



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

Fiscal Year 2024

[AccessHealthCT.com](https://www.AccessHealthCT.com)

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1. Board of Directors

GOVERNOR'S APPOINTEES

Charles H. Klippel, Chair

Former Senior Vice-President and Deputy General Counsel, CVS Health, Inc.

Deidre Gifford

Executive Director, Office of Health Strategy

LEGISLATIVE LEADERSHIP APPOINTEES

Paul Philpott - Vice-Chair

Principal Consultant, Quo Vadis Advisors LLC

Grant A. Ritter

Senior Scientist, Schneider Institutes for Health Policy

Dina Berlyn

Counsel to the Connecticut State Senate President Pro Tempore, Senate Democrats

Steven Hernández

Executive Director, ConnCAN

Matthew Brokman

Senior Advisor for the Office of the Governor

Thomas McNeill

Attorney

EX-OFFICIO MEMBERS

Andrea Barton Reeves

Commissioner, Department of Social Services

Sean King (Acting)

State Healthcare Advocate, Office of the Healthcare Advocate

Jeffrey Beckham

Claudio Gualtieri (designee)

Secretary, Office of Policy and Management

EX-OFFICIO MEMBERS — NON-VOTING

Andrew Mais

Paul Lombardo (designee)

Commissioner, Connecticut Insurance Department

Manisha Juthani

Commissioner, Department of Public Health

Nancy Navarretta

Commissioner, Department of Mental Health and Addiction Services

As of June 30, 2024

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 Access Health CT) 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.

Our Mission: Our mission is to decrease the number of uninsured residents, improve the quality of healthcare, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health coverage that gives them the best value.

Our Vision: Our vision is to provide Connecticut residents with access to the most equitable, simple, and affordable health insurance products to foster healthier communities.

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 healthcare, 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.

Values incorporate the organization’s mission and vision and define behaviors that are consistent with them. Our values emerged from consultant-led sessions in 2018 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. A 15-person Employee Values Committee was formed and began integrating values into operating and recruiting processes. This process is employee-led, not directed by management, and continues to support the organization, its employees, and the residents of Connecticut.



3. Activities and Projects: Fiscal Year 2024 in Review

Enrollment

For plan year 2024, three carriers participated in the Individual market: Anthem, ConnectiCare Benefits Inc., and ConnectiCare Insurance Company, Inc. (CiCi). Anthem participated in the Small Group market. ConnectiCare Benefits Inc. left Connecticut’s Small Group market as of the 2024 plan year.

Individual Enrollment for Plan Year 2024

Open Enrollment for plan year 2024 took place from November 1, 2023, through January 15, 2024. Access Health CT’s detailed 2024 Open Enrollment Report is available at Agency.AccessHealthCT.com > About Us > Reports & Audits > Presentations > [2024 Open Enrollment Summary](#).

Highlights from 2024 Open Enrollment

- Open Enrollment for plan year 2024 ended with **129,000** customers enrolled in Qualified Health Plans (QHPs), a substantial increase from 108,132 in 2023.
- **88%** of enrollees qualified for Premium Tax Credits (PTCs).
- **28,724** enrollees were first-time customers. Newly acquired QHP customers are more than four years younger than retained customers, on average.
- **100,276** enrollees renewed their coverage.
- Non-subsidized enrollees tend to be younger and have larger covered households.
- 48.8% of customers enrolled with broker assistance during OE for 2024, compared to 46.1% for 2023, 43.9% for 2022, 44.2% for 2021, and 46% for 2020.
- 91.5% of applicants indicated English is their preferred language. In 2023 that number was 93.0%.



- 77% of enrollees answered optional questions on race and ethnicity, compared to 74% in 2023 and 2022, 71% in 2021, and 72% in plan year 2020.

Covered CT Enrollment

Access Health CT continued to promote the Covered CT Program in FY 2024. As of June 30, 2024, 33,338 residents were enrolled in Covered CT.

At the end of Open Enrollment for plan year 2024, this program provided 27,393 Connecticut residents with no-cost healthcare, paid for by the State of Connecticut, up dramatically from 15,411 at the end of Open Enrollment for 2023.

Legislation creating Covered CT was adopted in June 2021 with an effective date of July 1, 2021.



Some Connecticut residents who meet specific eligibility requirements are paying \$0 for their health insurance coverage through Access Health CT. Thanks to the Covered Connecticut Program created by the State of Connecticut and administered by the Department of Social Services, The Covered Connecticut Program now includes dental benefits and non-emergency medical transportation.

If you qualify, the State of Connecticut will pay your portion of the monthly payment (premium) directly to your insurance company (Archimex or ConnectiCare) and will also pay for the cost-sharing amounts that you would typically have to pay with a health insurance plan, such as deductibles, co-pays, co-insurance, and maximum out-of-pocket costs.

Who qualifies for the Covered Connecticut Program?

You must be a Connecticut resident and you must meet all program eligibility requirements in order to pay \$0 for your health insurance plan. You must:

- Have a household income up to and including 175% of the Federal Poverty Level (FPL) and not qualify for Medicaid (because of income) (see FPL chart below)
- Be eligible for financial help, including Advance Premium Tax Credits (APTC) and Cost-Sharing Reductions (CSR) and use 100% of the financial help available to you
- Be enrolled in a Silver-Level Plan

Federal Poverty Level (FPL) chart:



How can you find out if you are eligible and enroll?

Complete an application at AccessHealthCT.com. If you've already enrolled in the Covered Connecticut Program, Access Health CT will automatically update your account beginning July 2023. If you're not already enrolled in the Covered Connecticut Program, Access Health CT will review your application to see if you qualify for the Covered Connecticut Program and automatically enroll any eligible customers by July 2023. Make sure Access Health CT has your most up-to-date household income and contact information. For free help enrolling or to find out if you are eligible for the program, call the call center at 1-855-805-4325. If you are deaf or hearing impaired, you may use the TTY at 1-855-789-2438 or contact us with a relay operator. The call center is available Monday through Friday, from 8 a.m. to 4 p.m.

Accolades

Access Health CT is proud to have been named a “Best Places to Work” employer by the Hartford Business Journal for 2020, 2021, 2022, 2023, and for 2024.



In FY 2024, Access Health CT was also honored with five other awards:

- 2023 Stevie Awards for Great Employers (awarded in September 2023)
 - James Michel – Silver Stevie Award for People-Focused CEO of the year
 - Glenn Jurgen – Bronze Stevie Award for Chief Human Resources Officer of the Year
- 2023 eHealthcare Leadership Award – Gold Award in Best Digital Leadership in Health Equity, Diversity, and Inclusion category (awarded in November 2023)
- 2024 Hartford Business Journal 2024 Top 25 Women In Business Awards (awarded to Tammy Hendricks in April 2024)
- 2024 Stevie Awards for Great Employers (September 2024 Bronze Stevie Award to Jessica Briggs for Onboarding Professional of the Year)

Governance and Management Accomplishments

Board Membership

Charles H. Klippel, appointed by Governor Ned Lamont, has served as chair of the Board of Directors since April 15, 2021. Additionally, Board member Paul Philpott, appointed by Senate Minority Leader Senator Kevin Kelly, has served as Vice-Chair of the Board since January 21, 2021. The Governor’s other appointee to the Board of Directors is Dr. Deidre Gifford, Executive

Director of the Office of Health Strategy and former Commissioner of Public Health and Social Services.

Access Health CT assists the Office of the Governor and other appointing authorities with the search for and appointment of new directors when vacancies arise and as board members' terms of service end.

Audits

Access Health CT completed the FY 2024 independent financial and programmatic audits by Whittlesey and the 2023 annual State-based Marketplace Annual Reporting Tool (SMART) audit required by the Affordable Care Act. The FY 2024 Audited Financial Statements and Programmatic Audit Report, as well as the SMART audit were each clean audits free of material weaknesses and significant deficiencies.

Enterprise Project Management Office (EPMO)

EPMO staff successfully managed four major integrated eligibility system releases to completion, along with supporting three other major projects:

- The third year of the Broker Academy,
- Individual Contribution Health Reimbursement Arrangement (ICHRA) project, and
- IT Security and Compliance's Governance, Risk and Compliance software project.

Financial Management

In FY 2024, the Finance Department:

- Received clean audits for the 2023 CMS SMART audit and the FY 2024 independent financial audit and programmatic audit.
- Collected all marketplace assessment receivables as of December 31, 2023.
- Presented an updated Investment Policy for Board approval.
- Presented research on Reserve Funds for CT Quasi-Public Agencies, State-Based Exchanges and Connecticut Nonprofits; presented a draft Reserve Fund Policy to the Finance Committee.
- Collected Credit Card Rebate Revenue of \$32,970.
- Reviewed proposals and selected a new financial planning analysis software vendor.
- Completed cross-training and updated backup procedures and roles.
- Was awarded a \$40,000 grant from the Connecticut Health Foundation to engage a market research firm to help us survey people who became unenrolled in Medicaid through the post-pandemic eligibility redetermination process. Medicaid Unwind Leaver Survey results are available [here](#).

Human Resources

- **Best Company to Work for in CT:** AHCT is pleased to have been named a "Best Company to Work for in CT" by the Hartford Business Journal for the fifth consecutive

year. This recognition is based on employee participation in a survey where they rate a number of factors that contribute to being a “Best Company.” The survey is administered by an independent, third-party survey company and is completely anonymous. Employers must meet a certain score and have a minimum percentage of employees participate to receive the award.

- **Goal-Setting and Review:** With respect to our goal-setting and review process, we established quarterly “Goal Review” weeks and check-ins between supervisors and their direct reports. These weeks had unique themes and were heavily promoted throughout the organization.

Information Technology

- **10% Decrease in Outstanding Security Findings:** By the end of FY 2024, the IT department reduced outstanding security findings by 10% across all computing environments using automated security dashboards and alert systems, in line with the CMS Plan of Action and Milestones (POA&M) process.
- **Focus on Critical Systems for Upgrades:** We focused on identifying critical systems for upgrades to improve security and compliance and developed dashboards that provided real-time insights into our infrastructure's security posture, highlighting issues needing immediate attention.
- **Reduced Remediation Time:** We established clear protocols for rapid response and remediation, ensuring compliance with CMS and IRS requirements. These efforts reduced the time from issue identification to remediation and achieved high compliance rates, as confirmed by internal audits.

Legal, Governmental Affairs and Plan Management

- **Legislative Initiative:** Led Working Group as required by legislation passed by the Connecticut General Assembly for a Paraeducators Health Coverage Affordability Study pursuant to PA 23-204.
- **Procurement:** Led numerous competitive procurement processes through Requests for Proposals. Executed 150 contract vehicles for procurements to support agency needs and work.
- **Federal Pandemic Policy Changes:** Worked with Dept. of Social Services and AHCT internal departments to support the Medicaid Unwinding process.
- **Board Policy:** Worked with Board of Directors to update Board-approved Investment Policy.
- **Essential Community Provider (ECP) Tool:** Developed a web-based tool to facilitate electronic communications between providers and AHCT to share with carriers for compliance with Affordable Care Act requirements to inclusion of ECPs in plan networks.
- **Display of Plan Information in AHCT Enrollment System:** Enhanced benefit and comparison tools for a better user experience, allowing consumers to see cost-sharing information for more widely utilized services when making plan selections within AHCT

enrollment website and to increase understanding of “First Dollar Coverage” benefits in AHCT Standard Plans.

- **Enhanced Health Insurance Literacy:** Assisted consumers in plan selection process by adding clarifying language and strategic positioning of benefit information on AHCT enrollment website.
- **Health Equity Issues for Standard Plan Design:** Worked with the Health Plan Benefits and Qualifications Advisory Committee to consider Health Equity plan benefit changes for Standard Plans for Plan Year 2025.

Marketing Accomplishments

- **Targeting:** Based on email engagement and web traffic, along with the findings of the customer journey mapping project, we identified several targeted communications that enhance the customer experience and increase brand recognition. Additionally, we automated these communications to increase effectiveness, allow for more consistent reporting, and provide year-round support for customers and stakeholders: Incomplete application reminders, and an email welcome message that integrates customer and stakeholder partner audiences.
- **Measurement:** Implemented new framework to establish and track ROI goals for marketing efforts. Refined our approach to data to focus on ROI goals. Ran targeted advertisements and direct-to-consumer communications which led to better ROI reporting and data-driven decision making.
- **Blog and Data-Driven Content:** Used customer engagement data (email engagement and Google Analytics tracking) to identify topics of most interest to customers, then created two targeted blog posts that received above-average reader engagement.
- **Medicaid Unwind Leavers Survey, ACA Survey and Customer Journey Mapping:** Conducted research to better understand the motivations, challenges and needs of our customers with the ultimate goal of enhancing the customer experience. Presented the customer journey mapping project findings to all AHCT staff and implemented changes to customer communications, web content, and knowledge base content based on the recommendations from the journey mapping project.

Customer Service Operations Accomplishments

- Certified 1,272 individuals to help enroll consumers, including Customer Service Representatives, Certified Application Counselors, brokers, community partners, and AHCT staff.
- Transitioned from use of brokers employed by the Call Center to use of non-commissioned AHCT employees with health insurance broker licenses for limited circumstances when independent brokers are not available. This allowed AHCT to better use staff while also reducing charges for call center supplementary services by 15%.
- Resolved 16,111 customer inquiries for fiscal year 2024, a 3.8% increase over FY2023 due to the Medicaid Unwind and growth in AHCT’s customer base.

- Collaborated with Call Center vendor to upgrade their phone system to a new cloud system. The benefits of this new platform are strong security standards and certification and increased functionality to improve customer experience.
- Enhanced eLearning modules in our yearly certification curriculum with voiceovers. Test scores increased by 2% over last year. Led by our Training team, over 25 AHCT staff participated in this initiative.

Health Equity and Outreach Accomplishments

- **Outreach Tour Events:** Held 381 outreach tour events statewide, including community events and sponsorships.
- **Community Partner Visits:** Conducted 369 in-person site visits to community partners to share information and materials and present to their staff or constituents.
- **Virtual Community Partner Presentations:** Delivered 50 virtual Community Partner presentations to improve health insurance literacy among community partner groups and consumers. The totals above include the efforts of the AHCT Health Equity and Outreach team and those of our Navigator organizations.
- **Broker Academy:** In addition to our outreach efforts to minorities and underserved communities, our Broker Academy is our signature effort to address health disparities. Launched in 2022, the program is the first of its kind in the nation.



Access Health CT’s Broker Academy trains people from underserved communities across the state for careers as licensed health insurance brokers. As trusted messengers, these brokers will go on to serve their communities by helping their neighbors get insured, stay insured, and use their insurance to be well, ultimately reducing health disparities. Over time, new brokers may expand their portfolio to include vision, small business insurance, Medicare, and property insurance.

The Broker Academy, which is free to students, includes four days of Kaplan training, exam fees, license fees, and a mentorship with an experienced broker. Applicants must be 18 or older; have a high school diploma or GED, and a history of community involvement.

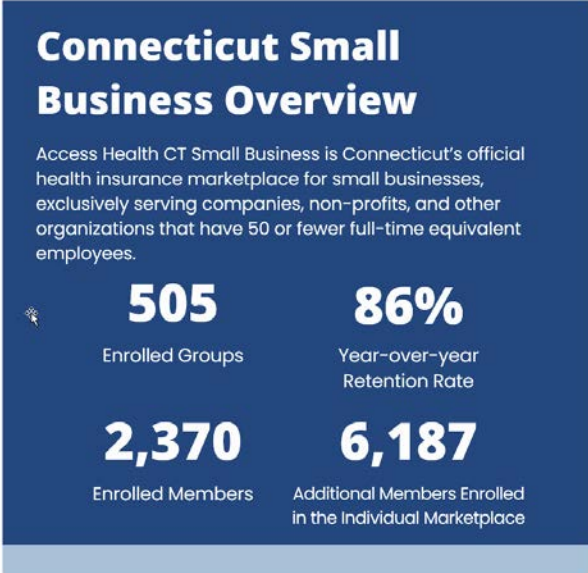
For the FY 2024 cohort, classes were held at Capitol Community College and Norwalk Community College. Fifty-three students attended the week of in-person classes and

passed the in-course exam. Twenty-three students passed the state broker licensing exam, and twenty-two completed their mentorship with an experienced broker.

Small Business Health Options Program (SHOP) Accomplishments

Among the FY 2024 accomplishments of AHCT’s Small Business Health Options Program (SHOP) are:

- ICHRA Platform Development:** Our SHOP team facilitated the development of an Individual Health Reimbursement Arrangements (IHRAs) program and platform. IHRAs let businesses reimburse employees for health insurance premiums instead of offering traditional group health insurance. Key aspects of program and platform development included compliance with regulations, user interface design for employers and employees, seamless reimbursement processes, and integration with insurers’ platforms.
- Broker Academy:** The SHOP team and Health Equity and Outreach team again collaborated on AHCT’s Broker Academy. This year we refined the program curriculum, offered advanced training, and expanded outreach to more brokers.
- 14% Increase in AHCT-Certified Broker Pool:** AHCT’s SHOP team achieved significant increases in the number of Individual and Small Group Brokers, through effective training, support, and resources, ultimately helping brokers enroll individuals and small groups more successfully.
- Connecticut Small Business Summit:** The SHOP team led and organized AHCT’s 2nd annual summit for small businesses, potentially educating them on health coverage options, including ICHRA. Our 2024 summit expanded on the success of our first summit in 2023, with higher attendance and greater engagement with small business owners.



Technical Operations and Analytics (TOA) Accomplishments

- In November 2023, AHCT collaborated with a vendor to survey the households whose HUSKY coverage was terminated as a result for the Medicaid Unwind activity and were not enrolled in coverage through the AHCT system. The objectives of this research were to understand the experiences of these consumers during the redetermination process, barriers and motivators, and current or future coverage options.

Key findings were: (1) Most customers who were no longer eligible for HUSKY Health have other coverage, usually through a job or partner; (2) messages from Access Health CT or other state agencies are effective at encouraging consumers to look at healthcare coverage options; (3) cost is the largest barrier for the uninsured.

Based on these findings, AHCT will continue to drive awareness of the redetermination process, leverage all available options to make coverage affordable and improve Health Literacy by expanding outreach to groups that are less likely to have healthcare coverage. The full report can be found on our website: [Access Health Medicaid Unwind Leaver Survey](#).

- TOA collaborated with the AHCT IT Team to deploy an interactive dashboard to our website (<https://www.accesshealthct.com/enrollment-dashboard/>) which allows the public to view QHP Enrollment from various perspectives including carrier and subsidy level by coverage year.
- Together with the AHCT Marketing team, TOA surveyed households who have had coverage through AHCT consecutively for the past 5 years to understand the Impact of the Affordable Care Act (ACA) on Connecticut residents. Overall, respondents feel their health would be much worse without the coverage they receive through AHCT. Specifically, respondents most valued their regular health maintenance and preventive care benefits. There are however still concerns about cost and inability to find a doctor that accepts their coverage.
- Additionally, TOA worked with the Department of Social Services (DSS) to integrate the National Change of Address (NCOA) database into our processes to decrease the volume of returned mail.

4. Activities and Projects Planned for Fiscal Year 2025

Strategic, Multi-Year Initiatives

1. 10 Clicks or Less

- AHCT’s “10 Clicks or Less” initiative is to redefine and reimagine the overall customer enrollment experience, exploring all connections and people involved to make enrollment a smoother, easier process for customers.
- In FY 2025 we intend to develop our strategy, prioritize evidence-based tactics, and determine the path forward for the enrollment system.
- In FY 2026 we aim to determine how to measure an improved user experience and the efficiencies gained within the reimagined enrollment process and eligibility system. In FY2026 we also plan to establish a date to start implementing the system transition or build a new enrollment and eligibility system.

2. Call Center Contract

- AHCT’s Call Center initiative entails issuing a Request for Proposals (RFP) for call center services from qualified vendors to provide our requested services at competitive market rates while demonstrating a mission and values similar to AHCT’s.
- In FY 2025 we aim to award a contract to a call center vendor selected through the RFP process. If we select a new vendor, we expect the transition to conclude by 7/1/2025.
- In FY 2026, we plan to identify benchmarks for improved customer service and technology tools and implement cost-control initiatives.

3. Individual Health Coverage Reimbursement Arrangement (ICHRA)

- AHCT is creating a fully integrated ICHRA platform to allow employees of participating small businesses to enroll in a Qualified Health Plan on the Access Health CT exchange.
- Phase 1 of this initiative includes a “soft launch” of the ICHRA platform in FY 2025 for a select segment of Connecticut small businesses.
- Phase 2, planned for FY 2026, will entail fully integrating the ICHRA system into the Health Insurance Exchange (HIX) enrollment platform.
- Phase 3, the final rollout of the new and fully integrated enrollment platform, is planned for FY 2027.

FY 2025 Department Goals

Finance

1. Successful transition to new financial planning and analysis software vendor.

2. Support Call Center RFP Team with Financial Analysis and Process Management in selecting the next Vendor.
3. Increase reserves from 6.4 months of operating funds to 7 months by persistently pursuing cost-saving initiatives throughout the organization and continuing to seek alternative revenue sources.
4. Pursue grant funding for projects that support cybersecurity, health literacy, preventive care, and the Broker Academy when those project plans are ready.
5. Investigate the feasibility of a planning grant for an internship program and expanding organizational outreach.
6. Staff continuous improvement in Systems and Processes through training and education.

Board Administration

Responsible for internal organizational Change Management efforts; develop plan and strategy for internal projects by 12/31/2024.

Operations

1. Redefine the overall customer enrollment experience, exploring all connections and people involved in the experience to make it a smoother process. Develop a strategy to prioritize the tactical blocks identified by 2/28/25
2. Select Call Center Services vendor through RFP process during Q2.
3. Identify process improvements and/or new functionality (1-2) in the CRM that would better the consumer experience and increase the efficiency for the CRT team by 6/30/2025
4. Reduce unassigned inventory over 30 days YOY by 10% during post open enrollment season
5. Identify at least 1-2 opportunities by June 30th, 2025, to present system updates, knowledge, etc. to Community partners, call center, State of CT agencies or their partners
6. Identify opportunities to improve the Call Center New Hire curriculum by continuing our partnership with call center trainers and DSS by 6/30/2025.
7. Re-launch the Quality Assurance Coaching program to support Customer Resolution Team with best practices when resolving customer inquiries and proper documentation by 12/31/2024.

Marketing

1. Create stronger points of connection between consumers and helpful resources that divert away from other more costly resources (call center and direct mail) by April 30. Helpful resources that add value to the customer experience and to focus on include Brokers; CACs; online account linkage; digital (email and SMS) opt in.

2. Revise the toolkit and create a library of longer-form, “how to” video content, by April 30.
3. Implement improvements to customer journeys by May 30, 2025, based on these two key areas: website navigation and increasing customer contacts with zip code data for geotargeted communications.

Technical Operations and Analytics

1. Adjust the Release Management and Scoping processes to accommodate quicker turn around for the implementation of changes to the Integrated Eligibility System, specifically regulatory/legislative requirements.
2. Identify and implement process improvements for improving the self-service rate, reduce overhead costs for the organization, and improve the overall user experience.
3. Expand automation of reconciliation of enrollment and APTC payment data to reduce turnaround time for resolution of discrepancies.

SHOP

1. Individual Coverage Health Reimbursement Arrangement (ICHRA) Platform Development
 - Phase 1 Completion (Soft Launch): By November 1, we aim to finalize and release the initial phase of our ICHRA enrollment platform. This phase will focus on core functionalities to provide a seamless user experience during the soft launch.
 - Phase 2 Completion (Full Rollout): By July 1, our goal is to complete Phase 2 of the platform, expanding the feature set to enable a full market release. This phase will incorporate feedback from the soft launch and introduce additional enhancements.
 - Comprehensive Marketing Plan: We will develop and implement a marketing strategy that effectively promotes the platform to target markets. This plan will include digital campaigns, partnerships, and promotional materials to ensure broad market penetration.
2. SHOP Platform Development
 - Integration with ICHRA Platform: A key objective is to integrate the new SHOP platform seamlessly with our ICHRA platform, providing unified access and functionality across both systems for users.
3. SHOP and Broker Support Team Restructuring
 - Team Merging and Role Redesign: Merge the SHOP and broker support teams into a unified group by redefining roles and responsibilities. This restructuring will enhance both internal and external support functions, fostering greater efficiency and better client engagement.
 - Technology Management Role: Create a new dedicated role responsible for overseeing all technology operations, including EDI systems, platform maintenance, and payment systems for both the SHOP and ICHRA platforms. This role will ensure smooth technical integration and operational continuity across platforms.

Human Resources

1. Internship Program Development: Design and implement an internship program that facilitates collaboration among different departments, resulting in a project that provides measurable benefits to Access Health CT, as assessed by stakeholder feedback.
2. Leadership Excellence Program: Create and launch a revised version of the Leadership Excellence at Access Health Program (LEAHP) specifically tailored for front-line supervisors and managers.
3. Employee Feedback Participation: Actively participate in the Best Places to Work in CT Survey Program, aiming to achieve a minimum response rate of 65% from employees, and compile a report summarizing insights and recommendations based on the feedback received.
4. SharePoint Site Rollout: Work closely with IT to successfully launch the new SharePoint site and create a group of leads to continue with engagement and satisfaction with the centralized repository for company information.
5. Perform a thorough salary analysis for all current positions within the organization, in collaboration with external benchmarking vendor. Ensure that the findings are prepared by the end of the first quarter of the 2025 calendar year.
6. Develop and distribute detailed Total Compensation reports for employees that include information on salary, as well as the various benefits offered by the company and the associated costs incurred by the company & employee for each benefit.

Legal and Plan Management

1. Individual Coverage Health Reimbursement Arrangement (ICHRA): Participate on the ICHRA Implementation team to provide legal and plan management support for the implementation of the ICHRA platform to help lower the uninsured rate and provide additional options for small businesses to offer coverage to their employees.
2. Improve the consumer experience and reduce health disparities by participating in the development of the strategy for the tactical blocks for the 10 Clicks of Less initiative through legal compliance and plan management input and support.
3. Improve the consumer experience and reduce health disparities by supporting the process to assess call center vendors who can provide the requested services at competitive market prices and support the procurement and contracting processes and possible transition to a new vendor.
4. Lower the uninsured rate and reduce health disparities by developing and implementing legislative initiatives such as the new information sharing with the Dept. of Revenue Services (DRS) information to reach uninsured consumers and connect them with information about coverage and affordability options.
5. Host two days of legislative action at the Capitol, including one legislative breakfast to engage with legislators one-on-one regarding Access Health CT's work for Connecticut residents. Testify on bills potentially affecting our consumers and Access Health CT operations.

6. The Plan Management team will partner with the Health Equity and Outreach Dept. and other depts. to increase health insurance literacy about the plans offered through AHCT and how to maximize the use of their health insurance benefits.

IT

1. Establish ongoing training programs to strengthen IT team's technical competencies and leadership abilities, ensuring department is equipped to lead innovation and adapt to evolving challenges within our organization.
2. Continue to prioritize robust security measures, enhance data protection and compliance protocols across our systems, adhering to regulatory IRS, and CMS requirements to safeguard sensitive information at every touchpoint.
3. Create a roadmap to adopt modern, scalable technologies to improve system efficiency and agility, facilitating faster updates and a seamless user experience that supports our long-term strategic goals.
4. Address and reduce outstanding security issues by implementing risk assessments and targeted remediation strategies, minimizing vulnerabilities to enhance overall system resilience within HIX and the ICHRA platforms.
5. Focus on user-centered design to refine our digital platforms to provide a more intuitive, engaging experience, aligning our services with customer needs for greater satisfaction and loyalty.

Health Equity and Outreach

1. Continue to lead and support initiatives aimed at reducing health disparities including launching year four of the Broker Academy.
2. Enhance engagement with Community Partners and Organizations, focusing on elevating awareness and health insurance literacy in underserved communities.
3. Further expand the CAC Program throughout the state, using data and aligned with community feedback.
4. Increase participation and involvement of consumers, carriers, community partners through the creation of more impactful events.
5. Continue to improve the Health Equity, Community partners and Broker Academy webpage making it more educational for our target audience.

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. Regarding 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, 2024

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	3	1	0	0	0	0	0	4	1	0	0	0	0	0	
1.2	First/Mid-Level Officials & Mgrs.	24	3	3	3	2	0	0	0	7	2	4	0	0	0	0	
2	Professionals	27	10	1	2	0	0	0	0	8	1	3	2	0	0	0	
5	Administrative Support Workers	36	6	3	2	0	0	0	0	4	5	15	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
	39	57	96	22	8	7	2	0	0	0	23	9	22	2	0	0	0
	41 %	59 %		56 %	21 %	18 %	5 %	0 %	0 %	0 %	40 %	16 %	39 %	4 %	0 %	0 %	0 %

* KEY: (W) – White; (B) – Black or African American; (H) – Hispanic or Latino; (A) – Asian; (I) – Indian; (N/H) – Native Hawaiian/Pacific Islander; (T) – Two Or More Races

Affirmative Action Efforts in Fiscal Year 2024

Access Health CT 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, JobTarget.com, and Access Health CT's own website. These websites and Access Health CT recruitment efforts reach a broad range of diverse candidates.

6. Financial

Marketplace Assessments

Marketplace assessments fund Access Health CT’s ongoing operations. Marketplace assessments are charged to all health and dental insurance carriers capable of offering a qualified health plan through the Exchange to generate funding necessary to support the operations of Access Health CT. Access Health CT's assessments are calculated as a percentage of the premiums earned in Connecticut. Marketplace assessments are billed and collected on a calendar year basis.

Pursuant to Conn. Gen. Stat. § 38a-1083(c)(7) the Exchange has the authority to charge assessments or user fees to fund its operations and to charge interest and penalties to carriers failing to pay the assessments and fees required.

Conn. Gen. Stat. §38a-1083 provides that the Commissioner of Insurance shall 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.

In June 2023, after reviewing significant research and thoughtful deliberation, the Access Health CT Board of Directors increased the assessment rate from 1.65% to 1.85%, effective January 1, 2024. While the assessment rate was unchanged for the previous eight years, AHCT’s assessment rate remains the lowest among all other state exchanges.

Bonds

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

Grants Awarded to Access Health CT

In FY 2024, Access Health CT was awarded a \$40,000 grant from the CT Health Foundation for the Medicaid Unwind Leaver Survey. Survey results are available [here](#).

Grants Issued by Access Health CT

In FY 2024, Access Health CT issued four Community Navigator grants totaling **\$352,889**:

Community Health Center Association of Connecticut, Inc.	\$100,000
Community Renewal Team, Inc.	\$ 96,911
GBAPP, Inc	\$ 75,000
New Opportunities, Inc	\$ 80,978
Total	\$352,889

Access Health CT issued stipends to the following 2023 Broker Academy students to support their participation in the six-month program and mentorship. Grants to AHCT from the

Farmington Bank Community Foundation and the Community Chest for New Britain and Berlin funded \$3,103 of these stipend payments.

2023 Broker Academy Stipends

Jessica Angelo-Julien	\$ 1,500	Rita Moore	\$ 1,500
Daniel Asare	\$ 1,500	Jeanette Munoz-Allam	\$ 1,500
Ruth Baez	\$ 1,500	Maria Palomares-Basch	\$ 1,500
Jennifer Bass	\$ 1,500	Miyoshi Patterson	\$ 1,500
Joanni Council	\$ 1,500	DeLita Rose-Daniels	\$ 1,500
Dennis Davie	\$ 1,500	Karamelahi Shafique	\$ 1,500
Troy Golding	\$ 1,500	Beatriz Velez	\$ 1,500
Jane Li	\$ 1,500	Sheri Wright	\$ 1,500
Devyn Markland	\$ 1,500	Total	\$27,000
Susan Mayer	\$ 1,500		

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

A&A Office Systems, Inc.	NCS Pearson Inc.
Adaptive Insights, Inc.	New Fields Technologies LLC
Advent Cat Risk	New Opportunities, Inc.
Amazon.com LLC	Northeast Series of Lockton Companies, LLC
AT&T Corp	Noverant, Inc.
Benefitfocus.com.inc.	OpenSesame Inc.
Bernard L. Kavalier	Optiv Security, Inc.
Buildscale, Inc. (dba Vidyad)	Oracle America Inc.
Carahsoft Technology Corporation	Paramount Technologies, Inc.
CDW LLC	Paylocity Corporation
Center for Health Policy Development	Pier 27 Executive Coaching and Talent Consulting LLC
Chrysalis Center, Inc.	Pitney Bowes Presort Services, Inc.
Chubb and Son a division of Fed Ins Co	Plato eLearning, LLC
Clarizen, Inc.	President and Fellows Of Harvard College
CliftonLarsonAllen LLP	Regional Community - Technical Colleges
Cognizant Technology Solutions	Robert Half International, Inc.
Community Health Center Association of CT, Inc.	Scan-Optics LLC
Community Renewal Team, Inc.	SHI International Corp.
Controlled Air, Inc.	Shipman & Goodwin LLP
Converge Technology Solutions US, LLC	Sign Pro, Inc
Coursera, Inc.	SOFTEON INC.
Crown Castle Fiber LLC	Solution-Soft Systems, Inc.
Dell Financial Services LLC	State of Connecticut - DSS
Dell Marketing LP	State of CT Office of Health Strategy
Deloitte Consulting LLP	TEKsystems, Inc.
ePlus Technology Inc.	The RDW Group, Inc.
Fairfax Data Systems, Inc	The Rocket Science Group, LLC
GBAPP, Inc.	The Southern New England Telephone Co.
Grunberg 280 Trumbull, LLC	The TEAM Approach, Inc.
Hallmark Totaltech, Inc.	The Tri-Com Consulting Group, LLC
HubSpot Inc.	TouchPoint Integrated Communications LLC
Infosys Public Services, Inc.	TTEC Government Solutions, LLC
Insight Public Sector, Inc.	Universal E-Business Solutions, LLC
International Business Machines Corp	uWork.com, Inc.
Jama Software, Inc.	Victor Advertising Service
Janus Software, Inc.	V-Link, Inc.
Kaplan, Inc.	W.B. Mason Co. Inc.
Kool Ink LLC	Wakely Consulting Group, Inc
M2D Global Life Sciences, LLC	West Publishing Corporation
Market Street Research Inc.	Whittlesey PC
Melissa Data Corporation	Workday, Inc.
Mintz & Hoke	
Mobile Commons, Inc.	

Audited Financial Statements

CONNECTICUT HEALTH INSURANCE EXCHANGE D.B.A. ACCESS HEALTH CT
AUDITED FINANCIAL STATEMENTS
 Period: July 1, 2023 to June 30, 2024

Statements of Net Position
For the Fiscal Years Ending June 30, 2024 and 2023

	FY24	FY23
Assets		
Current Assets:		
Cash and Cash Equivalents	\$ 28,387,878	\$ 29,474,055
Accounts Receivable	280,122	179,441
Prepaid Expenses	236,333	195,564
Total Current Assets	<u>28,904,333</u>	<u>29,849,060</u>
Noncurrent Assets:		
Capital Assets not Being Depreciated	2,293,400	4,804,978
Capital Assets, Net of Accumulated Depreciation	11,162,167	11,118,920
Total Noncurrent Assets	<u>13,455,567</u>	<u>15,923,898</u>
Total Assets	<u>\$ 42,359,900</u>	<u>\$ 45,772,958</u>
Liabilities and Net Position		
Current Liabilities:		
Accounts Payable	\$ 173,880	\$ 141,361
Accrued Liabilities	5,424,120	6,289,900
Unearned Revenue	1,371,326	425,537
Lease Liability - Current Portion	321,524	418,383
Subscription Liability - Current Portion	153,105	143,271
Total Current Liabilities	<u>7,443,955</u>	<u>7,418,452</u>
Noncurrent Liabilities:		
Lease Liability	2,609,395	3,033,563
Subscription Liability	19,374	184,001
Total Noncurrent Liabilities	<u>2,628,769</u>	<u>3,217,564</u>
Total Liabilities	<u>\$ 10,072,724</u>	<u>\$ 10,636,016</u>
Net Position:		
Net Investment in Capital Assets	\$ 11,309,312	\$ 11,538,032
Unrestricted Net Position	20,977,864	23,598,910
Total Net Position	<u>32,287,176</u>	<u>35,136,942</u>
Total Liabilities and Net Position	<u>\$ 42,359,900</u>	<u>\$ 45,772,958</u>

CONNECTICUT HEALTH INSURANCE EXCHANGE D.B.A. ACCESS HEALTH CT
AUDITED FINANCIAL STATEMENTS
 Period: July 1, 2023 to June 30, 2024

Statements of Revenue, Expenses and Changes in Net Position
For the Fiscal Years Ending June 30, 2024 and 2023

	FY24	FY23
Operating Revenues		
Marketplace Assessment	\$ 33,356,883	\$ 31,392,008
Intergovernmental Revenue	-	241,137
Private Grants	40,000	137,455
Other Income	32,969	12,766
Total Revenues	\$ 33,429,852	\$ 31,783,366
Operating Expenses		
Salaries and Wages	\$ 8,603,559	\$ 8,086,709
Fringe Benefits	3,670,611	3,154,838
Consultants	14,761,188	12,838,877
Maintenance	2,972,862	3,345,976
Administration	712,397	556,979
Equipment	1,068,801	614,900
Travel	97,026	88,550
Supplies	13,133	10,829
Depreciation and Amortization	5,516,865	4,193,552
Total Operating Expenses	\$ 37,416,442	\$ 32,891,210
Net Operating Gain (Loss)	(3,986,590)	(1,107,844)
Nonoperating Revenues Interest Income		
Interest Income	1,136,824	898,226
Change in Net Position	\$ (2,849,766)	\$ (209,618)
Net Position, beginning of year	35,136,942	35,346,560
Net Position, end of year	\$ 32,287,176	\$ 35,136,942

CONNECTICUT HEALTH INSURANCE EXCHANGE D.B.A. ACCESS HEALTH CT
AUDITED FINANCIAL STATEMENTS
 Period: July 1, 2023 to June 30, 2024

Statements of Cash Flows
For the Fiscal Years Ending June 30, 2024 and 2023

	FY24	FY23
Cash Flows from Operating Activities:		
Receipts from Marketplace Assessment	\$ 34,368,910	\$ 31,328,642
Reimbursement of Operating Costs	22,974,777	20,170,887
Receipts from Intergovernmental Revenue	-	304,667
Receipts from Other Sources	72,969	150,221
Payments to Employees	(12,277,747)	(11,213,334)
Payments to Vendors	(43,603,113)	(37,191,355)
Net Cash Provided by Operating Activities	<u>\$ 1,535,796</u>	<u>\$ 3,549,728</u>
Cash flow from Capital and Related Financing Activities:		
Payments for Software Development in Progress	\$ (3,062,210)	\$ (2,119,253)
Purchase of Equipment and Software	(681)	(11,458)
Subscription Payments	(174,818)	(226,887)
Lease Payments	(521,088)	(701,701)
Net Cash Used by Capital and Related Financing Activities	<u>\$ (3,758,797)</u>	<u>\$ (3,059,299)</u>
Cash Flows from Investing Activities:		
Interest and Dividend Income	<u>\$ 1,136,824</u>	<u>\$ 898,226</u>
Net Change in Cash and Cash Equivalents	<u>\$ (1,086,177)</u>	<u>\$ 1,388,655</u>
Cash and Cash Equivalents - beginning of year	29,474,055	28,085,400
Cash and Cash Equivalents - end of year	<u>\$ 28,387,878</u>	<u>\$ 29,474,055</u>
Reconciliation of Operating Loss to Net Cash Provided by Operating Activities:		
Operating Loss	\$ (3,986,590)	\$ (1,107,844)
Adjustments to Reconcile Operating Loss to Net Cash Provided by Operating Activities:		
Depreciation and Amortization	5,516,865	4,193,552
Changes in Assets and Liabilities:		
(Increase) Decrease in Accounts Receivable	(66,238)	(24,444)
(Increase) Decrease in Prepaid Expenses	(40,769)	15,427
(Increase) Decrease in Security Deposit	-	1,197
Increase (Decrease) in Accounts Payable	32,519	17,643
Increase (Decrease) in Accrued Liabilities	(865,780)	429,589
Increase (Decrease) in Unearned Revenue	945,789	24,608
Net Cash Provided by Operating Activities	<u>\$ 1,535,796</u>	<u>\$ 3,549,728</u>