



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

Remote Meeting

Thursday, May 20, 2021

Meeting Minutes

Members Present:

Paul Philpott (Interim Vice-Chair); Cecelia Woods, Steven Hernandez; Grant Ritter; Sean King on behalf of Theodore Doolittle; Office of the Healthcare Advocate (OHA); 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); Commissioner Deidre Gifford, Department of Social Services (DSS) and Acting Commissioner of the Department of Public Health (DPH); Victoria Veltri; Thomas McNeill; Gregory Messner, on behalf of Secretary Melissa McCaw, Office of Policy and Management

Other Participants:

Access Health CT (AHCT) Staff: James Michel; Anthony Crowe; Susan Rich-Bye; Robert Blundo; Andrea Ravitz; Daryl Jones; John Carbone; Glenn Jurgen; Ann Lopes, Marcin Olechowski

Wakely Consulting: Julie Andrews

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.

B. Public Comment

No public comment.

C. Vote

Vice-Chair Paul Philpott requested a motion to approve the April 15, 2021 Regular Meeting Minutes. Motion was made by Victoria Veltri and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

D. CEO Report

James Michel, Chief Executive Officer, provided the CEO Report. Mr. Michel noted that in February, Access Health CT (AHCT) opened a Special Enrollment Period (SEP) for uninsured residents of Connecticut lasting through mid-April. The SEP was undertaken to alleviate the Public Health Crisis. Mr. Michel stated that AHCT is working on the implementation of the American Rescue Plan Act (ARP) in Connecticut. Mr. Michel emphasized that the ARP has a significant impact on both the uninsured population as well as current customers of AHCT. Mr. Michel noted that AHCT is happy to participate in the ARP which eliminates or vastly reduces monthly premium payments. Mr. Michel enumerated topics for discussion at the Board meeting. Mr. Michel extended his words of appreciation and expressed his gratitude to Andrea Ravitz, Director of Marketing, who for over seven years provided excellent and passionate work for AHCT. AHCT is a stronger organization because of her work. Members of the Board expressed their words of appreciation to Ms. Ravitz's work and wished her well in her future endeavors.

E. COVID-19/Special Enrollment Final Report

Robert Blundo, Director of Technical Operations and Analytics provided the COVID-19 Special Enrollment Final Report. Mr. Blundo noted that AHCT opened a SEP for consumers who were not currently enrolled in coverage through AHCT and added that this effort aligned with the SEP in the Federally Facilitated Marketplace (FFM). Mr. Blundo emphasized that, most importantly, it helped consumers during the COVID-19 Pandemic and Public Health Emergency and pointed out that it took place between February 15 and April 15, 2021. Mr. Blundo provided statistical data comparing the SEP to SEP Enrollment for the past three years. Mr. Blundo pointed out that 5,890 individuals enrolled in 2021 during the SEP and noted that AHCT invested in its systems in order to respond and implement new SEPs as soon as possible.

F. American Rescue Plan Implementation Update

Mr. Blundo stated that on April 30, AHCT implemented and released the updated ARP contribution rates and since then, any customer updating or renewing an application is eligible to benefit from the additional financial help to make plans more affordable. Mr. Blundo provided statistical data on the existing and new enrollees. Mr. Blundo emphasized that for existing enrollees, the pre-ARP monthly premium averaged \$491, while with the ARP assistance, it decreased to \$281. Mr. Blundo added that 24 percent is the proportion of enrollees who updated

their application and have annual incomes above the 400 percent of the Federal Poverty Level (FPL). Mr. Blundo stated that 88 percent of new enrollees are eligible for the Advanced Premium Tax Credits (APTC) and the new average household net premium is \$204.

Mr. Blundo went on to provide the Board with information on the development of an automatic APTC update for existing customers and implementation of the unemployment income provision which is scheduled for a June 25th release. Targeted communications are also a part of this campaign. Mr. Blundo added that part of the ARP program included \$20 million of grant funding to be shared among all state-based marketplaces to help implement technology related to the APR and the notice of this grant is expected soon; AHCT will be applying for it. Mr. Philpott inquired about the expected enrollment count after the implementation of the ARP. Mr. Blundo noted that many aspects are contributing to that the expected enrollment count, the ARP and other elements, plus individuals on HUSKY who may have income above the HUSKY eligibility limit have been allowed to continue their coverage for one and a half years and this extension is expected to sunset at some point. These individuals may be eligible for a Qualified Health Plan (QHP) through AHCT. Mr. Blundo pointed out that it is difficult to estimate projections and other state-based exchanges are using a figure of ten percent of the uninsured population along with individuals who obtained medical coverage off-Exchange who can potentially obtain coverage on the Exchange.

Andrea Ravitz, Director of Marketing, provided the Marketing Update as a part of the ARP Marketing Strategy. Ms. Ravitz also expressed her words of gratitude to the Board and AHCT for their support during her tenure as Director of Marketing. Ms. Ravitz noted that the ARP marketing campaign was challenging since time was of the essence. Ms. Ravitz enumerated the focus on different groups, which included but were not limited to existing AHCT customers receiving financial help as well as those who do not receive Financial Assistance (FA), uninsured residents, off-Exchange customers as well as small businesses and residents obtaining or choosing COBRA coverage.

Ms. Ravitz stated that the communication plan focused on various areas such as introduction to AHCT and the ARP, and marketplace subsidy expansions among others. Ms. Ravitz described the community outreach which included partner outreach, in-person events in many languages, carrier communication plans to reach off-Exchange consumers as well as the in-person help through the Navigator locations in New Haven and Hartford. Ms. Ravitz also discussed customer communication and mass media efforts that include the multi-platform approach consisting of acquisition, retention, win back and various other methods of outreach such as television, radio, print and public relations to mention a few.

Ms. Ravitz provided a timeline for these communication initiatives. Ms. Ravitz presented the updated design of the consumer website which is easier to navigate. Ms. Ravitz concluded her

presentation showing the English and Spanish advertisements promoting the utilization of increased financial assistance under the American Rescue Plan Act.

G. Individual Market Standard Plan Designs

Ann Lopes, Carrier Product Manager and Julie Andrews of Wakely Consulting presented the Individual Standard Market Plan Designs. Ms. Lopes indicated that at the last Board meeting in April, information had been reviewed regarding the Health Plan Benefits and Qualifications (HPBQ) Advisory Committee work undertaken over these last few months relating to certification requirements for plan year 2022. During that discussion a question came up with regards to getting more clarification on standardized plans.

Ms. Lopes summarized the AHCT Standardized Plans and stated that they include the cost sharing values within a sub-set of benefits for a select number and type of plans are prescribed by the Exchange. Ms. Lopes added that uniform cost-sharing across these plans allows consumers to focus on other unique aspects of each standardized plan, such as premium, provider network, drug formulary, wellness programs, overall plan quality and customer satisfaction, as well as carrier brand. Ms. Lopes pointed out that premium rates for the standardized plans will differ among the submitting Issuers and emphasized that all carriers participating with AHCT in the Individual Market must submit the required number and type of standardized plans each year in order to be certified. Ms. Lopes stated that there is one Gold, one Silver with cost-sharing variants and two Bronze plans required as standardized plans for 2021. Ms. Lopes stated that the previous meeting included discussion of plan design modifications related to deductibles for laboratory services, state legislation on diabetes effective January 2022 and Internal Revenue Service guidance "Additional Preventative Care Benefits Permitted to be Provided by a High Deductible Health Plan Under Section 223". Ms. Lopes added that since the last Board meeting, the final Notice of Benefit and Payment Parameters Regulation was released by HHS, and the Maximum Out of Pocket (MOOP) limit has been reduced which in turn caused the non-HSA Bronze plan to be out of compliance. Ms. Lopes added that AHCT met with the stakeholders at the request of one of the carriers for the additional review of the HSA Bronze plan with regards to state legislation on diabetes as well as the IRS guidance from the past pertaining to preventative care benefits in the High Deductible Health Plan. Ms. Lopes stated that the Health Plan Benefits and Qualifications Advisory Committee met and provided their recommendations to the Board for consideration.

Julie Andrews from Wakely stated that all plans proposed have been reviewed by the participating carriers for compliance with their own actuarial value calculations and mental health parity compliance. Ms. Andrews noted that the increase in the maximum out of pocket of \$8,800 is no longer compliant with the finalized \$8,700 limit in the federal regulation for the Bronze Non-HSA Plan.

Vice-Chair Paul Philpott requested a motion to approve the Individual Standard Bronze Non-HSA Plan Alternative Plan #3 as the Standard Bronze Non-HSA Plan for Plan Year 2022 as recommended by the Health Plan Benefits and Qualifications Advisory Committee. Motion was made by Victoria Veltri and seconded by Grant Ritter. Roll call vote was ordered. **Motion passed unanimously.**

Ms. Andrews presented the proposed Bronze HSA Plan. Ms. Andrews reviewed the plan previously approved by the Board. Ms. Andrews pointed out that based on the stakeholders' feedback, a careful reconsideration was given for the inclusion of certain services in the state legislation. Ms. Andrews noted that the IRS regulation was revisited and the consideration for certain key services for treatments for individuals with diabetes to be covered before the deductible. Ms. Andrews emphasized that four out of six items are permitted per IRS regulation and they include insulin and glucometer (they will be subject to co-insurance), and hemoglobin testing along with retinopathy screening will be subject to co-insurance up to the MOOP.

Ms. Andrews noted that after careful consideration, the HPBQ Advisory Committee chose Standard Plan Option #2 as the Standard Bronze HSA Plan for Plan Year 2022.

Vice-Chair Paul Philpott requested a motion to approve the Standard Bronze HSA Plan Option #2 as the Standard Bronze HSA Plan for Plan Year 2022 as recommended by the Health Plan Benefits and Qualifications Advisory Committee. Motion was made by Victoria Veltri and seconded by Grant Ritter. **Motion passed unanimously.**

H. Human Resources Committee Update

Glenn Jurgen, Director of Human Resources, presented the Human Resources Committee Update. Mr. Jurgen provided the Board a staffing update. Mr. Jurgen reviewed the reasons for the employee turnover. Mr. Jurgen noted that working remotely contributed to this change in work circumstances which includes employees having more time to reflect on their professional careers and their futures.

Gregory Messner left at 10:00 a.m.

Mr. Jurgen stated that once a position is vacated, a reevaluation of the need for this position is undertaken, and, in some instances, tasks are redistributed to other employees. Mr. Jurgen emphasized that AHCT adapted extremely well to the remote working conditions, which also won the company the accolade of being one of the best employers to work for in Connecticut. Mr. Jurgen stated that a new post-pandemic back to work strategy is currently being developed and added that the leadership team came up with six pillars that will guide the process as to how any plan will be rolled out. Mr. Jurgen stated that an employee survey has been sent to the employees inquiring about their preferred model of working for AHCT. Mr. Jurgen added that a working

group was established that includes members from many areas of the workforce to help come up with possible solutions that would be presented to the Senior Leadership Team (SLT) in early June. Following that, it will also be presented to the Human Resources Committee and subsequently, to the Board. Deidre Gifford inquired about the number of vacancies and staffing levels at AHCT. Mr. Jurgen stated that currently AHCT has about four vacancies and the fully staffed organization would employ about 97 people. Mr. Michel reiterated that once a vacancy occurs, a reevaluation of that role takes place and sometimes responsibilities are shared between other employees without the risk of diminishing the service that AHCT provides. Mr. Michel added that some work was shifted from the Operations Department to the IT Department to provide better, more secure customer experience as well as savings to the Agency.

I. Strategy Committee Update

Steven Hernandez, the Chair of the Strategy Committee provided an update on the recent Strategy Committee meeting. Mr. Hernandez noted that the meeting was very robust and informative, and the discussion touched upon strategic initiatives for AHCT.

Mr. Michel noted that the Health Disparities Study is driving some of the future initiatives, particularly in the area of a future subsidiary. Mr. Michel added that AHCT is looking to identify the areas of the state where the uninsured rate is at a higher level and provide possible solutions to get individuals in those areas better access to low, or no cost medical insurance coverage. Mr. Michel noted that all of those initiatives need funding and AHCT is applying for various grants to support these efforts as well as partnering with other organizations.

Mr. Michel briefly touched upon IT changes, the cooperation with the Department of Labor as well as the review of the AHCT Mission and Vision Statements. Victoria Veltri inquired about the carriers' letter that was distributed to the members of the Board regarding legislation in both state legislative chambers. Discussion ensued around the role of AHCT in the legislative process. Mr. Philpott encouraged having a discussion at the Strategy Committee level pertaining to the role of AHCT with regard to various legislative proposals to provide some guidance to the Board and AHCT.

J. Summary of State Auditors Report for FY16 and FY17

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the summary of the Audits. Ms. Rich-Bye stated that state auditors evaluate internal controls, compliance with internal policies and procedures as well as compliance with regulations, and economy and efficiency of management practices. Ms. Rich-Bye noted that the auditors had five findings and recommendations and they included: AHCT's procurement policy is extremely broad and lacks details for considering sole source contracts; AHCT did not submit certain required reports for FY17; AHCT did not maintain personnel records in accordance with written policies; AHCT did not

have a records retention schedule and not on file with State Library; and, Weakness over Information Security. Ms. Rich-Bye stated that all of those mentioned items have either been addressed or will be remedied by the end of this fiscal year. Ms. Rich-Bye also added that AHCT is subject to a 10-year retention requirement from CMS. In terms of information security, AHCT has been continuously improving and enhancing its efforts in this area.

K. ACA Policy/Legal Update

Ms. Rich-Bye provided the ACA Policy and Legal Update. Ms. Rich-Bye noted that the Proposed American Families Plan seeks to make the two changes for Premium Tax Credits (PTC) from American Rescue Plan Act permanent, extending PTCs to middle-income people with household income over 400 percent of the FPL and increasing PTC amounts for lower and moderate income individuals who are below 400 percent of the FPL. Ms. Rich-Bye reviewed the Final Rule Notice of Benefit and Payment Parameters for Plan Year 2022. HHS issued this Final Rule and it changed the method for calculating Premium Adjustment Calculation Percentage resulting in reduced Maximum Out of Pocket Amount to \$8,700. Ms. Rich-Bye noted that it also included SEP verification requirements and new SEP rules along with direct enrollment entity plan display requirements.

Ms. Rich-Bye indicated that there will be no enforcement action for exchanges for not verifying employer sponsored coverage and the deadline for the new annual reporting of State-required benefits has been delayed.

Ms. Rich-Bye went on to provide the Board with information on the *City of Columbus v. Cohran*, the “Take Care” case filed against the Trump Administration for the 2019 Payment Notice provisions. Ms. Rich-Bye stated that four parts of the rule were vacated and will revert to pre-2019 Payment Notice status. Ms. Rich-Bye added that the Office of Civil Rights within HHS announced in May that it will interpret Section 1557 and Title IX to include a prohibition for discrimination on the basis of sexual orientation and gender identity as part of prohibition of discrimination on the basis of “sex”.

Commissioner Deidre Gifford left at 10:43 a.m.

L. Future Agenda Items

Mr. Michel enumerated Future Agenda Items. They include the following:

- Subsidiary
- Health Disparities
- Strategic Initiatives

- 2020 Annual Financial and Programmatic Audits, Fiscal Year 2018 and 2019 State Audit, and State-Based Marketplace Annual Reporting Tool (SMART)

M. 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 ordered. **Motion passed unanimously.** Meeting adjourned at 10:48 a.m.