



**Annual Report to the Governor,
General Assembly, and Auditors of
Public Accounts
Fiscal Year 2019**

AccessHealthCT.com

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1. Leadership Message

Dear Friends:

It begins with access, but that is only the first step.

Our objective is to help residents of Connecticut stay healthy. Health insurance coverage, at its most effective, is a conduit to improve the quality of life. That is particularly true for those new to health coverage, or for whom it has been unaffordable or inaccessible.

If we are to continue to reduce the uninsured population in Connecticut, and simultaneously lessen costs, we will do so because we have made progress broadly and attentively, family-by-family, individual-by-individual. Only then will we see a measurable and enduring impact in the health of our state.

At Access Health CT, we take our commitment to educating and informing our customers seriously, and building relationships of trust – not only connecting people to coverage, but urging them to use it to visit doctors, to follow-through with pharmacists, to take advantage of the preventative care aspects of their plans. We are a bridge between carriers and customers, with the knowledge and credibility to advance healthcare coverage for individuals and families across Connecticut – of differing circumstances, backgrounds, and geography.

We strive for everyone in Connecticut to have good coverage and good health, and we are driven by an unrelenting determination to help make that a reality. We take it personally.

2. Mission, Vision, Strategy and Values

Created as a quasi-public agency in 2011 as a result of the Patient Protection and Affordable Care Act (ACA), the Connecticut Health Insurance Exchange d/b/a Access Health CT (Exchange or AHCT) successfully developed and implemented the State-based Health Insurance Marketplace for the State of Connecticut and remains committed to serving our state’s citizens. Access Health CT’s efforts have reduced the uninsured rate across Connecticut to all-time lows, with significant impact to minority and hard-to-reach communities and the young.

Access Health CT continues to operate a sustainable marketplace that is aligned with our mission, vision, and strategy.

Our Mission: To increase the number of insured residents, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Our Vision: Access Health CT supports health reform efforts at the state and national level that provide Connecticut residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

Our Strategy: Access Health CT’s strategic goals focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities, and a healthier Connecticut.

Our Values: At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide and in the spirit of the common good that we share.



3. Activities and Projects: Fiscal Year 2019 in Review

The Year in Context: Threats to ACA on the Rise

Given the extraordinary developments surrounding the Affordable Care Act (ACA) this year, we would be remiss to summarize our FY2019 projects and activities without mentioning the backdrop against which our work occurred.

Like other state health insurance exchanges, Access Health CT faced significant challenges, uncertainties, and customer confusion stemming from federal government positions affecting the ACA in 2017, 2018 and again in 2019.

Congressional and Executive Actions

In FY2019, the federal government continued to defund reimbursements to insurers for Cost Sharing Reductions (CSRs), even though carriers are required to offer CSR plans to eligible lower income customers. Defunding CSR reimbursements triggered “silver loading” as a mechanism for insurers to recoup their CSR losses through higher priced silver plans. Because premium tax credits (PTCs) are based on the price of silver plans, more expensive silver plans mean larger premium tax credits for all customers who are eligible for financial help.

Other executive actions threatened to destabilize the health insurance market. The federal government began promoting short term limited duration plans, association health plans, and health reimbursement arrangements as alternatives to ACA plans. A federal rule change on health reimbursement arrangements took effect, allowing employers to offer “individual coverage HRAs” (ICHRAs) to employees for individual health plans on or off the exchange.

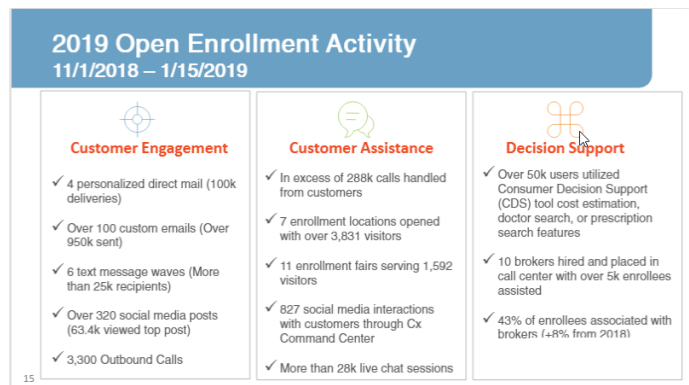
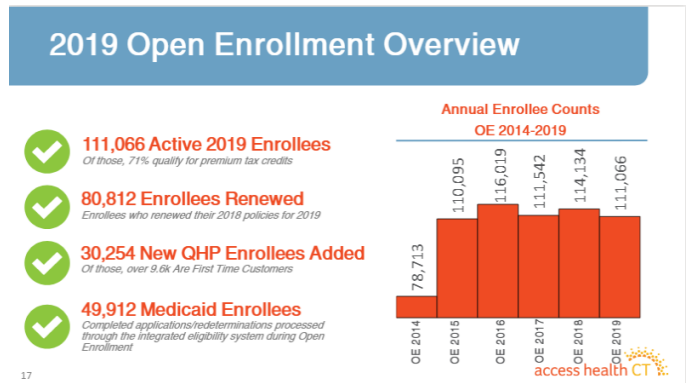
In addition, through the 2017 Tax Cuts and Jobs Act, Congress reduced the tax penalty for not having health insurance to zero effective January 1, 2019. The ACA’s individual mandate requiring most Americans to have health insurance remains law—at least for now, but the penalty has been set to zero. A challenge regarding the constitutionality and severability of the mandate is currently pending in the Supreme Court in *Texas v. California*.

Despite repeated and serious threats to unravel the ACA, Access Health CT continued to serve many thousands of Connecticut residents who are not offered affordable health insurance coverage through a job, Medicaid, or Medicare. Enrollment levels for Plan Year 2019 stayed strong, thanks again to many deeply committed individuals, including the Access Health CT Board and staff, hundreds of brokers, certified application counselors and community partners, the Connecticut Insurance Department, and our partners at Anthem and ConnectiCare Benefits, Inc.

Plan Year 2019 Enrollment

Highlights

- 111,066 customers enrolled in Qualified Health Plans (QHPs), a 2.6% decrease from the 2018 OE
- Over 9,600 enrollees are first-time customers
- During the 30-day extension, 10,059 customers enrolled, and 4,081 enrollees changed plans
- 71% of enrollees qualified for Premium Tax Credits (PTCs)
- 80,812 enrollees renewed their coverage, with 36% of them paying less for their net premiums in 2019 vs 2018
- New customers had higher income and were less likely to qualify for financial assistance
- Enrollees who shopped for plans using the online cost comparison tool had lower premium increases compared to non-shoppers
- Seven enrollment centers and 11 enrollment fairs served customers across the state
- Almost 50,000 individuals qualified for Medicaid using the Integrated Eligibility System



Background

The Annual Open Enrollment (OE) period for Plan Year 2019 was originally scheduled to run from November 1, 2018 through December 15, 2018. On December 15, AHCT extended the OE period by 30 days, closing on January 15, 2019.

A decision by a court in Texas invalidating the Affordable Care Act in its entirety, issued on December 14, 2018—one day before the originally scheduled end of OE—created great potential for customer confusion. Nevertheless, more than 10,000 people enrolled through Access Health CT during our 30-day OE extension.

Also, for Plan Year 2019, a lower-priced benchmark Silver plan triggered potential price increases for the vast majority of Access Health CT customers. Because premium tax credit (PTC) calculations are based on benchmark plan rates, lower benchmark prices meant lower PTCs. Based on our pre-OE projections, this dynamic would have left most of our enrollees with higher premium costs if they automatically renewed their plans for 2019, with over half seeing increases exceeding \$100 per month. Since most of our customers automatically renew their plans, we proactively addressed the issue with a comprehensive educational marketing campaign we called “Shop. Compare. Enroll” and by significantly increasing options for customer assistance.

Full Report Online

Access Health CT's detailed 2019 Open Enrollment Report is available at Agency.AccessHealthCT.com > Meetings > Board > 2019 > Feb 21 > [2019 Open Enrollment Summary](#).

Management and Governance

CEO and Board Chair Transitions

After serving as Operations Manager, Director of Operations, Director of Finance and Interim CEO, James Michel was appointed by the Access Health CT Board of Directors on September 20, 2018 to become the organization's third Chief Executive Officer.

Additionally, former Lieutenant Governor Nancy Wyman resigned as both chair and member of the Access Health CT Board of Directors in February 2019. Former Lt. Governor Wyman played a critical role in the launch of Access Health CT and its operations since its inception. Search efforts are underway for a new Chair through the Office of the Governor, with support from Access Health CT.

Five-Year Strategic Plan

Access Health CT is executing a five-year strategic plan that began in December 2017. The plan sets measurable goals for continuously improving the customer experience. Our strategic goals are to:

- 1) Improve our role as trusted advisor, enhance value & loyalty across the organization & vendors; focused on education, healthy living, wellness & social determinants of health;
- 2) Diversify our product line with 3-5 new insurance products;
- 3) Reduce operational costs by 25% and reinvest the savings in IT upgrades; and
- 4) Achieve a 100% customer self-serve.

Within those overarching goals we addressed six organizational priorities this year:

- Reducing the number of QHP enrollees who lose coverage due to missed payments and verification problems;
- Increasing minority community engagement;
- Plan utilization and healthy living, specifically improving primary care provider selection and use;
- Creating better experiences for individuals that transition from Medicaid to QHP and from QHP to Medicare;
- Growing our small business offering; and
- Identifying a qualified research partner to analyze Connecticut's uninsured population.

Organizational Values

In FY2019 we continued the work on organizational values that we began in 2018. Values incorporate the organization's mission and vision and define behaviors that are consistent with them. Our values emerged from consultant-led sessions with a committee of 20 employees. Workshops, focus groups, and interviews with staff were all part of the process. Six values were selected: authenticity, integrity, excellence, ownership, one team, and passion. We then

formed and convened a 15-person Employee Values Committee and began integrating values into operating and recruiting processes. Employees now nominate colleagues for Quarterly Values Champion awards with the winner determined by committee vote. This is an organic process that is not directed by management.

Succession Planning and Leadership Development

Access Health CT began a succession planning process in August 2018. In January 2019 we launched a twelve-month leadership training and development program for emerging leaders in our organization. The program is led by a local consultant. Twenty-two employees from all business areas and demographics are participating.

Financial Management

In FY2019, Access Health CT brought all marketplace assessment receivables to zero by the end of 2018; adjusted its cash management practices to increase interest earnings; streamlined accounting processes to better track vendor invoices; reduced third party software costs; and began investigating potential grant opportunities.

Actuarial Studies

Access Health CT retained Wakely Consulting Group, the actuarial and healthcare consulting firm, to conduct the following studies this year:

- [Individual Market Stabilization - Reinsurance Program Analysis](#). Details at Agency.AccessHealthCT.com > Meetings > Board of Directors > 2019 > June Presentation, page 9.
- [2020 Individual Market Standard Plan Designs](#). Details at Agency.AccessHealthCT.com > Meetings > Board of Directors > 2019 > March Presentation, page 33.
- [Rate Review Analysis & Consumer Impact Study](#). Details at Agency.AccessHealthCT.com > Meetings > Board of Directors > 2018 > October Presentation, page 10.
- [2017 Adverse Selection Study](#). Details at Agency.AccessHealthCT.com > Meetings > Board of Directors > 2018 > February Presentation, page 13.

Customer Service Improvements

Access Health CT is dedicated to continuously improving the customer experience and making it easier each year for people to shop for health insurance, compare options, enroll, and use their plans to be healthy. Some of this year's customer service improvements included:

- Opening a "window shopping" period allowing customers to see information on the plans and rates before the start of open enrollment;
- Updating the AccessHealthCT.com homepage and redesigning the insurance application to better align with the industry best practices;
- Certifying over 300 brokers and 200 certified application counselors to help educate and enroll customers.
- Hiring ten brokers based in the AHCT call center, who ultimately served more than 5,000 enrollees;

- Upgrading our mobile application to match desktop functionality;
- Introducing email and live chat functionality for customers within their Access Health CT online accounts, with more than 28,000 live chat sessions taking place during OE;
- Piloting in-person, post-open enrollment help centers at four locations around the state;
- Streamlining and simplifying our verification processes for eligibility for coverage and financial help; and
- Launching a new unit to respond to inquiries and issues that arise through our social media accounts.

In addition, we revamped our online cost comparison tool for comparing health insurance plans—an imperative given the increasing complexity of health insurance. This tool helps customers weigh their total projected health care costs—not just their monthly premiums—against the coverage benefits of the plans being offered. Along with other improvements, we integrated a healthcare provider directory into the tool so customers can check the plan network when shopping and enrolling in a plan. Over 50,000 people used cost comparison tool during the OE for Plan Year 2019, up from 17,000 in the previous annual OE period. The first version of the tool launched in 2015.

Marketing, Outreach, and Communications

Our multipronged “Shop. Compare. Enroll” campaign encouraged current and new customers alike to be informed shoppers, driving them to our online cost comparison tool to check their plan options and their eligibility for financial help. We also emphasized the availability of help from brokers, CACs, and our call center representatives.

Our OE marketing efforts included email, text messaging, social media, TV and radio advertising, direct mail postcards and letters, an outbound calling campaign, Healthy Chat meetings around the state, participating in over 100 community events, and door-to-door canvassing in neighborhoods with high uninsurance rates. We produce brochures in multiple languages, and our print and video messages appear in both Spanish and English.

As of June 2019, planning was underway to re-establish our Navigator Program with up to four Navigator organizations. The AHCT Navigator Program is designed to enhance community outreach and reduce the uninsured rate, especially among Black, Latino, and Asian communities. Navigators will focus on working in or near the 19 cities and towns that account for most of Connecticut’s Black, Latino and Asian populations.

In addition, our 2018 Community Conference drew 200 community partners, CACs and supporters to learn about trends and hot topics for the upcoming OE.

Health insurance literacy is also part of our Marketing, Outreach and Communications work. With the UConn Health Disparities Institute, we conducted an online survey of our customers on basic health insurance concepts. The survey, which was prepared in English and Spanish, provided detailed answers to help customers learn about key insurance concepts. 3,400 customers participated. The [survey](#) and answers in [English](#) and [Spanish](#) are available in our archives.

Small Business Program (SHOP)

As of January 2019, enrollment through our Small Business Health Options Program (SHOP) included 247 groups, 741 subscribers, and 1,224 members. Our SHOP unit focused on

strengthening relationships with brokers this year, holding over 100 one-on-one, in-person meetings and multiple sessions for individual broker training. We also expanded our presence in the business community with outreach to chambers of commerce statewide, to the CT DOT Disadvantaged Business Enterprise Program (DBE) and to the Minority Construction Council.

4. Activities and Projects Planned for FY 2020

- a. Launch Enterprise Project Management Office (EPMO)
- b. Launch Health Disparities initiative and research study
- c. Participate in Massachusetts General Hospital/Harvard Disparities Leadership Program
- d. Participate in University of Pennsylvania Health Disparities program
- e. Digitize and streamline expense reporting process through Paylocity
- f. Launch Enterprise Benefit Module through Paylocity for employees
- g. Develop a Finance Strategic Plan
- h. Complete HIX Major Release and CTHIX Product Upgrades (14 Products, 100+ Servers and 10 Databases)
- i. Deploy remote work solutions for all employees and contractors
- j. Upgrade infrastructure at 280 Trumbull, including wireless, wired, security, storage, servers, and management and reporting tools
- k. Redesign AHCT Homepage and related architecture
- l. Assist the Office of the Governor with search for new Chair of the Board of Directors and also other appointing authorities for vacancies on the Board of Directors; lead new board member orientation
- m. Collaborate with stakeholders on analysis of market stabilization efforts such as reinsurance and other alternatives
- n. Investigate options for a subsidiary to offer ancillary insurance products
- o. Conduct focus groups to target the newly uninsured
- p. Collaborate with CT Department of Labor on outreach
- q. Increase number of certified brokers and Certified Application Counselors
- r. Strengthen the AHCT Small Business brand through social media, webinars, interviews, and advertising
- s. Revamp the AHCT Small Business website
- t. Conduct focus groups of Connecticut's uninsured population
- u. Implement more self-service functionality in customer account system
- v. Increase Google Review Ratings
- w. Begin transition to ConnectiCare's new Facets Enrollment System

5. Human Resources

Affirmative Action Policy

Access Health CT's policy on Equal Employment Opportunity and Affirmative Action was approved by the Exchange Board of Directors in January 2012. The policy states:

The Connecticut Health Insurance Exchange (Exchange) is an equal employment opportunity and affirmative action employer, dedicated to the policy of nondiscrimination in employment on any basis prohibited by law. The Exchange is committed to providing equal employment and advancement opportunities without consideration of race, color, religious creed, age, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, veteran status, mental retardation, genetic information, disability, or other legally protected status, unless there is a bona fide occupational qualification under applicable Connecticut statute excluding persons in one of the foregoing protected groups. Additionally, the Exchange will take affirmative action to ensure workplace equality, avoid all forms of discrimination, and develop a workforce that is representative of all segments of the population.

The Exchange will utilize affirmative action measures at all stages of the employment process. With regard to recruitment and hiring, the Exchange will notify recruiters, consultants, prospective candidates, and employees that "The Connecticut Health Insurance Exchange is an "Affirmative Action/Equal Employment Opportunity Employer" and shall broadly disseminate this policy by posting it on its website, bulletin boards, and other locations accessible to employees and potential candidates for employment. The Exchange will attempt through recruitment efforts to increase the number of highly qualified female and minority applicants who apply for each vacancy with the ultimate goal that the Exchange's workforce will mirror the diversity of the labor pool. Additionally, the Exchange will attempt to reach a greater number of Hispanic, African-American, Asian/Pacific Islander, and Native American potential applicants by contacting organizations and educational institutions that promote the interests of such individuals and attending job fairs and other events where potential exposure to qualified female and minority applicants is high. The Exchange also recognizes the hiring difficulties which are sometimes encountered by the physically disabled and older persons and will undertake measures to overcome the effects of past discrimination, if any, and to achieve the full and fair utilization of such persons in the work force.

The Exchange is also committed to equal opportunities for its employees with regard to all employment practices, including but not limited to compensation, benefits, training, promotions and discipline. All personnel decisions will be strictly based upon the needs of the Exchange and an employee's job-related skills and abilities. Consistent with its commitment to equal opportunity, the Exchange expects that all employees shall adhere to its policy of nondiscrimination. The

Exchange is equally committed to ensuring nondiscrimination in all of its programs and initiatives.

Employees should bring any complaints regarding discrimination or any other violation of this policy to the immediate attention of the designated Equal Employment Opportunity (EEO) / Affirmative Action Officer. Alternatively, employees may submit discrimination complaints to their supervisor. Complaints brought under this policy will be promptly investigated. Any employee who violates this policy or knowingly retaliates against an employee reporting or complaining of a violation of this policy shall be subject to immediate disciplinary action, up to and including discharge.

The Exchange is committed to ensuring that all contractors who do business with it provide equal opportunities in employment without regard to legally protected status. The participation of minority business enterprises meeting the qualifications established by applicable regulation shall also be solicited and encouraged. All bidders, contractors and suppliers will be notified regarding this policy and all contracts for services or materials must include a statement in which the contractor agrees to abide by affirmative action and nondiscrimination principles.

The EEO/Affirmative Action Officer shall monitor compliance with this policy, including but not limited to maintaining data with regard to the hiring and promotion of women and minorities, and shall regularly report on these matters to the Chief Operating Officer (COO), Chief Executive Officer (CEO), and the Board of Directors. All managers shall be responsible for administering and complying with this policy within his or her respective departments. The COO, CEO, and the Board of Directors will provide any necessary guidance in carrying out this policy and any changes or modifications which may be necessary. In accordance with Connecticut General Statutes § 1-123, the Board of Directors' annual report to the Governor and Auditors of Public Accounts shall include this affirmative action policy statement, a description of the Exchange's work force by race, sex and occupation, and a description of affirmative action efforts.

Workforce Composition as of June 30, 2019

Class	Title	Employees	Male							Female							
			W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T	
1.1	Exec/Senior Level Officials & Mgrs.	9	4	1	0	1	0	0	1	1	0	1	0	0	0	0	
1.2	First/Mid-Level Officials & Mgrs.	17	3	2	1	0	0	0	0	7	2	2	0	0	0	0	
2	Professionals	17	5	0	0	1	0	0	1	7	2	1	0	0	0	0	
5	Administrative Support Workers	48	4	3	6	0	0	0	0	9	9	17	0	0	0	0	
N/S	Not Specified	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	
Total			Male							Female							
	Male	Female	Total	W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T
	33	59	92	16	6	7	2	0	0	2	25	13	21	0	0	0	0
	36 %	64 %		48 %	18 %	21 %	6 %	0 %	0 %	6 %	42 %	22 %	36 %	0 %	0 %	0 %	0 %

Affirmative Action Efforts in Fiscal Year 2019

AHCT continues to maintain a strong commitment to the Equal Employment Opportunity and Affirmative Action policy. Statewide advertisements of all new staff positions are posted electronically on indeed.com and AHCT's own website. These websites and AHCT recruitment efforts reach a broad range of diverse candidates.

6. Financial

Marketplace Assessments

As of June 2019, Access Health CT received \$17.2 million of the \$33.3 million expected for marketplace assessments for the 2019 calendar year.

Marketplace assessments fund Access Health CT’s ongoing operations. Marketplace assessments are charged to all health and dental insurance carriers that can offer a qualified health plan through the Exchange to generate funding necessary to support the operational sustainability of Access Health CT. Marketplace assessments are billed and collected on a calendar year basis.

Connecticut Public Acts 11-53 and 13-247 gave Access Health CT the authority to charge assessments to fund Exchange operations and to charge interest and penalties to carriers failing to pay the assessments and fees required. This authority is codified at Conn. Gen. Stat. § 38a-1083(c)(7).

In 2014, the Legislature added Subsection (d) to Conn. Gen. Stat. §38a-1083 directing the Commissioner of Insurance to see that all laws respecting the authority of the Exchange are faithfully executed. In enforcing the assessment, the Commissioner “has all the powers specifically granted under Title 38a and all further powers that are reasonable and necessary.”

Final determinations as to the terms, conditions, basis, and methodology of any assessments or fees to be charged shall rest in the sole discretion of the Board, acting in accordance with applicable law.

Bonds

Access Health CT has not issued bonds and has no bonds outstanding.

Grants Received

Access Health CT received no grants in Fiscal Year 2019 and has no open grants from prior fiscal years.

Grants Awarded

Access Health CT awarded no grants in Fiscal Year 2019 and has no open grant awards from prior fiscal years.

Individuals and Firms that Received Payments of More than \$5,000

The following is a list of all outside individuals and firms that received more than \$5,000 in the form of loans, grants, or payments for services:

A&A Office Systems, Inc.	Global Strategy Group LLC	People Ink
Adaptive Insights, Inc.	Grossman Heinz LLC	Pitney Bowes Presort Services, Inc.
Advent Cat Risk	Grunberg 280 Trumbull, LLC	Scan-Optics LLC
Amazon.com LLC	Hallmark Totaltech, Inc.	SCeLearning, LLC
AT&T Corp	Hootsuite Media Inc.	SHI International Corp.
Benefitfocus.com, Inc.	HR Innovations, LLC	Shipman & Goodwin LLP
Bernard L. Kavalier	Integration Partners Corporation	SOFTHEON INC.
BJM Solution, LLC	International Business Machines Corp.	Solution-Soft Systems, Inc.
Blum Shapiro & Co., P.C.	Interpreters and Translators, Inc.	Sprint Spectrum, L.P.
CA, Inc.	Jama Software, Inc.	Staples Advantage
CDI Computer Dealers Inc.	Jeffreys Corporation Inc.	State of Connecticut - DSS
CDW Government LLC	Jimmy McMikle	Strategic Security, Inc.
Center for Health Policy Development	John Watts Associates, Inc.	SurveyMonkey
Chubb and Son, a division of Fed Ins Co	Jon Kingsdale	Synacktek LLC
Cognizant Technology Solutions	Kardas Larson LLC	TEKsystems, Inc.
Connecticut Double Play LLC	Kool Ink LLC	The RDW Group, Inc.
Connecture, Inc.	Leif E Fellingner	The Rocket Science Group, LLC
Cornerstone OnDemand, Inc.	Lighthouse Computer Services, Inc.	The Southern New England Telephone Co
Crown Castle Fiber LLC	Lighttower Fiber Networks	The Tri-Com Consulting Group, LLC
Dell Marketing LP	Lockton Companies	TouchPoint Integrated Communications LLC
Deloitte Consulting LLP	Lored Consultancy LLC	Verizon Business Network Services Inc.
Eliassen Group, LLC	LSREF4 Skyline Tenant (T) LLC	VIMO, INC.
En Pointe Technologies Sales, LLC	Mintz & Hoke	V-Link, Inc.
ePlus Technology Inc.	Mobile Commons, Inc.	W.B. Mason Co. Inc.
Fairfax Data Systems, Inc.	NetBase Solutions, Inc.	Wakely Consulting Group, Inc.
Faneuil, Inc.	New Fields Technologies LLC	West Publishing Corporation
First Data Government Solutions, LP	On-Line Systems, Inc.	
Gartner Inc.	Onpoint Health Data	
	Optiv Security	
	Oracle America Inc.	

Financial Statements

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)
STATEMENTS OF NET POSITION
JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Assets:		
Current assets:		
Cash and cash equivalents	\$ 28,774,149	\$ 26,011,166
Accounts receivable	37,083	1,413,610
Prepaid expenses	189,512	205,642
Total current assets	<u>29,000,744</u>	<u>27,630,418</u>
Noncurrent assets:		
Security deposit	1,197	1,197
Capital assets not being depreciated	466,009	167,320
Capital assets, net of accumulated depreciation	4,717,643	5,408,736
Total noncurrent assets	<u>5,184,849</u>	<u>5,577,253</u>
Total Assets	<u>34,185,593</u>	<u>33,207,671</u>
Liabilities:		
Current Liabilities:		
Accounts payable	119,910	525,664
Accrued liabilities	4,026,989	6,014,645
Unearned revenue	522,899	609,308
Total current liabilities	<u>4,669,798</u>	<u>7,149,617</u>
Net Position:		
Net investment in capital assets	5,183,652	5,576,056
Unrestricted	<u>24,332,143</u>	<u>20,481,998</u>
Total Net Position	<u>\$ 29,515,795</u>	<u>\$ 26,058,054</u>

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)
STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Operating Revenues:		
Marketplace assessment	\$ 32,287,139	\$ 31,229,615
Miscellaneous revenue	32,301	29,200
Total operating revenues	<u>32,319,440</u>	<u>31,258,815</u>
Operating Expenses:		
Wages	6,935,673	6,909,678
Fringe benefits	2,440,310	2,343,400
Consultants	13,689,760	18,111,518
Maintenance	2,460,513	2,808,419
Administration	1,133,782	1,085,813
Equipment	565,144	662,185
Travel	62,751	100,772
Supplies	24,064	14,179
Depreciation and amortization	1,957,316	1,949,331
Total operating expenses	<u>29,269,313</u>	<u>33,985,295</u>
Operating Gain (Loss)	3,050,127	(2,726,480)
Nonoperating Revenues:		
Interest income	<u>407,614</u>	<u>201,480</u>
Change in Net Position	3,457,741	(2,525,000)
Net Position at Beginning of Year	<u>26,058,054</u>	<u>28,583,054</u>
Net Position at End of Year	<u>\$ 29,515,795</u>	<u>\$ 26,058,054</u>

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2019 AND 2018**

	<u>2019</u>	<u>2018</u>
Cash Flows from Operating Activities:		
Receipts from marketplace assessments	\$ 33,356,929	\$ 32,294,171
Reimbursement of operating costs	18,516,247	20,018,994
Receipts from miscellaneous sources	32,301	29,200
Payments to employees	(9,391,233)	(9,257,348)
Payments to vendors	<u>(38,593,963)</u>	<u>(40,260,766)</u>
Net cash provided by (used in) operating activities	<u>3,920,281</u>	<u>2,824,251</u>
Cash Flows from Capital and Related Financing Activities:		
Payments for software development in progress	(298,689)	(167,320)
Purchase of equipment and software	<u>(1,266,223)</u>	<u>(196,499)</u>
Net cash provided by (used in) capital and related financing activities	<u>(1,564,912)</u>	<u>(363,819)</u>
Cash Flows from Investing Activities:		
Interest and dividend income	<u>407,614</u>	<u>201,480</u>
Net Change in Cash and Cash Equivalents	2,762,983	2,661,912
Cash and Cash Equivalents at Beginning of Year	<u>26,011,166</u>	<u>23,349,254</u>
Cash and Cash Equivalents at End of Year	<u>\$ 28,774,149</u>	<u>\$ 26,011,166</u>
Reconciliation of Operating Income (Loss) to Net Cash Provided by (Used in) Operating Activities:		
Operating income (loss)	\$ <u>3,050,127</u>	\$ <u>(2,726,480)</u>
Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities:		
Depreciation and amortization	1,957,316	1,949,331
Change in assets and liabilities:		
(Increase) decrease in accounts and grants receivable	1,376,527	5,681,131
(Increase) decrease in prepaid expenses	16,130	(21,604)
(Increase) decrease in security deposit		7,456
Increase (decrease) in accounts payable	(405,754)	134,018
Increase (decrease) in accrued liabilities	(1,987,656)	(508,040)
Increase (decrease) in unearned revenue	<u>(86,409)</u>	<u>(1,691,561)</u>
Total adjustments	<u>870,154</u>	<u>5,550,731</u>
Net Cash Provided by (Used in) Operating Activities	<u>\$ 3,920,281</u>	<u>\$ 2,824,251</u>