



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

Remote Meeting

Thursday, June 17, 2021

Draft Meeting Minutes

Members Present:

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

Other Participants:

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

Department of Public Health (DPH): Benjamin Bechtolsheim

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.

Chair Charles Klippel called the meeting to order at 9:00 a.m.
Attendance roll call was taken.

B. Public Comment

No public comment.

C. Vote

Chair Charles Klippel requested a motion to approve the May 20, 2021 Regular Meeting Minutes. Motion was made by Victoria Veltri and seconded by Cecelia Woods. Roll call vote was ordered. Matthew Brokman abstained. **Motion passed.**

Yvonne Addo joined at 9:01 a.m.

D. CEO Report

James Michel, Chief Executive Officer, provided the CEO Report. Mr. Michel noted that Access Health CT (AHCT) opened the American Rescue Plan (ARP) Special Enrollment Period (SEP) on May 1 and added that it offers Connecticut residents coverage that virtually eliminates or vastly reduces monthly premium payments. Mr. Michel provided a brief summary of the legislative proposals that passed in the Connecticut General Assembly (CGA) that affect AHCT. Mr. Michel noted that AHCT will be working with the Office of Health Strategy (OHS) along with the Connecticut Insurance Department (CID) and the Department of Social Services (DSS) as well as the Office of Policy and Management (OPM). Mr. Michel emphasized that together, these entities will be studying the feasibility of offering health care coverage for certain undocumented children and low-income residents in Connecticut.

Michael Gilbert joined at 9:07 a.m.

Mr. Michel stated that OHS will deliver the report to the CGA no later than July 1, 2022. Mr. Michel pointed out that the proposal also includes providing medical coverage for children ages nine and under without regard to their immigration status with a target start date of January 1, 2023.

Mr. Michel added that it also includes prenatal coverage for pregnant women with a target start date of April 1, 2022 and post-natal coverage for pregnant women with a target start date of April 1, 2023 regardless of immigration status.

Mr. Michel pointed out that AHCT will be working very closely with DSS on the implementation on this program as it changes the shared Integrated Eligibility System (IES). And there is also a new State of Connecticut effort currently proposed in legislation with a goal of reducing the cost of healthcare. Mr. Michel thanked the Board for allowing AHCT to fulfill its mission and vision. Mr. Michel also welcomed Caroline Lee as the new Director of Marketing.

Heather Aaron and Theodore Doolittle joined at 9:10 a.m.

Victoria Veltri expressed her words of appreciation to the AHCT staff for working closely with various state departments and participating carriers on the implementation of the ARP in Connecticut. Mr. Michel appreciated the kind words and added that working with other entities is crucial in providing needed services to the residents of Connecticut. Mr. Michel added that

since AHCT is a quasi-public agency, it can react faster and provide much-needed support to state agencies to assist in implementation of services.

E. Department of Public Health Update on Vaccinations

Benjamin Bechtolsheim, COVID-19 Vaccination Program Director at the Connecticut Department of Public Health (DPH), provided the DPH Update on Vaccinations. Mr. Bechtolsheim stated that currently the vaccine rollout phase differs substantially from when it was originally implemented. Mr. Bechtolsheim stated that the vaccine demand has significantly diminished, and it is becoming more challenging to convince the remaining eligible population to get vaccinated.

Mr. Bechtolsheim added that in March, over two hundred thousand doses were administered every week, while currently that figure stands at around ten percent of that number and it continues to decrease. Mr. Bechtolsheim praised AHCT and other state agencies involved in the vaccine rollout for the initial success that resulted in more than 90 percent of seniors being vaccinated and 78 percent of those eighteen years of age and older received at least one dose. More than 70 percent are now fully vaccinated.

Mr. Bechtolsheim expressed his concern about the lower vaccination rates among the communities of color, which underlies health disparities that exist in Connecticut. Mr. Bechtolsheim added that addressing hesitancy and structural barriers in obtaining the COVID-19 vaccine is an important element of successful implementation of the vaccine rollout efforts, which is done in close coordination with AHCT and other entities. Mr. Bechtolsheim described the efforts, which include door-to-door canvassing and mobile vans where people can obtain their vaccines just to name a few. Mr. Bechtolsheim also described the outreach and marketing efforts. Discussion ensued around offering possible incentives to Connecticut residents to obtain the COVID-19 vaccine.

F. American Rescue Plan Update

Anthony Crowe, Chief Operating Officer, provided the American Rescue Plan Update. Mr. Crowe stated that one of the goals is to reach 100 percent self-service on AHCT's consumer website. It does not mean that AHCT could or would abandon in-person assistance, but the organization wants to have the portal be as simple as possible to use. Mr. Crowe added that a new homepage for the website was introduced on June 4 which is easier to navigate. Mr. Crowe then went on to provide information on a targeted mass media campaign to uninsured and under-insured residents with a timeline and the intensity of those marketing efforts were summarized. Mr. Crowe added that the media campaign has been designed based on previous OE data and AHCT's historical knowledge of where the uninsured and under-insured residents live.

Mr. Crowe indicated that AHCT is preparing to update approximately 27,000 applications on June 25, 2021. Advanced Premium Tax Credits (APTCs) for those applications will increase and conversely, consumer monthly premiums will decrease. Mr. Crowe emphasized that AHCT continues to work with brokers and Certified Application Counselors (CACs).

Mr. Crowe provided statistical data on ARP's impact since April 30 and it includes \$816,000 in monthly premium savings while the post-ARP average household net monthly premium amounts to \$273. Mr. Crowe added that 87 percent of new enrollees are eligible for APTCs. Mr. Crowe also provided other statistical data that shows the positive impact of ARP for Connecticut residents.

Mr. Crowe continued with providing information on the Automatic APTC and Unemployment Income updates. Mr. Crowe added that once the automatic update is completed, the projection shows an additional \$4.9 million in monthly APTCs to help make plans more affordable. A brief discussion ensued around the issue of the question that is posed to applicants about their willingness to accept Financial Assistance (FA) and how that question is phrased.

Chair Klippel commented to the Board that *Health Affairs*, which is a leading publication on health policy research, praised AHCT for leading customers toward choosing optimal plans, which is a recognition of the work that has been undertaken by the Exchange. Mr. Crowe stated that many AHCT employees contributed to that as well as the Board of Directors which gave the organization guidance in pursuing that goal.

G. Return to the Office Update

Glenn Jurgen, Director of Human Resources, provided the return to the office update. Mr. Jurgen noted that six pillars were formed in order to determine the feasibility of returning to the office by AHCT employees. Mr. Jurgen added that the Return to Work Committee has been meeting routinely over the past year. Mr. Jurgen stated that these six pillars include employee preferences, jobs and tasks, project and workflows, inclusion, and fairness, recruiting and retention as well as future flexibility.

Mr. Jurgen stated that AHCT recently embarked on a process to determine the best way for AHCT to return to the office. Mr. Jurgen added that a survey was sent out to all the employees and the results were used to establish a path forward. In addition, recommendations from the Human Resources Committee were taken into consideration.

Mr. Jurgen noted that in May, the Human Resources Committee had a very engaged discussion on the topic and a volunteer committee of employees was formed to utilize the survey results to come up with the return to the office plan to have in place by July 1. Mr. Jurgen indicated that this also coincides with the Governor's plan to reopen the state. Mr. Jurgen added that the

response rate for the survey was extremely high with nearly all AHCT employees participating. Mr. Jurgen indicated that employees have chosen a hybrid approach with two days a week in the office and three days a week working from home. The entire staff would work from home on Fridays.

Mr. Jurgen added that AHCT also considers the benefits of a hybrid schedule, which include reduced commuting time and expenses, reduced pre and post work routines, lessened environmental impacts and business cost savings. Mr. Jurgen added that the working group came up with a schedule that would allow departments to be in the office together, while maintaining a 50% occupancy in the office space.

Mr. Jurgen stated that AHCT will have several safety measures in place including air purifiers throughout the office, limited capacity, and employees wearing masks while moving around the office, or in group settings such as conference rooms. Mr. Jurgen stated that the new hybrid schedule will be introduced on Monday, September 13.

Mr. Jurgen reiterated that during the month of February, employees will work from home for one week to help slow the spread of the flu or other viruses and allow for a deep cleaning of the office.

H. Audit Status Update

Daryl Jones, Director of Finance, and Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the Audit Status Update. Mr. Jones noted that the Audit Committee had met one week prior and the Committee was briefed on three audits currently underway with AHCT.

Mr. Jones stated that in 2018, AHCT selected Blum and Shapiro to conduct auditing services for the Exchange after the Request for Proposals (RFP) process. A new RFP process took place in 2021 and Mr. Jones noted that on April 25, 2021, CliftonLarsonAllen (CLA) LLP was notified that they were selected as a result of the RFP process and the contract was executed on May 26, 2021. Mr. Jones pointed out that CLA acquired Blum and Shapiro in January of 2021. Mr. Jones noted that this audit started two weeks ago, is ongoing and is expected to be completed in the fall. No issues are anticipated.

Mr. Jones noted that the State Auditors began the State of Connecticut Audit for FY 2018 and FY 2019. Mr. Jones noted that the audit is ongoing and emphasized that AHCT does not anticipate any major issues in the findings of the audit. Mr. Jones emphasized that there has been good cooperation between State Auditors and AHCT employees.

Ms. Rich-Bye provided information on the State-Based Marketplace Annual Reporting Tool (SMART) for 2020. Ms. Rich-Bye stated that the SMART is the state-based marketplace audit for the Centers for Medicare and Medicaid Services (CMS) and is completed by AHCT staff. The SMART submission is reviewed by CMS and AHCT will receive notification in a few months regarding any comments from CMS. The Audit Committee's role is to make sure that AHCT is compliant with federal and state requirements and provides oversight of AHCT's operations.

Ms. Rich-Bye added that SMART has four components: eligibility and enrollment, the financial and programmatic audits, program integrity and the attestation of completion. Ms. Rich-Bye conveyed that AHCT filed its SMART on June 1 and financial and programmatic audits for FY 2020 were filed earlier this year. Chairman Klippel inquired whether CMS reports back to the Exchange pertaining to the issue of comparison between AHCT and other state-based Exchanges. Ms. Rich-Bye stated that CMS does not do that. Mr. Michel pointed out that CMS sometimes refers other Exchanges to AHCT for the purpose of providing information in areas that AHCT has had success.

I. ACA Policy/Legal Update

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the ACA/Legal Update. Ms. Rich-Bye stated that as of this meeting, AHCT is still awaiting the Supreme Court decision in the *California vs. Texas* case. Ms. Rich-Bye stated that Congressional Democrats and President Biden Administration's are working to make Premium Tax Credits (PTCs) from the ARP permanent. Ms. Rich-Bye noted that most likely it will have to go through a budget reconciliation process.

Ms. Rich-Bye also briefly described the efforts to improve plan selection for Plan Year 2022. Ms. Rich-Bye addressed the issue of Family Glitch and stated that family members are not eligible for premium tax credits, if the employee in the family is offered affordable, minimum value coverage and the affordability is determined by the offer for self-only coverage not coverage for the whole family.

Ms. Rich-Bye added that the employee is not eligible for tax credits and neither is the rest of the family. While the employee may decide to enroll through their employer's coverage, the rest of the members can come to the Exchange and enroll, but they will not be eligible for financial assistance.

Ms. Rich-Bye went on to describe the federal funding for navigators. Ms. Rich-Bye described the major increase in navigator funding from the \$10 million that was available during the Trump administration to \$80 million now. It is the largest ever funding opportunity for navigators through the Federally Facilitated Marketplace (FFM). Ms. Rich-Bye indicated that the focus for these funding opportunities will be for organizations to conduct outreach to diverse underserved communities, citing executive orders issued by President Biden in the early days of his term. Ms. Rich-Bye also summarized Federal Funding for COVID-19 testing through the ARP. Ms. Rich-Bye also provided an analysis of Georgia's 1332 Waiver and the letter that CMS sent to Georgia's Governor requesting a new analysis on the impact of recent changes to Georgia's 1332 Waiver.

J. Future Agenda Items

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

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

K. Adjournment

Chair Charles Klippel requested a motion to adjourn. Motion was made by Paul Philpott and seconded by Victoria Veltri. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:02 a.m.