



Connecticut's Health Insurance Marketplace

## **Raised Bill No 276**

### **Testimony of Access Health CT Connecticut General Assembly Insurance and Real Estate Committee March 4, 2013**

Thank you, Senator Crisco and Representative Megna, members of the Committee.

My name is Kevin Counihan, and I'm the Chief Executive Officer for Access Health CT, the Connecticut State Health Insurance Exchange.

Thank you for the opportunity to give testimony before your committee.

Since Access Health CT's system launch in October of 2013, our organization has been committed to offering state residents a safe and trusted environment in which to enroll in quality healthcare coverage. We treat issues of privacy and security with the utmost seriousness. As such, we have taken several pro-active steps to ensure we deliver on this goal, and consistently communicate our organization's operational and enrollment performance to the public:

Proposed Bill 276 introduces a series of new background check and reporting requirements which we feel are unnecessary given our already established policies and procedures, as well as existing state and federal laws. Additionally, we feel the bill is too broadly written to provide meaningful direction, the provisions are costly to implement, and in some cases requirements are misdirected at our agency given the services we provide to state residents.

The first main provision introduced in this bill would require the exchange to adopt a new, slower and more costly procedure for conducting criminal background checks for employees and those of our contractors. Our current procedure utilizes Social Security numbers to perform comprehensive criminal background checks on all employees, costs approximately \$36 per individual, and is completed in roughly 48hrs. This background check process has been in place since July of 2013, with all Access Health CT employees, navigators, assisters and vendor staff having completed it successfully.

In stark contrast, the proposed process in this bill would require physical fingerprints (which need to be collected for every individual), utilizes U.S. Mail for information transfer, costs \$50 per person, and can take upwards of two weeks to complete.

Additionally, the wording of the bill requires Access Health to force its vendors to utilize this same slower process, rather than using current marketplace best practices. Even more concerning, and somewhat puzzling, the bill requires Access Health to bear the full cost of running these checks for our vendors, as opposed to them paying for the service themselves as they do now. As we look to increase the speed at which we are able to deliver an exceptional customer experience, and reduce the cost of providing these services, this bill mandates several additional burdens to our organization that provide no additional or meaningful benefit to the citizens of the state.

The second provision in this bill seeks to place new reporting requirements on the organization regarding analysis of Medicaid enrollment, prior insurance status of enrollees, and the organization's tracking of PII breaches (or Personally Identifiable Information) should they occur.

To date, we have been focused on ensuring we provide a robust level of reporting to the public and meet all current CMS reporting requirements (Center for Medicare and Medicaid Services). While we continually enhance our reporting capabilities, the mandated requirements in this bill pose an enormous burden on our organization in both staff time and financial resources. Furthermore, for many of the Medicaid focused reporting requests, we believe it would be more appropriate to engage the Department of Social Services directly to obtain this data.

Our internal analysis of the cost and labor associated with these new requirements indicates that we would need to invest more than \$500,000 in system and reporting enhancements to provide the required information, in addition to redirecting staff away from customer focused work to devote time to new back office reporting requirements.

Lastly, language in the bill stipulating that Access Health must provide a new report on our "success rate" in protecting PII information is exceedingly vague and provides little direction on what data would be required, or the definition of "success". We already have in place an active and transparent communication process to track and relay information on any real or potential PII issues, which complies with all current state and federal requirements.

In summary, while we understand the intent of Bill 276, it introduces unnecessary, misdirected, and costly burdens on Access Health which are simply not needed at this time. More importantly, as we look to continue to improve our operations for the benefit of the citizens of our state, the provisions in this bill present an unneeded distraction from this critical work, and jeopardize our ability to continue to be a national leader in exchange implementation.