



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

Remote Meeting

Thursday, February 17, 2022

Meeting Minutes

Members Present:

Paul Philpott (Vice-Chair); Claudio Gualtieri on behalf of Melissa McCaw, Secretary, Office of Policy and Management (OPM); 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; Colleen Harrington on behalf of Nancy Navarretta, Interim Commissioner, Department of Mental Health and Addiction Services (DHMAS); Manisha Juthani, Commissioner, Department of Public Health (DPH); Matthew Brokman; Steven Hernandez; Victoria Veltri

Other Participants:

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

A. Call to Order and Introductions

The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:02 a.m.

Vice-Chair Paul Philpott called the meeting to order at 9:02 a.m.
Attendance roll call was taken.

B. Public Comment

No public comment.

C. Votes

Vice-Chair Paul Philpott requested a motion to approve the January 20, 2022 Regular Meeting Minutes. Motion was made by Thomas McNeill and seconded by Cecelia Woods. Roll call vote was ordered. **Motion passed unanimously.**

D. CEO Report

Mr. Michel provided a brief overview of the major topics for the meeting, which include updates on the just recently concluded Open Enrollment (OE) and the development of the Broker Academy.

Mr. Michel stated that Governor Ned Lamont was very helpful in championing awareness for this new program and hosted a press conference last month. Many community organizations have reached out to support AHCT by referring candidates. Mr. Michel stated that many Broker Academy applications have been received from the Greater Bridgeport, Hartford and New Haven regions.

Mr. Michel told the Board that AHCT is also focused on the development of the Subsidiary Business Plan and the Covered Connecticut Program Special Enrollment Period. Mr. Michel stated that in support of these efforts, the Marketing Department is focusing on promoting this program.

Mr. Michel added that some important legal and legislative developments are taking place and are being closely examined by AHCT's Legal and Governmental Affairs Department. Mr. Michel added that AHCT will be providing its 2021 Annual Report to the Board Members and indicated that the Finance Department will soon have a draft budget for Fiscal Year (FY) 2023 for the Finance Committee to review, which then will be presented to the Board in April. Mr. Michel stated that the budget will include the proposal to increase the assessment rate for additional funding to support a requirement passed by the Connecticut General Assembly last June for AHCT to fund the All-Payer Claims Database (APCD) at the Office of Healthcare Strategy (OHS) starting in 2022.

Mr. Michel stressed that the resilience and support of the staff, the Board of Directors, AHCT partners, vendors and importantly its customers help the organization to weather the challenging times. Mr. Michel said that the organization is mindful of balance and strong mental health.

Vice-Chair Paul Philpott asked for assessment rate comparison with other states to be provided at a future Board meeting. Mr. Michel explained that it would be the very first time that AHCT would be requesting to increase its assessment rate since 2016 and added that the organization's assessment rate is one of the lowest in the country. Mr. Michel reported that the assessment

rate increase will be small and noted that AHCT is working closely with OHS on the financial needs for operating the APCD. Mr. Michel also explained the downward trend of assessment funds being collected.

E. Open Enrollment 9 Final Report

Robert Blundo, Director of Technical Operations and Analytics presented the OE 9 Final Report. Mr. Blundo noted that the Final Report is available on the Agency's website for viewing. Mr. Blundo noted that the report is close to 60 pages long and it allows the reader to compare historical OE periods. Mr. Blundo noted that this report includes figures on marketplace overview and customer profile, acquisition and retention results, plan selection and product preferences as well as pricing analysis.

Mr. Blundo noted that new exhibits were added for customer acquisition by geography and attrition analysis for customers declining financial help. Mr. Blundo provided a brief analysis on those two exhibits. Commissioner Manisha Juthani inquired about any data that would present the information on the number of individuals who are eligible to enroll vs. those who actually end up enrolling in medical coverage. Mr. Blundo stated that health equity data is available on the website which used a variety of metrics and also include census data. Mr. Michel added that the OE Customer Acquisitions by Geography provides information only on the Qualified Health Plan enrollees, and it does not include the HUSKY population.

Matthew Brokman asked how this data matches up with the potential customer-base of eligible to enroll vs. actual enrollment and encouraged to include both QHP and HUSKY data. Mr. Brokman also encouraged to look at the geographical locations, such as Stamford which seems to enroll more consumers in QHP and possibly try to replicate the approach in other areas. Mr. Michel stated that the newly formed Health Equity, Outreach and Consumer Advisory Committee will be examining this issue and the Board will be informed on the strategy.

Mr. Michel emphasized that local organizations also are involved in the outreach for those communities. Mr. Doolittle noted that Stamford has a significant vaccine outreach effort performed by Stamford Hospital which could have affected the enrollment figures. Mr. Blundo provided a brief analysis of customer attrition and their Financial Aid (FA) status. Mr. Blundo also conveyed the reasons for consumer attritions. Brief discussion ensued around questions that consumers need to answer in order to qualify for FA.

E. Health Equity and Outreach Update

Tammy Hendricks, Director of Health Equity and Outreach, provided an update on the development of the Broker Academy. Ms. Hendricks outlined the steps that are being taken in that process. Ms. Hendricks noted that 62 applications have been received but the process has not been completed. About 20 broker agencies reached out to participate in the mentorship program. Ms. Hendricks also indicated that a quote has been received from the training vendor and training is set to commence in June. Ms. Hendricks noted that a mass email and newsletters

to community partners and brokers were sent out. Ms. Hendricks added that over 30 presentations took place in January and an additional 31 presentations are planned. Meetings with legislative delegations will also take place. Paul Philpott encouraged staff to keep on providing the Broker Academy data to the Board as it progresses further. Ms. Hendricks also provided the program timeline.

F. Marketing Update

Caroline Lee Ruwet, Director of Marketing, presented the Marketing Update. Ms. Ruwet presented an update of the Marketing Department's actions in order to promote the Covered Connecticut Program. Ms. Ruwet said that part of this campaign involves informational fliers, press releases as well as direct to consumer mail. Ms. Ruwet also showed the timeline for specific marketing and outreach initiatives. Victoria Veltri expressed her words of appreciation for the marketing efforts of the program.

G. ACA Policy/Legal Update

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the ACA Policy/Legal Update. Ms. Rich-Bye noted that the U.S. Department of Health and Human Services had released a proposed Notice of Benefit and Payment Parameters for Plan Year 2023 and AHCT filed comments at the end of January.

Ms. Rich-Bye stated that the Build Back Better Act passed by the U.S. House of Representatives will not be approved by the Senate. Ms. Rich-Bye noted that increased FA was part of the legislation and if the FA does not continue into 2023, consumers will see renewals with much higher premium amounts at the same time as the midterm elections in November of this year.

Ms. Rich-Bye added that the increased financial assistance from the American Rescue Plan Act is expanding access to affordable health coverage, and the need to make these changes permanent is part of Congress's work on broader budget negotiations as well. Ms. Rich-Bye stressed the importance of continuing the enhanced subsidies and the impact to consumers if they are not extended into 2023 and beyond. AHCT also shared this information with other members of the Connecticut legislative delegation and added that the Exchange is joined in this effort by the other state-based marketplaces (SBMs), as well as the National Academy of State Health Policy.

Ms. Rich-Bye provided a brief summary of increases in ACA marketplace enrollment, updated guidelines on preventative services as well as federal funding to support enrollment in Medicaid/CHIP for children. Mr. Doolittle mentioned litigation concerning major healthcare providers and Ms. Rich-Bye indicated that AHCT is closely following those developments. Brief discussion ensued around historical total enrollment numbers nationwide indicating that the last OE figures of 14.5 million were one of the highest since the inception of the ACA.

H. Future Agenda Items

Mr. Michel reviewed future Agenda Items:

- 2023 Standard Plan Designs
- Health Equity and Outreach Advisory Committee
- Strategic Initiatives: (Subsidiary, Broker Academy, Mission & Vision and Guiding Principles)

I. Adjournment

Vice-Chair Paul Philpott requested a motion to adjourn. Motion was made by Victoria Veltri and seconded by Theodore Doolittle. Roll call vote was ordered. ***Motion passed unanimously.*** Meeting adjourned at 10:00 a.m.