



Access Health CT – Board of Directors

January 20, 2022

Board Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Votes
 - *Review and Approval of Minutes*
 - *Elect Vice-Chair*
- D. CEO Report
- E. Procurement Policies (Vote)
- F. Proposed Changes to Advisory Committee Structure (Vote)
- G. 2022 Open Enrollment Update
- H. Health Plan Benefits and Qualifications Advisory Committee Update
 - *2023 Plan Certification*
- I. Adverse Selection Report
- J. Strategy Committee Update
 - *Broker Academy*
- K. ACA Policy / Legal Update
- L. Future Agenda Items
 - *2023 Standard Plan Designs*
 - *OE9 Update*
 - *Strategic Initiatives:*
 - *Subsidiary*
 - *Broker Academy*
 - *Mission & Vision and Advisory Committees*
- M. Adjournment

Public Comment

Votes

- *Review and Approval of Minutes*
 - *Elect Vice-Chair*

CEO Report

James Michel

Procurement Policies

Vote

Proposed Revisions to Procurement Policies

- **Adding Sole Source Procurement Requirements:**
 - Executive Discretion- Immediate Need/Emergency Situations
 - Executive Discretion- Specialized Skills/Services
 - Executive Discretion-Unusual Conditions/Contingencies
 - Receipt of Less Than 3 Proposals

Proposed Changes to Advisory Committee Structure (Vote)

Advisory Committees Authority

- **C.G.S. §38a-1080b(1)(g)**, the Exchange's enabling statute, states that: "The board may create such advisory committees as it deems necessary to provide input on issues that may include, but are not limited to, customer service needs and insurance producer concerns."
- **C.G.S. §38a-1084 (22)** sets forth the duties of the Exchange, including: "Consulting with stakeholders relevant to carrying out the activities required under sections 38a-1080 to 38a-1090..."
- **Section 155.130** of the Affordable Care Act states that the Exchange must regularly consult on an ongoing basis with the various stakeholders.
- **AHCT Bylaws state:** "The Board may establish such advisory and ad hoc committees as it deems necessary to accomplish the provisions of the Act and these by laws."

Advisory Committees

At the January 19, 2012 Board of Directors meeting, the proposed Advisory Committees structure was presented by Bob Carey:

- Health Plan Benefits and Qualifications
- Small Business Health Options Program (SHOP)
- Consumer Experience and Outreach (last meeting was held on October 4, 2017)
- Broker, Agents and Navigators (last meeting was held on September 7, 2016)

It was further recommended that each committee have the following:

- 1 Chair from the Board of Directors
- 1 Stakeholder Chair
- 15 Committee Members

On January 19, 2012, the Board approved the establishment of Advisory Committees, the Board of Directors Advisory Committees membership, and the nomination process of additional stakeholders. Guiding principles were approved by each of the four Advisory Committees in May 2012.

Advisory Committees Proposal

No Proposed Changes

HPBQ: Makes annual recommendations to the Board for QHP Certification requirements including Standardized Plans. Includes Board members, representatives from both carriers offering plans through AHCT, consumer advocate, insurance industry business consultant, CID, CT Hospital Association, CT Pharmacy Association and CT Association of Optometrists.

SHOP: Focuses on SHOP and small group market. Membership includes Board members, numerous brokers working in SHOP and small group as well as individual market, small business owners, CID, and consultant for providers.

Proposed Changes

- Amend Consumer Experience and Outreach: Broaden committee focus and amend name: ***Health Equity, Outreach and Consumer Experience***. Revise committee membership to include members of the Board, stakeholder members with experience in Health Equity work, consumer advocates and community serving organizations, and brokers specifically focused on Individual market.
- Dissolve Brokers, Agents and Navigators: Several stakeholder representatives have been moved to SHOP committee and Consumer Experience and Outreach. Other stakeholders are proposed for amended Health Equity, Outreach and Consumer Experience Committee.



2022 Open Enrollment Update

2022 Key Open Enrollment Metrics



Customer Interactions:

- 390k AccessHealthCT.com visitors (Up 24%)
- 187k calls handled through call center (Down 27.9%) / 27k customer web chat sessions (Down 21%)
 - Call center operated at 74% tradition capacity for the duration of OE9 due to challenges in the labor market
- 74% of online consumers satisfied or very satisfied with their experience



OE Enrollment/Eligibility Activity:

- Started OE 9 with 107,058 enrollees (Up 8%)
- 112,634 enrolled into a qualified health plan (Up 7%)
- 47.5% eligible for APTC (Up 20%), 36.2% eligible for APTC/CSR (Down 6%). Enrollees' ineligible for financial help down 43%
- 24,773 determined eligible and completed application for Medicaid (Down 27%)

2022 Key Open Enrollment Metrics



Public Health Emergency Efforts and Impact:

- PHE recently extended by HHS through January 16, 2022. Expected to maintain coverage for current HUSKY members through at least April 30.
- Any further extension is not likely to be announced by U.S. Department of Health & Human Services until we are closer to that date.
- Over 300k with HUSKY coverage extended since start of PHE.
- Verification requirements extensions continue for enrollees for the duration of the PHE.
- Planning and strategy underway for eventual PHE end.

Customer Acquisition And Churn - End Open Enrollment (OE) & Annual Comparison¹:

	OE8	OE9	YOY Change
QHP Enrollment Outflow			
QHP Transition To HUSKY (Annual)	17,518	7,207	-58.9%
QHP Attrition (OE) ²	6,684	8,430	26.1%
QHP Enrollment Inflow			
SEP Enrollments (Annual)	10,888	23,439	115.3%
Re-Acquired Enrollees (OE)	12,290	11,592	-5.7%
Brand New Enrollees (OE)	6,766	7,675	13.4%
HUSKY Enrollment			
Total HUSKY Enrollment ³	836,898	891,027	6.5%
Acquired Enrollees (OE)	34,012	24,773	-27.2%
Acquired Enrollees (Annual)	156,110	94,533	-39.4%

¹) Metrics with the label "(Annual)," contain enrollment between calendar years. Metrics with the label "(OE)" contain enrollment within respective open enrollment period.

²) Excludes enrollee attrition related to transitions to HUSKY or Medicare age out

³) All Part A, B, and D active enrollees processed through Access Health CT portals at end of OE.

2022 Key Open Enrollment Metrics



Demographics:

- Average age of enrollees is 44.1 years old (Down .3 Years)
- 53.4% of enrollees are female (Down .1%)
- Average number of covered enrollees per household is 1.9 (Unchanged)



Plan Selections and Premiums:

- 43.9% of enrollees associated with a broker (Down .3%)
- 48% of 2022 enrollees selected a silver plan (Up 1.2%)
- Median monthly gross premium \$678 (+\$47) / Median monthly net premium \$94 (-\$48)
- 91.7% retention rate into 2022 policies (Down .1%)
- 16% (18k) of enrollment not eligible for financial help (Down 14%)
 - 60% of those have opted out of determining eligibility for financial help

Upcoming Dates and Deadlines

- **Post Enrollment Verifications Deadlines**

- Due to Public Health Emergency, verification period extended for all enrollees.
- Outstanding verification activity remaining for 19k households
- Easier documentation submission experience for mobile users
- Dedicated website to guide customers available on learn.accesshealthct.com/verification-help/

- **Outstanding Premium Payments Due**

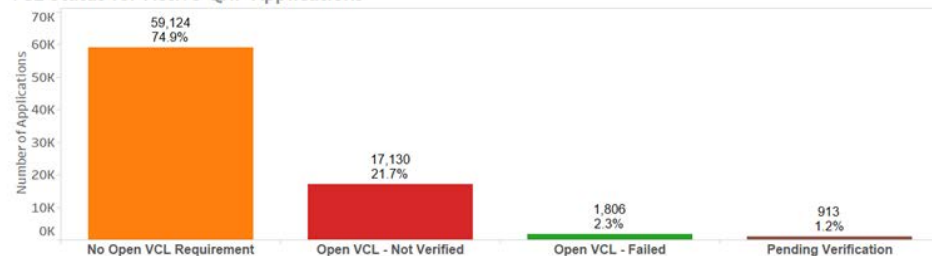
- January policy invoices delivered to enrollees
- Estimated 13% of 2022 policies currently pending effectuation

- **1095A Preparation**

- 98k 1095As to be mailed out by Jan 27th
- Electronic 1095 download available through Access Health CT website
- Dedicated outreach and resolution staff available

2022 Open Enrollment Summary Report To Be Released February 2022

VCL Status for Active QHP Applications

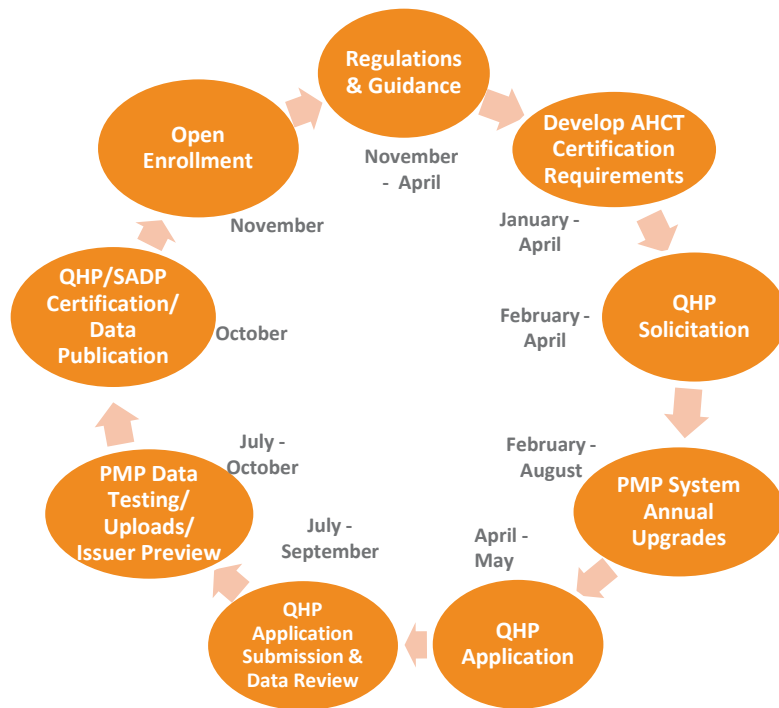


Health Plan Benefits and Qualifications Advisory Committee Update

-2023 Plan Certification

Plan Management Certification Life Cycle

Each plan year, the cycle begins with the release of regulations and guidance, including the Actuarial Value Calculator (AVC) tool used to develop standardized plans, and ends once Open Enrollment commences.



The Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) assesses the need for certification requirement changes each year.

Board of Directors Meeting

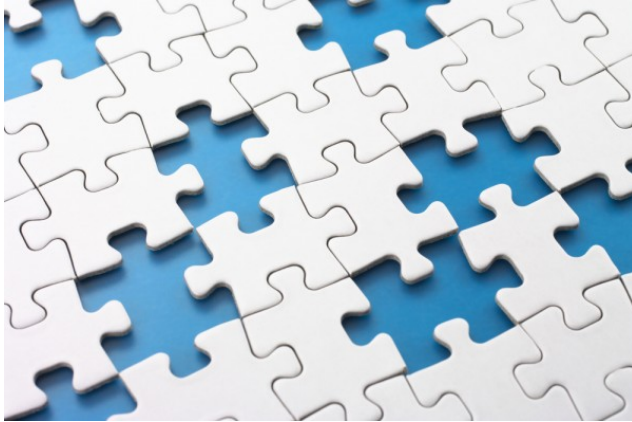
Access Health CT 2021 Adverse Selection Study

January 20, 2022

PRESENTED BY
Julie Andrews, FSA, MAAA
Senior Consultant

Access Health CT 2021 Adverse Selection Study

January 20, 2022 Board of Directors Meeting



Scope of Presentation

AHCT retained Wakely Consulting Group (Wakely) to perform the adverse selection analysis. This presentation provides a high level summary of the analysis, results and recommendations. The full report can be found in Appendix A.

Access Health CT 2021 Adverse Selection Study

January 20, 2022 Board of Directors Meeting



Purpose of Study

Access Health Connecticut (AHCT) is required by legislation to:

- Report annually on the impact of adverse selection on the exchange
- Provide recommendations to address any negative impact reported
- Provide recommendations to ensure sustainability of the exchange

Disclosures: Wakely relied on data provided by others to complete this study. Data was reviewed for reasonability and appropriateness. The Study and results are intended to fulfill the legislative reporting requirements; any other use of this information may not be appropriate

Access Health CT 2021 Adverse Selection Study

January 20, 2022 Board of Directors Meeting

Defining, Identifying, & Measuring Adverse Selection



Access Health CT 2021 Adverse Selection Study

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Analysis based on
demographics, plan
enrollment, claims
experience, federal risk
scores and risk adjustment
transfer payments

Quantitative Analysis



Qualitative Analysis

Subjective comments
based on survey
responses from carriers
and other market data
available to Wakely

Access Health CT 2021 Adverse Selection Study

January 20, 2022 Board of Directors Meeting

Areas of Potential Adverse Selection



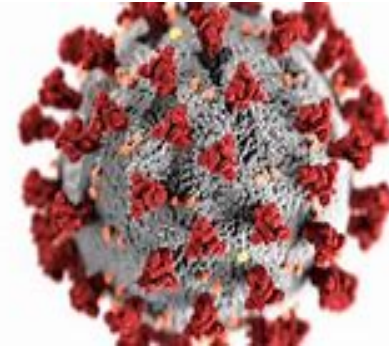
Nature of adverse selection:

- Impossible to completely remove adverse selection in any insurance market where there is a choice of coverage
- Impact of adverse selection can be created, managed or mitigated through regulation and policies

Access Health CT 2021 Adverse Selection Study

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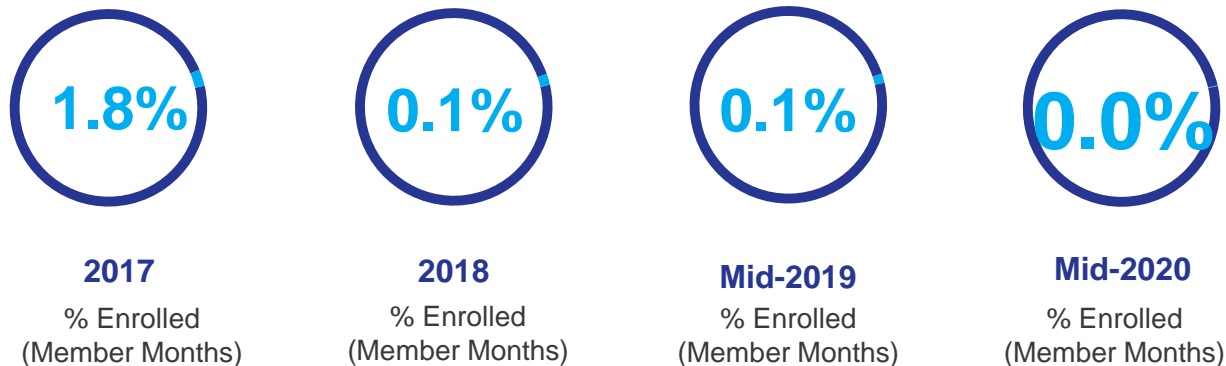
Other Adverse Selection Considerations The past year has continued to bring changes to the individual and small group market that impact overall market selection not just the Exchange.



Access Health CT 2021 Adverse Selection Study

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Grandfathered vs. Non-Grandfathered



Individual Market

Since there was no individual grandfathered plan enrollment as of Mid-2020, no analysis of adverse selection was performed.

Small Group Market

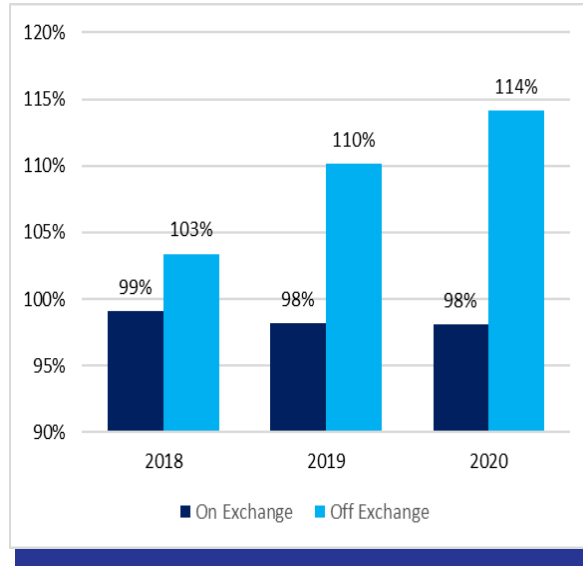
Since there was no small group grandfathered plan enrollment as of June 2015, no analysis of adverse selection was performed.

On vs. Off-Exchange

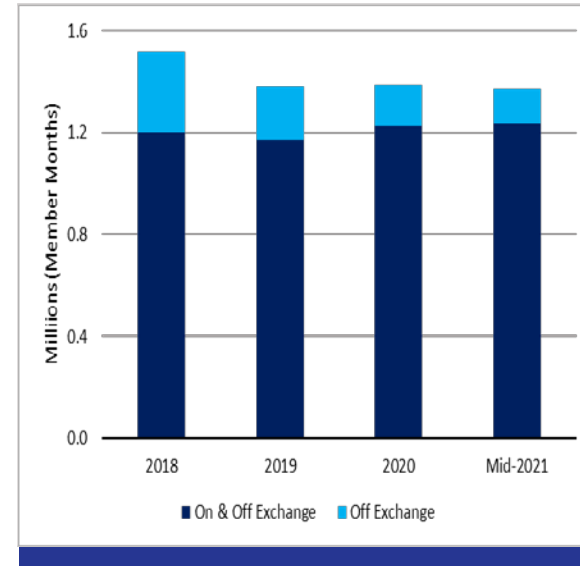
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Individual Market On vs. Off Exchange: The variation in risk for on vs. off exchange has widened from 2018 to 2020.



**Risk Transfer Amounts
as % of Statewide Premium
(non-catastrophic metal tiers)**



**Enrollment Exposure by Year
(Member Months)***

*2021 Member Months estimated as twelve times mid-year enrollment.

**Off Exchange refers to plans sold only off-exchange

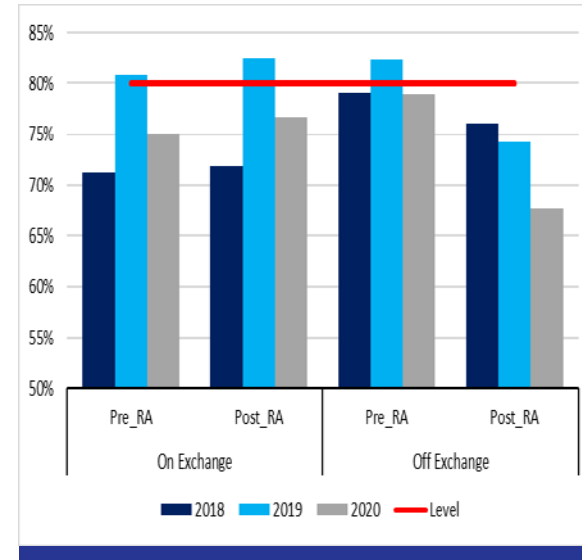
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Individual Market On vs. Off Exchange: Risk adjustment has been relatively efficient at leveling market risk.

Market Drivers:

- 2018 – CSR Defunding/Silver Loading On-Exchange
- 2019 Elimination of Individual Mandate
- 2020 – Covid-19



Loss Ratios*
Pre & Post Risk Adjustment
(non-catastrophic metal tiers)

*2017 results do not reflect cost-sharing reduction reimbursement.

**Off Exchange refers to plans sold only off-exchange

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Individual Market On Exchange: Issuers indicated potential adverse selection in 2021 emerging from enrollees who joined the exchange during enrollment driven qualified life events(QLE) expanded for the Public Health Emergency and the American Rescue Plan Act (ARPA)

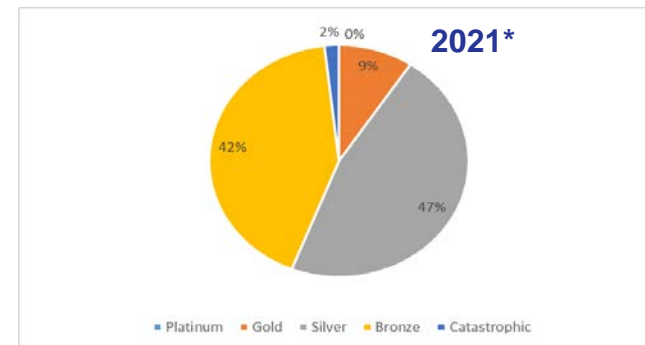
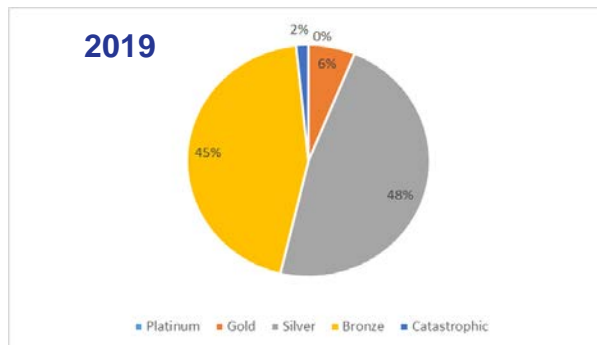
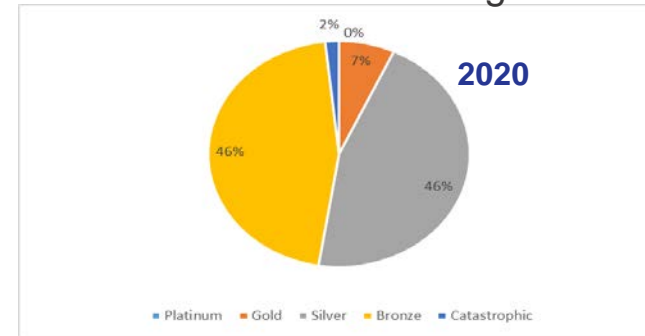
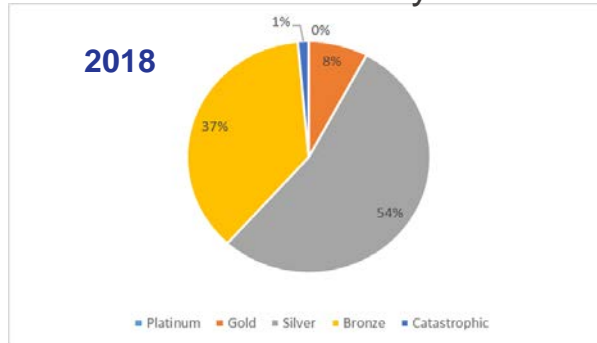
- 2021 ARPA/PHE QLEs
 - 18,535 new QLE Plan Selections*
 - Increase MLR 20+bps
 - Have 5% greater claim costs
- Future
 - 2023 QLE – under 150% FPL (Optional for State Based Marketplaces)
 - CMS expects 0.5-2.0% increase in premiums
 - Note: requires access to zero-dollar premium coverage
 - End of Public Health Emergency
 - Ongoing regulatory uncertainty

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Individual Metal Tier Enrollment Mix

- The mix of enrollment by metal tier has shifted on and off exchange



*2021 Mix based on mid-year enrollment, 2018, 2019 & 2020 based on exposures.

Conclusions: Individual Market On vs. Off Exchange

- Higher off exchange risk scores continue to deteriorate
- On exchange enrollees are of higher average age than off exchange plan enrollees in individual market
- Loss Ratios after consideration of risk adjustment transfers indicates that on exchange enrollees are currently not financially disadvantaged.

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Conclusions: Small Group Market On vs. Off Exchange

- Similar to last year, small group on exchange enrollment is low and not fully credible by metal tier
- Can not make any conclusions regarding adverse selection
- Low enrollment should be monitored outside context of adverse selection to ensure sustainability of market

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Recommendations: On vs. Off Exchange Adverse Selection

- Monitor overall market enrollment, as the off-exchange market continuing to shrink
- Review impact of shifting metal option enrollment
- Review impact of expanded use of exceptional circumstances special enrollment periods, limit use and ensure eligibility validity of QLEs
- Explore mechanisms for stabilizing the individual and small group markets (1332 Waivers)

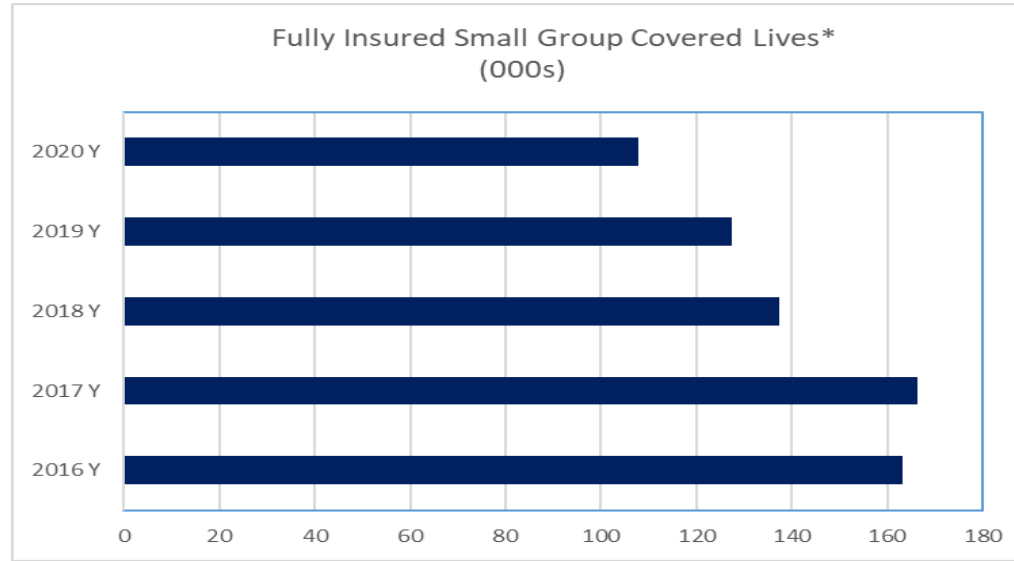
Self-funding

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Impact of Self-Funding in the Small Group Market

- After several years of declining enrollment, the fully insured small group market decreased by 16% as measured by covered lives in 2020. Reported mid-year 2021 enrollment indicates a further 5-10% reduction.



*Source: SNL, Supplemental Health Care Exhibits

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Impact of Self-Funding in the Small Group Market: We surveyed issuers/brokers on Connecticut self-funded marketplace and interest in QSHERA/ICHRA* by small employers.

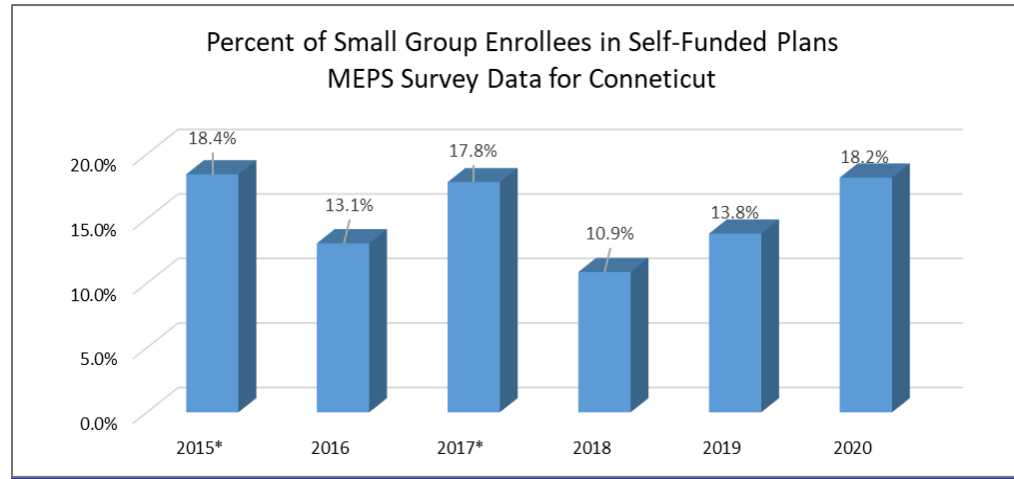
- Small Employer Self-Funding Statistics
 - Average employer size: 10-50 Employees
 - Small employer are seeing up to 10% in premium savings
 - Average stop-loss is \$30,000
 - Issuers commented support for ongoing regulatory review of stop-loss levels.
 - No material network or plan design differences
- QSHERA/ICHRA
 - Interest but reporting requirements are obstacle to participation
 - Temporary nature of ARPA creating “wait and see”

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Impact of Self-Funding in the Small Group Market

- Connecticut data on small group self-funding prevalence is not readily available
- Survey results from some carriers indicate an increasing interest
- Review of state and national employer health benefit surveys



Source: HHS Agency for Healthcare Research and Quality's (AHRQ) Medical Expenditure Panel Survey (MEPS) employers with under 50 employees

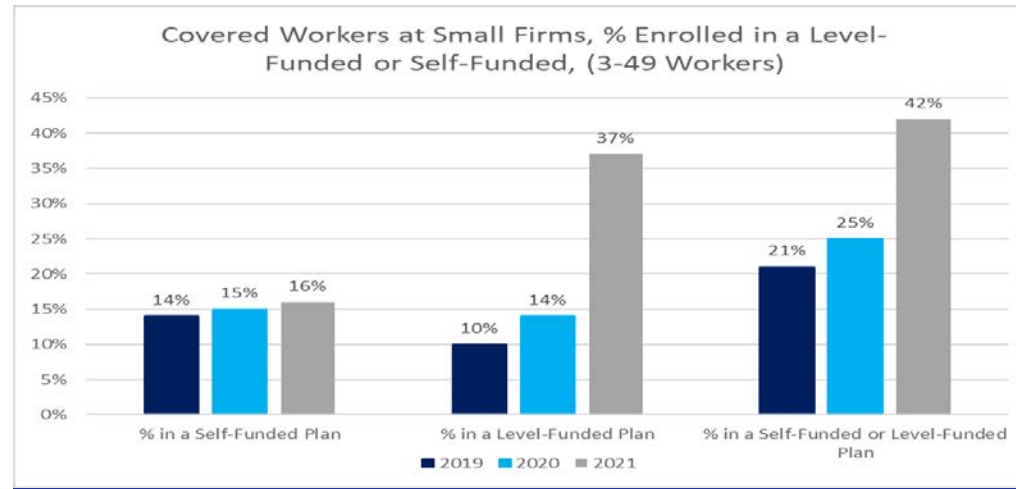
*Data for these time periods is not fully credible

Access Health CT 2021 Adverse Selection Study

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Impact of Self-Funding in the Small Group Market

- Connecticut data on small group self-funding prevalence is not readily available
- Survey results from carriers indicate an increasing interest
- Review national employer health benefit surveys



Source: Kaiser Family Foundation Employer Health Benefits Annual Survey (2019-2021)

Access Health CT 2021 Adverse Selection Study

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Conclusions: Self-Funding in the Small Group Market

- Lack of credible or comparable data results in no clear conclusion whether there is adverse selection in the small group market

Recommendations: Self-funding in Small Group Adverse Selection

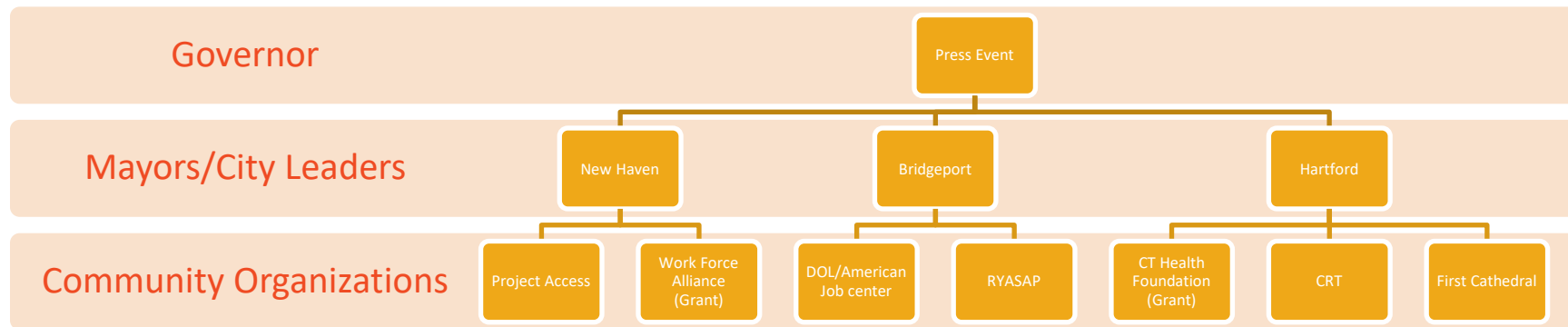
Similar to last year:

- Closely monitor small group market to ensure healthier small groups do not move to a self-funded basis leading to adverse selection (i.e., healthier groups opting out of the fully insured risk pool to get lower, experience-based cost options)
- Monitor regulatory environment for impact of newly proposed regulations

Strategy Committee Update

-Broker Academy

January Outreach Plan



Grant Funding

Access Health CT, Hartford: \$25,000

This funding will support the first phase of establishing a broker academy intended to increase the number of trusted, local, culturally competent insurance brokers in Hartford, New Haven, and Bridgeport. In the first phase of this work, Access Health CT will focus on outreach to community-based organizations to identify potential candidates for the academy, recruiting students for the broker academy, and recruiting broker agencies to serve as mentors for the students.



Application Process

- Broker academy emails:
 - **AHCT.BrokerAcademyHR@ct.gov** (application related requests and documents)
 - **AHCT.BrokerAcademy@ct.gov** (for general questions/inquires)
- Paper Applications available at Navigator sites.
- Online webpage and application ready to launch.
- Separate background check account set up complete.
- Plans for continuous engagement throughout the recruitment process and post training class.

The image displays three overlapping screenshots of the Access Health CT website. The top-left screenshot shows the 'Apply to the Broker Academy' form, which includes fields for contact information (Name, Address, City, State, Zip Code, Phone, Email) and a section for 'ur Values in Action'. The top-right screenshot shows the 'Broker Academy Program' page, featuring a video player and a section titled 'We Are Committed' with text about the program's goals. The bottom-center screenshot shows a page titled 'ur Values in Action' with a list of values (Authenticity, Integrity, Excellence, Ownership, One Team, Passion) and a description of the program's commitment to diversity and inclusion.

Apply to the Broker Academy

Please complete the form to apply to the Broker Academy. After completing the form, email the additional documents (resume, cover letter, and letters of recommendation) to AHCT.BrokerAcademyHR@ct.gov

Contact Information

Name *
First Middle Last

Address *
Address Line 1
Address Line 2
City State Zip Code

Phone *
Area Code (201) 555-0123

Email *
Email

ur Values in Action

Access Health CT, with our customers and our employees in mind, we seek to promote the collective values listed below. We live by these behaviors. Our culture of acceptance comes and values everyone. We challenge the status quo and 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 live.

Authenticity
Be open and honest in all interactions. Listen to others and share your own experiences. Be vulnerable and share your own experiences. Be open and honest in all interactions. Listen to others and share your own experiences.

Integrity
Be honest and ethical in all interactions. Be honest and ethical in all interactions. Be honest and ethical in all interactions. Be honest and ethical in all interactions.

Excellence
Be the best in all that we do. Be the best in all that we do. Be the best in all that we do. Be the best in all that we do.

Ownership
Take ownership of your work and your team. Take ownership of your work and your team. Take ownership of your work and your team. Take ownership of your work and your team.

One Team
Work together to achieve our common goals. Work together to achieve our common goals. Work together to achieve our common goals. Work together to achieve our common goals.

Passion
Be passionate about your work and your team. Be passionate about your work and your team. Be passionate about your work and your team. Be passionate about your work and your team.

Next Steps



Get Involved. Be a part of the change.

The Broker Academy

access health CT

Classes start:
June 1, 2022
3 day in-person class. Flexible schedule for remainder of the program.

Requirements to apply:

- 18 years or older
- High School Diploma or GED
- 1-2 Recommendation letters
- Community Service experience
- Reside in Hartford, New Haven, and Bridgeport or surrounding areas

Program Details:

Free Training
Access Health will cover the cost of training, exam and license.

Mentorship Program
Students will have access to an experienced Broker to provide guidance through training program.

Program Support
Access Health will provide support throughout the program including stipend for all students.

As part of our mission-driven approach to reduce health disparities, Access Health CT seeks to drive change within communities in need by creating a Broker Academy Program: a free training program for candidates to become licensed Insurance Brokers.

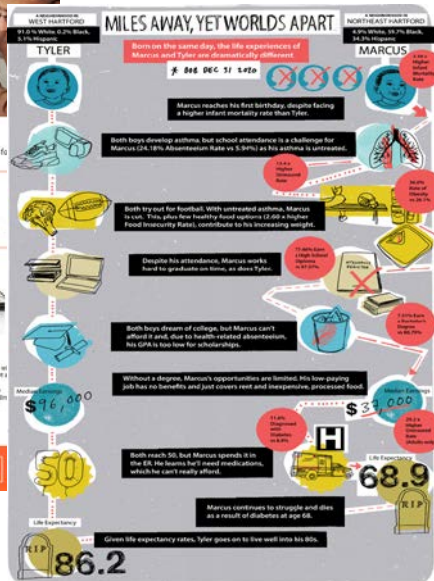
Average salary for a new broker is \$74,359-111 Hartford (Indeed.com). **Start a new career while making a difference in your community.**

100% Study Only

Training studios from the Hartford, New Haven, and Bridgeport areas.

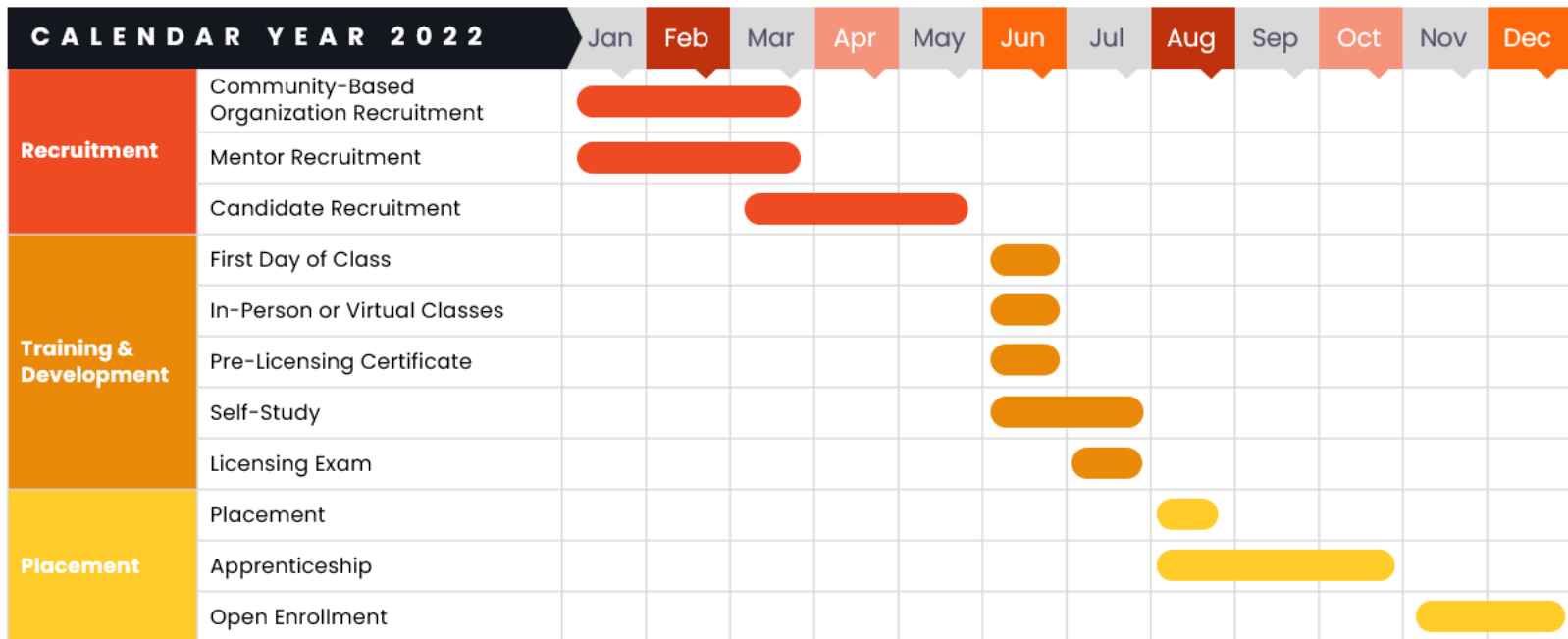
Scan here to learn more about Access Health's commitment to health equity.

For questions, email: AHCT.BrokerAcademy@get.gov



- Webpage go live date: 1/21/2021
- Securing Pre-licensing vendor for training
- Working through a list of AHCT certified Brokers for mentorship program
- Mass email communication to community partners and Brokers
- Material distribution and outreach events
- Developing end to end workflow of candidate experience.

Timeline



ACA Policy / Legal Update

ACA Policy/Legal Update

- **Build Back Better Act Update**
- **HHS Draft Notice of Benefit and Payment Parameters for PY 2023**
- **HHS Guidance on Insurance Coverage for At-Home COVID-19 Tests**

Draft NBPP for Plan Year 2023

- **Standard Plan Designs for FFE**
- **Network Adequacy Standards**
 - Essential Community Provider Standards (ECP)
 - Quantitative Time/Distance Requirements and Appointment Wait Times
- **Quality Improvement Strategies**
- **Eligibility for Financial Assistance**
- **Special Enrollment Verification**
- **Pro-Ration of Premiums and APTC**
- **New Exchange Improper Payment Measures Program**
- **Changes for De Minimis Ranges for Actuarial Values for Plans**
- **Non-Discrimination in Benefit Design**
- **Remove Annual Reporting Requirement for States For State Mandates/EHB**
- **Remove Allowance of Payment of Past Due Premium from 2017 Rule**

HHS Guidance on Health Insurer Coverage for At-Home COVID-19 Tests

- Insurers and plans must provide coverage for at-home tests
- Applies to tests purchased starting 1/15/2022 to end of PHE
- Cover up to 8 tests per enrollee per month
 - Purchase of tests at pharmacies or retail counter for no cost-sharing to enrollees
 - Provide reimbursement for those purchased by enrollees with cost (insurers can reimburse for those purchased before 1/1/2022 but not required to do so)

Future Agenda Items

Adjournment