



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

Remote Meeting

Thursday, October 21, 2021

Meeting Minutes

Members Present:

Charles Klippel (Chair); Paul Philpott (Vice-Chair); Claudio Gualtieri on behalf of Melissa McCaw, Secretary, Office of Policy and Management (OPM); Deidre Gifford, Commissioner, Department of Social Services (DSS); Grant Ritter; Theodore Doolittle, Office of the Healthcare Advocate (OHA); Cecelia Woods; Thomas McNeill; Paul Lombardo, on behalf of Andrew Mais, Commissioner, Connecticut Insurance Department; Mark Vanacore on behalf of Nancy Navarretta, Acting Commissioner, Department of Mental and Health Addiction Services (DHMAS); Victoria Veltri; Heather Aaron on behalf of Commissioner Manisha Juthani, Department of Public Health (DPH); Matthew Brokman; Steven Hernandez

Other Participants:

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

Wakely Consulting: Julie Andrews; Brad Heywood

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.

Victoria Veltri and Theodore Doolittle joined at 9:02 a.m.

C. Votes

Chair Charles Klippel requested a motion to approve the September 16, 2021 Regular Meeting Minutes. Motion was made by Cecelia Woods and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed. Claudio Gualtieri abstained.**

Chair Charles Klippel discussed a vote needed to appoint two members to the Board Standing Committee and Health Plan Benefits and Qualifications Advisory Committee.

Chair Charles Klippel requests a motion to appoint Claudio Gualtieri to the Finance and Audit Committees and Dr. Manisha Juthani to the Finance Committee and the Health Plan Benefits and Qualifications Advisory Committee. Motion was made by Cecelia Woods and seconded by Paul Philpott. Roll call vote was ordered. **Motion passed unanimously.**

D. CEO Report

James Michel, Chief Executive Officer, provided the CEO Report. Mr. Michel expressed his words of appreciation for the Board members and their engagement with Access Health CT (AHCT). Mr. Michel thanked the Board for participating in the Board Training Session that was held on October 13. Mr. Michel emphasized that the Senior Leadership Team (SLT) has been meeting regularly and building out more detailed plans to support the formation of a Subsidiary, with products and services to protect the total health of Connecticut individuals and families.

Mr. Michel added that the SLT is working diligently on the formation of the Broker Academy which will aid and support the underserved communities. Mr. Michel emphasized that the organization is also focused on the Future Growth and Success Plan to ensure that it has the resources for future operations to serve the residents of Connecticut.

Steven Hernandez joined at 9:09 a.m.

Mr. Michel briefly outlined the second Virtual Community Summit and provided information on the meeting's agenda.

Cecelia Woods commented on the excellent organization of the Community Summit which was very useful in disseminating valuable information to the participants. Ms. Woods noted Tammy Hendricks, Director of Health Equity and Outreach as well as Robert Blundo, Director of Technical Operations and Analytics for playing a crucial role in the overall success of the event.

E. Open Enrollment 9 Update

Robert Blundo, Director of Technical Operations and Analytics provided the Open Enrollment (OE) 9 Update. Mr. Blundo stated that over 50 system updates were released in October so far and added that most late October improvements are intended to automate the Covered Connecticut Program and improve the renewal process.

Mr. Blundo pointed out that one of the major updates included the addition of the new carrier's plans for 2022, ConnectiCare Insurance Company, Inc. (CICI) to be ready for the OE 9 implementation. Mr. Blundo provided the Policy and Operations updates and pointed out that Consolidated Omnibus Budget Reconciliation Act (COBRA) subsidies from the American Rescue Plan Act (ARPA) expired on September 30, 2021. Mr. Blundo reminded the Board that the 2022 OE is officially scheduled to end on January 15, 2022 and provided information on the 2022 renewal projection testing and operation. Mr. Blundo stated that the Public Health Emergency (PHE) extension may end on December 31, 2021 and over 190,000 individuals with Medicaid coverage are extended through January of 2022.

Mr. Blundo went reported on the Call Center staffing as well as the major October OE milestones. Mr. Blundo also provided a two-year analysis of the Qualified Health Plan (QHP) Enrollments, which, based on the data from October 18, 2021, totals 106,343, which is 6.6 percent higher than a corresponding date from a year prior.

Claudio Gualtieri asked if any targeted outreach will be undertaken to those with expired COBRA benefits to inform them of Covered Connecticut and if there are any estimates on how many Medicaid participants will be discontinued when the PHE ends. Mr. Gualtieri noted that it is his understanding that consumers cannot be dropped off coverage when the PHE is in effect.

Mr. Michel noted that AHCT has no access to the information of who has COBRA coverage and noted that a targeted marketing outreach in a major Connecticut newspaper has been undertaken to provide information on coverage options to those individuals who have lost their COBRA subsidies. Mr. Blundo explained the process in detail in which Medicaid participants, when the PHE is discontinued, can explore their options on the Exchange.

Commissioner Deidre Gifford asked what the percentage of the Call Center employees are teleworking. Anthony Crowe, Chief Operating Officer, noted that 80 percent of the Call Center employees are currently working remotely. Theodore Doolittle asked if the Call Center is considering raising employee wages in order to counter employee attrition. Mr. Crowe stated that the Call Center management is considering that option. Mr. Michel stated that AHCT requires the Call Center to have all of its employees be from Connecticut, except for the back-up. Mr. Michel added that AHCT has temporarily suspended that requirement so they could recruit employees from other states.

F. Consumer Impact Study

Julie Andrews, Senior Actuary from Wakely presented 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 noted that consumers will have more plan choices in 2022 with a total number of 27 plans and the new carrier, ConnectiCare Insurance Company, Inc. (CICI). No plans are being discontinued. In addition, there will be one Platinum plan offered in 2022 from CICI and Anthem will be offering one new Gold plan.

Ms. Andrews provided information on the impact of the American Rescue Plan Act (ARP) and increased Financial Assistance (FA) available due to the law that was signed in March of 2021. Ms. Andrews stressed that in 2023, subsidy limits will return to eligibility under 400 percent of the Federal Poverty Level (FPL) only. Ms. Andrews noted that the proposed Build Back Better legislation would make those increased levels of FA permanent in 2023.

Ms. Andrews noted that a plan's metal tier is defined by its actuarial value (AV) which is calculated using the federally provided tool that evaluates all cost-sharing inputs such as co-insurance copays and deductibles up to the maximum out-of-pocket to establish the actuarial value (AV).

Ms. Andrews stated that the actuarial value therefore can be described as the portion of claims payable by the carrier versus the portion payable by the consumer and pointed out that the Affordable Care Act (ACA) also provides cost-sharing assistance to those consumers enrolled in any Silver plan with annual income below 250% of the Federal Poverty Level (FPL) that qualify. Ms. Andrews stated that they may be eligible for reduced cost-sharing such as lower copays, coinsurance, and deductibles, thus increasing the standard Silver AV from that approximate 70% to 73%, 87% or 94% AV dependent upon their income level.

Ms. Andrews indicated that the information is independent of any state programs, that may also impact cost sharing such as the Covered Connecticut program. Ms. Andrews concluded that other factors are considered by enrollees than just premium cost when selecting their medical coverage.

Ms. Andrews noted that carriers were allowed to include up to half a percent of premium for ongoing costs associated with administering vaccines and testing requirements in 2022. Ms. Andrews stated that at 80% over a three-year period, the Medical Loss Ratio (MLR) also acts as a gauge for the health of the insurance market where one can observe if premiums have been sufficient to cover the cost of claims and contributes to the cost of administration of the program, while not being excessive.

Ms. Andrews described the Consumer Impact Analysis for premiums and stated that premium impact for individuals and households vary based on member ages, geographic region, income, plan selection and household size. Ms. Andrews also provided information on the drivers of after subsidy rate changes.

Ms. Andrews provided examples that illustrated the change in the benchmark, which is the second lowest cost Silver plan by county assuming no aging. Ms. Andrews stated that key

observations include that the benchmark plan carrier is changing in seven of the eight counties and the benchmark premium change varies from -2.8 percent to 4.0 percent by county.

Commissioner Deidre Gifford inquired how do MLRs in Connecticut compare to those in other states. Ms. Andrews noted that this information may be obtained, however CMS requires that on average, over a three-year period, if the MLR falls below 80 percent, then premium rebates would be paid to consumers.

Paul Lombardo added that annually a national MLR report is issued. Mr. Lombardo briefly outlined that from 2015 to 2019, In Connecticut no carrier in the individual or small or large group market paid any rebate to consumers, which would indicate that the MLRs were higher than 80 percent in the individual and small group and 85 percent in the large group markets. Mr. Lombardo noted that it is an indication that Connecticut's MLRs are a little bit higher than in other states. Mr. Lombardo also answered Commissioner Gifford's question about the legal status of CBI and CICI indicating that they are separate legal entities, however, they have the same actuarial staff. Robert Blundo stated that both entities share some infrastructure with one another.

Ms. Andrews provided other examples with varying data which included household size, income and other factors. Ms. Andrews stated that when consumers are making a decision as to which plan to select, there are many different considerations that go into the mix such as the annual changes and plan designs, and network changes or their own health care needs. Ms. Andrews added that this analysis focuses only on the direct impact of changes in the premium and federal subsidies for the consumers.

Ms. Andrews added that brokers are well-positioned to advise consumers on needs and plan selections. Ms. Andrews noted that impacts are calculated based on carrier plan mappings; weighted averages are based on enrollment by plan and county whereas premium impact for individuals and households vary based on member ages, geographic regions, income, plan selection as well as household size.

Ms. Andrews said that the weighted average rate increase for AHCT enrollees before the premium FAs is 5.9 percent and pointed out that this rate change does not include the impact of aging. Ms. Andrews stated that rate changes across all plans and area combinations range from -0.6 percent to 15.6 percent and by county average rates are increasing the most in Tolland County.

Ms. Andrews indicated that by carrier, premium weighted rate changes averaged 5.8 percent for Anthem and 5.5 percent for CBI for continuing and cross-walked enrollees. Ms. Andrews added that silver plans continue to be loaded for the defunding of cost-sharing reductions. Ms. Andrews followed with presenting benchmark plan average premium changes for all eight counties. She provided detailed examples of what consumers may face when choosing their healthcare coverage during OE.

Mr. Michel stated that brokers play a critical role in the marketplace. Discussion ensued around possible consequences of the increased FA expiring in 2023. Commissioner Deidre Gifford asked for a summarization of the Consumer Impact Analysis into a few talking points on consumer costs

through the Exchange. Mr. Michel agreed, and a summary of the Consumer Impact Analysis will be created.

Theodore Doolittle thanked Wakely and AHCT staff for continuing to feature the average out-of-pocket cost per month for consumers, which are approximate since they average the Northeast costs. Mr. Doolittle inquired whether it would be possible to include strictly Connecticut-based costs and add the likelihood of pricing experiences by family because out-of-pocket amounts will skew that average. Mr. Doolittle stated that adding the 25 percentile, median and 75 percentile averages would be extremely helpful. Ms. Andrews noted that the percentile averages are included in the larger deck and Connecticut-based averages would be very helpful for the Board to fully examine the subject matter, adding that it is challenging to obtain proprietary claim information.

Victoria Veltri stressed that ARP significantly reduces monthly premiums, and this information needs to be stressed more communicated and to emphasize the potential impact on the loss of the ARP subsidies on rates going forward. Mr. Michel remarked that AHCT has been communicating with the Connecticut Congressional Delegation about this issue.

Due to time constraints, Chairman Charles Klippel moved the discussion to the Outreach Update.

H. Outreach Update

Tammy Hendricks, Director of Health Equity and Outreach, provided the Outreach Update. Ms. Hendricks noted that AHCT is experiencing staffing challenges for the OE events. Ms. Hendricks noted that despite those challenges, AHCT almost doubled the number of outreach tour events throughout the state, with the total number being 71. Ms. Hendricks added that three in-person enrollment locations have been established -- in East Hartford, Stamford and Danbury and she stated that one more location is pending confirmation. Ms. Hendricks noted that currently 8 enrollment fairs are being planned in cities around the state. Ms. Hendricks commented that these events are undertaken with community partners and are targeted in terms of the larger need for affordable health insurance based on available data.

Ms. Hendricks added that there will be other ways for individuals to obtain assistance such as utilizing 148 Certified Application Counselors (CACs) and 455 brokers. Ms. Hendricks stressed that consumers are also directed to the online portal where users can easily select plans that best fit their needs. Ms. Hendricks went on to say that AHCT continues to organize the Healthy Chat series to be offered with AHCT's partners.

Ms. Hendricks shared the success of the annual Community Summit, which was held remotely this year from East Hartford. It was a half a day event that featured keynote speaker Dr. Marietta Vazquez, MD, Associate Dean of Diversity from the Yale New Haven Hospital. Ms. Hendricks added that the conference was very-well attended, and the Community Award went to the Connecticut Foodshare Program and the award was remotely received by Jason Jakubowski.

I. Health Disparities Webpage

Robert Blundo, Director of Technical Operations and Analytics presented an overview of the Health Disparities Webpage. Mr. Blundo stated that the webpage was created as a result of information learned from the Health Disparities Report. Mr. Blundo mentioned that the objectives of the disparities web portal include providing access to resources about existing disparities in Connecticut and information about AHCT's ongoing initiatives to improve health equity in Connecticut as well as contact information from AHCT to work together on this mission. Mr. Blundo provided a brief demonstration of the web portal.

J. ACA Legal / Policy Update

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided the ACA Legal/Policy Update. Ms. Rich-Bye noted that a very important focus for AHCT is improving the affordability of coverage. Ms. Rich-Bye stressed that the impact of the ARP is substantial for those who are above the 400 percent of the FPL as well as those on the lower end of the income scale.

Ms. Rich-Bye elaborated that negotiations are ongoing in Congress for the Build Back Better legislation and re-emphasized that AHCT has been in communication with Connecticut's legislative delegation about the importance of ARP to the residents of the State.

Ms. Rich-Bye added that AHCT is a member of the National Academy for State Health Policy State Exchange Group. Ms. Rich-Bye summarized concerted efforts of the State-based exchanges through this organization, including informing Congress about legislative proposals that may affect the Exchanges and their consumers.

Ms. Rich-Bye added that the proposed end of the Public Health Emergency (PHE) will have a financial impact on the State of Connecticut in addition to the requirement for the exchange to redetermine eligibility for consumers whose Medicaid coverage has been extended. Ms. Rich-Bye noted that states have been given an increased federal matching percentage to keep this population extended during the PHE. Ms. Rich-Bye added that the number of the State-Based Exchanges (SBMs) continues to grow and three of them have been approved to transition from the Healthcare.gov platform to their own portals for Plan Year (PY) 2022 and they include Kentucky, Maine and New Mexico. Ms. Rich-Bye stated that there will be 18 full SBMs, 3 SBMs on the Federal Platform and 30 states on the Federal Platform in 2022.

Ms. Rich-Bye also provided a brief update on the concerted efforts by Federal and State entities along with AHCT to work with the State of Connecticut Inter-Agency Task Force on Refugees regard the Afghan evacuees coming to Connecticut. AHCT and the Department of Social Services are working on messaging for the Call Center to aid Afghan evacuees seeking coverage. Mr. Gualtieri inquired about the progress in terms of determining if the Afghan evacuees will be able to receive the means-tested benefits, such as Medicaid coverage. Ms. Rich-Bye said that in many cases they will be deemed to have a status that would allow them to utilize those services.

Ms. Rich-Bye briefly explained other agencies' efforts to facilitate the Afghan evacuees means tested benefits approval process. Commissioner Deidre Gifford elaborated that they will be

eligible for Medicaid and cash assistance based on their income as asylees and refugees, but the majority of those who are arriving are considered humanitarian parolees. Ms. Rich-Bye responded to Ms. Veltri's inquiry and stated that if for whatever reason that Afghan evacuees would not be found eligible for Medicaid, they may be found eligible to enroll in a QHP through AHCT, possibly even utilizing the Covered Connecticut Program. Brief discussion ensued about assistance that can be provided to the Afghan evacuees, including interpreting services.

Due to time constraints, Chair Charles Klippel omitted the Agenda Item K., Future Agenda Items.

L. Adjournment

Chair Charles Klippel requested a motion to adjourn. Motion was made by Grant Ritter and seconded by Theodore Doolittle. Roll call vote was taken. **Motion passed unanimously.** Meeting adjourned at 10:52 a.m.