and Qualifications co-chairs include Jeannette DeJesus and Mark Espinosa. Exchange Staff includes Bob Carey of RL Consulting, Michael Kelleher, Amy Tibor, and Kecia Stauffer.

### Agenda Item: Exchange Overview / Key Development Milestones

Tia Cintron provided an overview of the agenda. Tia explained that the Exchange must be fully operational by January 1, 2014. Tia noted that the overall key milestones for the Exchange include state certification and an upcoming federal gate review.

Bob Carey provided a presentation which included Exchange basics. In accordance with the *Patient Protection and Affordable Care Act*, states are required to establish ‘Exchanges’. States have the option of establishing an Exchange or allowing the federal government to establish one for them. States are able to customize the structure of their exchange. Individuals will be able to go outside of an exchange to obtain coverage, but no government subsidies will exist. Exchanges will allow for a broader more competitive marketplace for commercial health insurance. The Exchange will be a one-shop stop for publicly-subsidized programs, to which income will dictate subsidy eligibility. Target markets include the individual and small employer markets.

Bob explained the options provided under the Qualified Health Plans, which will be offered through the Exchange. QHPs are organized into five levels based on actuarial value. These plans include the Platinum, Gold, Silver, Bronze, or a High Deductible Health Plan (HDHP is limited to the individual market). Federal law requires only Gold and Silver plans.

Bob addressed the minimum requirements for QHPs. CT may want to add additional requirements for QHPs. The determination needs to be made how much regulatory authority the Exchange will have in relation to that of the State's department of insurance (CID).

Bob described the structure of Individual Market Exchange. QHPs are available in five levels. Rates are set annually. There is no medical underwriting, which means that an individual cannot be denied coverage, but can be classified as a high-risk. Gender is no longer allowed to be a rating factor, but age is (rules apply); for example, the same plan, an older individual cannot be charged more than three times the amount for a much younger individual.

Bob described the structure of the SHOP Exchange. QHPs are available in four levels. Rates may be set monthly, quarterly, semi-annually, or annually.

Bob announced key dates and milestones of the Exchange pertaining to Advisory Committees. Operationally, the Exchange has different timeline deadlines. For example, there are consumers who have never purchased health coverage before; this will fall under the IT build.

Key dates include:

- June 30<sup>th</sup> 2012: Level Two Grant application due to the federal government
- End of 2012: State Certification application due
- End of 2012: Solicitation of QHPs
- January 2013: Certification confirmed

**Agenda Item: Overview of Committees, Roles, and Priority Tasks**

Bob specified that State Certification is the primary focus of the Advisory Committees. Solid communications and discussions between the Board and advisory committees will need to exist in terms of policy decisions. Principles from the Board need to be shared with committees (under development). Bob provided a set of priority tasks and deadlines for each committee.

**i. Health Plan Benefits and Qualifications**

The committee is tasked with making recommendations to the Board on QHPs, providing the Board with agenda items and relevant questions for those items. The committee is also tasked with reviewing information on EHB options and Basic Health Program, developing recommendations. A crosswalk on what needs to be addressed by CID versus HIX needs to occur. Federal law requires that an EHB package be created. State benefits that fall outside of the EHB have to be paid for by the State. For the first two years, states can choose a small groups package to cover the EHBs. In 2016, the State will have to revisit what should be included in the EHB package.

**ii. Small Business Health Options Program "SHOP"**

The committee is tasked with developing recommendations to the Board on the small group market, developing recommendations on plan designs, in addition to recommendations on minimizing disruption in the market and increasing participation in offering employer-sponsored insurance, the numbers and types of QHPs to offer in the market. The committee will need to assess current standards in the CT market, and determine whether or not those standards should carry over or be modified. Employer may select level, then individual employees can pick carriers at that same actuarial value. There are different ways that employee choice can be structured, and this committee will need to examine the different options. Whether to merge the individual and small group market risk pools, etc.

**iii. Brokers, Agents and Navigators**

The committee is tasked with reviewing the broker/agent role in the market and state licensure requirements within the Exchange. Final regulations have changed the requirements around being a navigator. The State needs to fully understand the new rules. Navigators will not/cannot be supported by federal funds. Committee will need to help figure out how the State can compensate navigators. Navigators are an important part of the consumer outreach portion. The committee must also assess purchasing in the market. The role of brokers will change a little in the market. Evaluating and monitoring of the programs will need to be determined/planned out.

**iv. Consumer Experience and Outreach**

The committee is tasked with reviewing information on EHB option and to assess the recommendations by Mintz & Hoke, the Exchange's consumer outreach vendor. The committee will work with the Brokers committee to assure that their recommendations will work for consumers, to determine what the Exchange will need to do in order to strategize to effectively reach consumers. The committee is also tasked with reviewing information and providing recommendations on the Basic Health Program option.

**Agenda Item: Communications Coordination among Groups**

Bob discussed the overlap between the various committees. On some issues, all committees will need to weigh in; this needs to be coordinated and communicated among groups so that recommendations to the BOD are well-informed and complete. Exchange staff will work with committee co-chairs to arrange meetings, post materials, provide background information on Exchange activities, legislation, and operations, while keeping everyone informed of deadlines. Tia announced that once composition of each committee is finalized, the Exchange will be in touch with co-chairs to finalize their first meetings, structures, and first joint meetings. A facilitator will be present to maximize everyone's time.

Bob Carey announced that co-chairs will report to the Board on their recommendations, including future work plans for the next meeting. The Board is the decision-making authority and will need to be kept informed. The Exchange will facilitate communication between advisory committees. Information will be posted on the Exchange website. Tia noted that given the daunting tasks, a budget is set aside for resources as necessary. The committees can outsource tasks, as appropriate. Resources and examples of best practices from other states will be provided.

**Agenda Item: Review of Agendas for Initial Meetings**

Bob provided a brief review of the agenda for the initial meetings. The agenda will include reviewing individual committee responsibilities and timeline for deliverables, establishing principles to guide decision-making, identify key questions and background information needed to inform discussion, and to discuss resources available to committees. All meetings will be facilitated and minutes taken to ensure transparency and to maximize efficiencies.

**Meeting Materials / Resources:**

[\(Agenda\)](#)

[\(Presentation\)](#)

[\(Priority Tasks & Matrix\)](#)