



**Connecticut Health Insurance Exchange  
Board of Directors Regular Meeting**

Remote Meeting

Thursday, October 15, 2020

**Meeting Minutes**

**Members Present:**

Paul Philpott (Interim Vice-Chair); Cecelia Woods, Thomas McNeill; Steven Hernandez; Grant Ritter; Theodore Doolittle; Office of the Healthcare Advocate (OHA); Heather Aaron, Department of Public Health Acting Commissioner Designee; Michael Gilbert on behalf of Deidre Gifford, Commissioner, Department of Social Services (DSS); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Yvonne Addo on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental and Health Addiction Services (DHMAS); Gregory Messner on behalf of Secretary Melissa McCaw, Office of Policy and Management Secretary (OPM); Victoria Veltri

**Other Participants:**

***Access Health CT (AHCT) Staff:*** James Michel; Anthony Crowe; Susan Rich-Bye; Robert Blundo; Andrea Ravitz; Daniel Maloney; Daryl Jones; John Carbone; Glenn Jurgen; Kathleen Tallarita; Marcin Olechowski; Julie Andrews of Wakely Consulting Group, and Brad Heywood of Wakely Consulting Group

**A. Call to Order and Introductions**

**The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:00 a.m.**

Vice-Chair Paul Philpott called the meeting to order at 9:00 a.m. Attendance roll call was taken.

James Michel, Access Health CT (AHCT) Chief Operating Officer (CEO), introduced Gregory Messner from the Office of Policy and Management as a designee for Secretary Melissa McCaw.

**B. Public Comment**

No public comment.

### **C. Review and Approval of Minutes**

Vice-Chair Paul Philpott requested a motion to approve the September 17, 2020 Board of Directors Regular Meeting Minutes. Motion was made by Victoria Veltri and seconded by Thomas McNeill. Roll call vote was taken. Gregory Messner and Victoria Veltri abstained. **Motion passed.**

### **D. CEO Report**

Mr. Michel gave the CEO Report. Mr. Michel provided a synopsis of successes and challenges that the organization is currently facing. He pointed out that due to unprecedented furloughs caused by the COVID-19 pandemic, AHCT continues to play a crucial role to assist residents in providing affordable healthcare coverage. Mr. Michel expressed words of appreciation to AHCT's partners including the Department of Labor (DOL), Department of Social Services (DSS), Connecticut Insurance Department (CID), Governor Ned Lamont and two participating carriers, ConnectiCare and Anthem. Mr. Michel stressed that AHCT will concentrate more resources to help families and businesses have better access to healthcare coverage. Mr. Michel informed the Board that the Federal Public Health Emergency has been extended to January 31, 2021. Therefore, individuals who are participating in the HUSKY program do not have to renew their applications until the health emergency is over. Mr. Michel indicated that the launch of the new website has been put on hold pending additional improvements.

### **E. COVID-19 Update and Open Enrollment 8 Update**

Robert Blundo, Director of Technical Operations and Analytics and Andrea Ravitz, Director of Marketing, provided the COVID-19 and Open Enrollment 8 Update. Mr. Blundo enumerated various improvements to the system that were either released or will be implemented in the near future and added that most of those features are designed to update eligibility parameters and improve the renewal process. Mr. Blundo described the impact of the 2019 federal tax filing deadline extension. He added that an analysis is currently underway on the magnitude of the impact to the passive renewal process and consumer verifications which is important for consumer retention. Mr. Blundo added that without mitigating actions, reduced passive renewal rate and increased verifications may need to occur. Mr. Blundo added that AHCT is working collaboratively with ConnectiCare on the transition of their enrollment system to a new system which is expected to have a minimal impact on customer experience.

Mr. Blundo went on to describe the Public Health Emergency (PHE) Planning. Mr. Blundo pointed out that the PHE has been extended from October 31, 2020 to January 31, 2021 and reiterated that over 100,000 HUSKY customers had coverage extended through January 2021 and a high volume of projections for renewal is planned to begin in December. It will allow customers to retain coverage until that time. Mr. Blundo noted that if indeed the PHE ends on January 31,

2021, the Integrated Eligibility System (IES) will automatically re-enroll these individuals since it will recognize it as a qualifying life event and they will be able to transition into the Qualified Health Plan (QHP) coverage or redetermine if they qualify for HUSKY again. Mr. Blundo summarized the major October Open Enrollment milestones and provided current QHP enrollment data.

Andrea Ravitz provided the Open Enrollment 8 Update. Ms. Ravitz emphasized that AHCT is working very closely with the DOL as well as numerous community organizations to reach out to people who have been affected by the ongoing pandemic and lost their healthcare coverage. Ms. Ravitz enumerated those organizations and noted that AHCT is present at various locations throughout the state including Food Share, school districts, farmers markets, webinars, and supermarkets to name a few. AHCT is in contact with 700 community partners throughout the state that assist the organization in promoting obtaining affordable healthcare coverage through the Exchange. Ms. Ravitz outlined the pre-OE8 efforts that include, but are not limited to Hispanic Heritage Months' Sponsorship, and social media advertising among others. Ms. Ravitz briefly described the Healthy Chats, which are educational sessions that historically have been instrumental in providing accurate healthcare coverage information to the community and directed the attention of the Board to the Community Summit which will take place virtually this year between October 27 and October 30.

Ms. Ravitz explained that the Community Summit brings many community partners, brokers, Certified Application Counselors (CACs) and other stakeholders together. Ms. Ravitz stressed that OE help, due to the pandemic, will be shaped differently. Customers can always utilize the AHCT online platform to enroll, live chat is available as well. Ms. Ravitz added that 460 brokers will be able to assist AHCT customers along with 125 CACs. Virtual enrollment fairs will be held in November and December. Ms. Ravitz conveyed that in-person help will also be available at 6 Enrollment Centers in Hartford, New Haven which are Navigator Locations as well as in Bridgeport, Stamford, New Britain and Groton and emphasized that all the physical locations will observe health safety guidelines. Ms. Ravitz elaborated on the OE8 Advertising Campaign that will be utilized starting November 1<sup>st</sup> and stressed that it is a data-driven campaign based on prior research.

Victoria Veltri conveyed her appreciation for being proactive in reaching out to those individuals who have lost their jobs. Mr. Philpott followed up with a question about the current number of certified brokers and the level of engagement from the broker community. Anthony Crowe, Chief Operating Officer, stated that currently 460 brokers are interested, which is higher than in prior years; and, 250 brokers are certified and many more are taking certification tests. Mr. Crowe added that this year, brokers had a chance to meet with the participating carriers to discuss plans that will be offered on the Exchange.

## **F. Consumer Impact Study**

Susan Rich-Bye, Director of Legal and Governmental Affairs, introduced Julie Andrews and Brad Heywood of Wakely to present the Consumer Impact Study. Ms. Andrews presented an overview of the premium changes to consumers in the individual market and summarized the effects of those changes. Ms. Andrews pointed out that 43 percent of policyholders will experience a decrease in premiums and 57 percent of them will experience an increase with an average of \$30. Ms. Andrews described the 2021 rate changes for impacted policyholders by metal levels.

Brad Heywood described the summary of the 2021 Plan Offerings in the Individual market. The same two issuers, Anthem and ConnectiCare Benefits Inc. (CBI), are participating on the Exchange in 2021. Mr. Heywood described the way the plans are developed using the Actuarial Value Calculator (AVC). Mr. Heywood noted that compared to previous years, the Plan Year 2020 recorded a slight increase in membership in the bronze plans, which accounted for 46 percent of all enrollments. Mr. Heywood noted that the weighted average rate increase for AHCT enrollees, which is counted before the premium assistance, is 0.2 percent. This rate change does not include the impact of aging. Mr. Heywood summarized causes for the rate changes. Mr. Heywood went on to summarize the Small Group Market and pointed out that four plans are being terminated in 2021 and added that Anthem's overall proposed rate increase is 2.6 percent while the Connecticut Benefits Inc. (CBI) increase is 0.9 percent.

Mr. Philpott inquired about the Risk Adjustment Payments in terms of who was the payer and the receiver. Ms. Andrews answered that in the individual market, ConnectiCare was a payer and Anthem was a receiver. Theodore Doolittle inquired about the second lowest silver plan which has decreased in premium across the board and whether it will have any impact on the premium subsidies across the state. Ms. Andrews indicated that not all silver plans in all the counties will see a benchmark plan decrease and the average will be based on the mix. Therefore, the change will not be significant.

Ms. Andrews went on to describe the Consumer Impact Analysis. Numerous factors are used by consumers when choosing the best plan option. They include the premium cost, the network, county, drug formulary, benefit cost-sharing, age, family size, income, and health care needs. All those factors need to be evaluated by the consumer before a final decision on the insurance plan is made. Changes in the benchmark plans were described, and theoretical examples for different households were provided. Consumers' share of premium by the Federal Poverty Level (FPL) was also described. Discussion ensued around examples provided and those individuals who are above the 400 percent of the Federal Poverty Level (FPL). Mr. Michel stated that affordability of health insurance plans for those who are above the FPL level is still an issue and AHCT is looking forward to policy changes by working with elected officials, both on the state and federal levels to make it more affordable. Grant Ritter inquired whether some gold plans being less expensive than the lowest cost silver plans is a broad issue. Ms. Andrews confirmed that it is the case. Mr. Philpott inquired whether AHCT can provide additional assistance to those who are above the

400 percent FPL level. Mr. Michel noted that it is the brokers who should be able to guide those customers to better and less expensive plans since the law does not allow AHCT to do that.

### **G. Legal Update**

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided a Legal Update. Ms. Rich-Bye provided summaries on pending court cases.

Ms. Rich-Bye outlined circumstances surrounding the vacancy on the Supreme Court created by the death of Justice Ruth Ginsberg and the possible outcomes of the ACA case *California vs. Texas*. Ms. Rich-Bye remarked that if the ninth justice is not seated before the oral arguments are heard, then that justice will not be able to participate in the decision on the case. Ms. Rich-Bye added that if the case ends up in a 4-4 tie, then it will be remanded to the lower court and the lower court's decision on the case will stand or the Supreme Court can re-schedule the case until there are nine justices on the bench. Ms. Rich-Bye also provided theoretical examples of how the Court could get to 5 votes to uphold the ACA even with the sixth conservative justice on the bench.

Ms. Rich-Bye discussed the Cost Sharing Reductions (CSR) litigation which has continued for a few years, two circuit courts decided that while the carriers are entitled to recover the lost CSRs, the amount should be offset by increased amount that they received by the Advanced Premium Tax Credits due to premium loading. The insurers asked for the case to be reheard and claim that the wrong doctrine has been applied by the courts. Ms. Rich-Bye briefly described non-ACA Coverage Litigation regarding whether loose partnership plans could be considered plans not subject to ACA or state insurance law regulations.

### **H. Future Agenda Items**

Mr. Michel briefly summarized Future Agenda Items. They include:

- Fiscal Year 2021 Quarter Budget Report
- 2022 Standard Plan Designs
- OE8 Update
- Health Disparities Study
- Subsidiary
- Mid-Year CEO Report
- Audits
- Information Technology Development Update/Report

### **I. Adjournment**

Vice-Chair Paul Philpott requested a motion to adjourn. Motion was made by Victoria Veltri and seconded by Cecelia Woods. Roll call vote was taken. **Meeting adjourned at 10:46 a.m.**