



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

Remote Meeting

Thursday, October 20, 2022

**Meeting Minutes**

**Members Present:**

Charles H. Klippel (Chair); Cecelia Woods; Grant Ritter; Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Thomas McNeill; Matthew Brokman; Commissioner Deidre Gifford, Department of Social Services (DSS); Claudio Gualtieri on behalf of Secretary Jeffrey Beckham, Office of Policy and Management (OPM); Steven Hernandez; Theodore Doolittle, Office of the Healthcare Advocate (OHA)

**Other Participants:**

**Access Health CT (AHCT) Staff:** James Michel; Anthony Crowe; Susan Rich-Bye; Caroline Lee Ruwet; Daryl Jones; Jynelle Maloney; John Carbone; Glenn Jurgen; Tammy Hendricks; Kathryn Hearn; 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 9:00 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 September 15, 2022, Regular Meeting Minutes. Motion was made by Thomas McNeill and seconded by Claudio Gualtieri. Roll call vote was ordered. **Motion passed unanimously.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the need to appoint a new member to the Health Equity, Outreach and Consumer Experience Advisory Committee. Ms. Rich-Bye provided information on the candidate, Ms. Holly Hackett, including but not limited to her expertise and experience. Ms. Rich-Bye emphasized that Ms. Hackett will add valuable input to the work of the Committee.

Chair Charles Klippel requested a motion to appoint Holly Hackett as a member of the Health Equity, Outreach and Consumer Experience Advisory Committee. Motion was made by Theodore Doolittle and seconded by Deidre Gifford. Roll call vote was ordered. **Motion passed unanimously.**

Ms. Rich-Bye explained the need to appoint new members to the Standing Committees. Ms. Rich-Bye thanked the members of the Access Health CT (AHCT) Board of Directors for volunteering to serve on all of the Standing Committees. Ms. Rich-Bye noted that vacancies exist on the Strategy and Finance Committees and two Board members have agreed to serve on them.

Chair Charles Klippel requested a motion to appoint Theodore Doolittle to the Strategy Committee and Matthew Brokman to the Strategy and Finance Committees. Motion was made by Steven Hernandez and seconded by Grant Ritter. Roll call vote was ordered. **Motion passed unanimously.**

#### **D. CEO Report**

James Michel, Chief Executive Officer, presented the CEO Report. Mr. Michel noted that AHCT is preparing for its tenth annual Open Enrollment (OE) Period that will commence on November 1 and will end on January 15, 2023.

Mr. Michel introduced Rebekah McLear who replaced Robert Blundo as the Director of Technical Operations and Analytics. Ms. Michel noted that Ms. McLear worked collaboratively with Mr. Blundo, and she is the most ready and capable person to succeed him in that position.

Mr. Michel added that AHCT is preparing for the unwinding of the Public Health Emergency (PHE) and the organization is updating its systems and working closely on that issue with the Department of Social Services (DSS).

Mr. Michel provided a brief explanation of this meeting's Agenda, including but limited to the Broker Academy Update and the Consumer Impact Study, an annual presentation provided by Wakely Consulting.

#### **D. Open Enrollment 10 Update**

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), presented the Open Enrollment 10 (OE10) update.

Ms. Hearn stated that OE10 is scheduled from November 1, 2022 to January 15, 2023 and it aligns with the Federally Facilitated Marketplace's (FFM) OE. Ms. Hearn noted that residents will be able to enroll into a health and dental plan for the 2023 Plan Year (PY) through the Exchange. Ms. Hearn added that AHCT usually gains about 15% of new enrollments during OE and generally retains about 85% of its customers through auto renewals and through active renewals.

Ms. Hearn added that this OE, AHCT will be helping to provide clarity on the impact of 2023 pricing to consumers. Ms. Hearn pointed out that there is nearly a 15% premium rate increase that may cause some confusion for consumers with premium tax credits. Ms. Hearn stated that no one will pay more than eight and a half percent of their income toward premiums if they enroll in the second lowest cost silver plan.

Ms. Hearn emphasized that AHCT will promote the continued financial help through the Inflation Reduction Act; this will allow individuals over the 400% Federal Poverty Level (FPL) to continue to receive premium tax credits. Ms. Hearn added that for this OE, AHCT will continue the Covered Connecticut Program acquisition efforts. Ms. Hearn pointed out that it will be the first OE where AHCT can market the Covered Connecticut Program to all adults. Ms. Hearn indicated that during the prior OE, the Covered Connecticut Program was only available to parents and caretakers.

Ms. Hearn emphasized that AHCT will also focus its efforts on retention and transitioning existing dental enrollees into the new application system for dental plans. Ms. Hearn added that it will be the first time that the individual stand-alone dental plans will be offered on the same AHCT platform as the individual medical plans.

Ms. Hearn added that AHCT is also preparing for the end of the Public Health Emergency (PHE). Ms. Hearn provided a detailed OE timeline and stated that AHCT is also focused on consumer OE communication system updates and PHE preparations. Ms. Hearn added that AHCT will start sending out renewal notices in early November, which is part of the retention efforts. Ms. Hearn also reviewed other initiatives and tasks that are part of the OE10 implementation processes.

Ms. Hearn specified OE challenges and stated that AHCT is ensuring that its systems are up to date with the latest policy changes. Ms. Hearn pointed out that some challenges are typical of all OEs while others are unique. Ms. Hearn briefly touched upon the plans that will be offered during the upcoming OE, including information on the plans that are being discontinued and informed the Board about AHCT's efforts to retain 8200 customers who will be affected by those changes. Ms. Hearn added that one of the carriers entered the stand-alone dental market with two new plans for both the individual and SHOP markets.

Ms. Hearn stated that the passage of the Inflation Reduction Act will ensure that Connecticut residents will continue to receive the enhanced premium tax credit subsidies through the 2025 Plan Year (PY). Ms. Hearn added that AHCT is currently transitioning between information technology vendors for the responsibility for system maintenance and operations for the Integrated Eligibility System. Ms. Hearn noted that the new vendor

will provide secondary support to AHCT systems infrastructure during this OE and by next OE, the new vendor will be responsible for system maintenance. Ms. Hearn stated that this is a complex project, and it is being closely tracked in order to make sure that consumers are not affected.

Ms. Hearn added that AHCT is in constant collaboration with DSS on the unwinding of the Medicaid extensions during the PHE where over 390,000 individuals are on extended Medicaid coverage. Ms. Hearn added that DSS has been engaging community partners since April to encourage Medicaid recipients to update their contact information in preparation for the end of the PHE; this is very important as it will help to ensure that customers do not experience gaps in health coverage.

Ms. Hearn provided the OE10 technology update. Ms. Hearn stated that the new integrated dental shopping experience will allow consumers to enroll in health plans and dental plans using one application. Ms. Hearn stated that in addition to that, AHCT's decision support tool will assist consumers in their decision process regarding the purchase of standalone dental plans in addition to QHP coverage. Ms. Hearn emphasized that it is a useful tool for both consumers and brokers.

Ms. Hearn noted that in prior years, multiple paper mailings have been a source of concern for many consumers, and during the upcoming OE, consumers will only receive one envelope for any changes made on the same day with only the most pertinent and collated notice information. Ms. Hearn stated that in addition to improving the customer experience, it will save AHCT a substantial amount of money in the coming years. Ms. Hearn added that AHCT has redesigned the account home services to improve self-service, navigation, communications, and verification completion; the account home redesign was funded with American Rescue Plan Act funds.

Ms. Hearn pointed out that AHCT has implemented new eligibility rules and updated the application to comply with the final IRS rule to ensure family members with offers of employer sponsored coverage are correctly determined for eligibility for financial assistance.

Mr. Michel, responding to a Board Member request, indicated that AHCT projects to enroll anywhere between 108,000 and 110,000 consumers in the Qualified Health Plans (QHP) during OE10.

Deidre Gifford, Department of Social Services Commissioner, stated that DSS is not required to re-establish eligibility for over 300,000 individuals in Medicaid in the first month after the PHE ends; the Centers for Medicare and Medicaid Services (CMS) is allowing states to redetermine eligibility of Medicaid recipients over a twelve-month period following the end of the PHE. Dr. Gifford added that all of the individuals who are determined to be ineligible for Medicaid will be eligible for a Special Enrollment Period (SEP) to enroll in a QHP through Access Health CT.

Matthew Brokman inquired about the consumer website user experience pertaining to Covered Connecticut Program eligibility. Ms. Hearn noted that currently, Covered Connecticut eligibility is embedded into the system functionality; based on the consumer's input, the eligibility determination screen will display whether a consumer is eligible for the Covered Connecticut Program. Brief discussion took place about the redetermination aspects and the twelve-month period allowed by CMS.

### ***Marketing Update***

Caroline Lee Ruwet, Director of Marketing, presented the OE10 Marketing Update. Ms. Ruwet stated that the Marketing Team is very focused on outreach and messaging about the upcoming OE. Ms. Ruwet presented the Board with the example of print advertising that will be published in English, Spanish and Polish in numerous publications, including social media throughout Connecticut.

Ms. Ruwet noted that the marketing approach had to be refreshed since the Exchange has been helping Connecticut residents for a decade. Ms. Ruwet stated that the creative approach and messaging is an important element of this improved strategy, that also includes information, such as enhanced subsidies/financial help thanks to the Inflation Reduction Act (IRA) and the Family Glitch rule changes. Ms. Ruwet added that it also incorporates information on the improved dental shopping experience as well as other important aspects, including, but not limited to, providing consumers with important deadlines and ways to get help.

Videos of the new ads in both English and Spanish were presented to the Board. Steven Hernandez suggested extending the captions on the ads with the reminders for consumers about important dates. Mr. Michel responded by indicating that those captions will be extended.

Ms. Ruwet provided a detailed description of the department's activities, including targeting undeserved communities with outreach and marketing materials. Ms. Ruwet provided an analysis of media research in various categories and media mix statistics. Ms. Ruwet followed with a Gantt Chart representing AHCT's presence in the media market. Matthew Brokman inquired whether any advertising in local free newspapers is taken into consideration. Ms. Ruwet confirmed that it was but added that AHCT is not able to place advertising in many of them. However, some of them publish the Exchange's press releases. Mr. Brokman followed-up with an inquiry as to whether the carriers will be advertising on their own during this OE. Ms. Ruwet noted that the carriers increased their efforts in their advertising campaigns, especially providing information on the Covered Connecticut Program.

### ***Outreach Update***

Tammy Hendricks, Director of Health Equity and Outreach, presented the Outreach Update. Ms. Hendricks noted that along with the Marketing Team, the Outreach Team is

working to enhance AHCT's exposure in the underserved communities. Ms. Hendricks added that education is an important element in the pre-OE initiatives.

Ms. Hendricks provided information on the success of the regional breakfast conference week with four meetings held in East Hartford, Stamford, Groton and New Haven. Ms. Hendricks stated that those meetings were organized in a hybrid model with 231 attendees overall. Ms. Hendricks added that the conferences will have a significant impact since those individuals who attended will influence communities where they live.

Ms. Hendricks stated that these events were very successful with numerous interactions with attendees which consisted of a variety of community organizations, brokers, and carriers among others. Ms. Hendricks noted that four Community Awards were presented to the East Hartford Public Library, Stamford Public Library, Community Health Center in Groton as well as Project Access in New Haven. Ms. Hendricks added that three Healthy Chat presentations were also held.

Ms. Hendricks remarked that during the upcoming OE, AHCT is extending the in-person enrollment opportunities, which among other events, include over twenty fairs both on weekends and on weekdays. Ms. Hendricks outlined that numerous Navigator locations will also assist in the enrollment efforts.

## **E. 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 stated that three carriers are continuing their participation on the Exchange with 25 plans. Ms. Andrews added that there will be one Platinum plan offered for Plan Year 2023 and all plans are available statewide.

Ms. Andrews went on to describe in detail the definition of the Actuarial Values (AV) that are calculated by the Federal AV Calculator along with the permissible ranges. Ms. Andrews described the AVs for all plan metal tiers along with information about eligibility for cost-sharing reduction subsidy plans and the extension of enhanced subsidies under the Inflation Reduction Act (IRA). Ms. Andrews briefly described the enrollment statistics based on past OEs.

Ms. Andrews summarized the Small Group offerings for OE10 and pointed out that the same two issuers are participating on the Exchange in 2023 with 10 plans that will be offered. Ms. Andrews declared that all plans in the Small Group Market are available statewide.

Ms. Andrews provided information on the 2023 Rate Changes and noted that the weighted average rate increase for AHCT enrollees is 12.2 percent and it does not include the impact of aging. Ms. Andrews stated that rate changes across all plans and area combinations range from 2.3 percent to 29.1 percent and by county, the average rates

are increasing the most in Middlesex. Ms. Andrews added that by carrier, premium weighted average rate changes average 7.1 percent for Anthem, 13.9 percent for CBI and 15.5 percent for CICI for continuing and cross-walked enrollees.

Ms. Andrews mentioned that silver plans continue to be loaded for the defunding of cost-sharing reductions. Ms. Andrews reviewed and explained the rate change drivers which include trend, ongoing COVID costs, risk adjustment and experience. Ms. Andrews explained in detail the individual market rate changes by plan with mapping. Ms. Andrews provided small group market observations.

Ms. Andrews stated that when consumers are deciding 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 individual needs and plan selections. In addition, the consumer selection decision tool can help consumers when navigating shopping as well as estimating healthcare costs for the upcoming year. 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 presented the benchmark plan average premium changes for all eight counties. Ms. Andrews provided detailed examples of what consumers may consider when choosing their healthcare coverage during OE.

Mr. Michel noted that the full report will be distributed to the Board and will be published on the Agency's website. Mr. Michel noted that currently, approximately sixteen percent of AHCT QHP consumers are not receiving any Financial Assistance (FA). Mr. Michel noted that they will be absorbing the entire cost of the health coverage premium increases. Mr. Michel reassured the Board that AHCT is looking at a targeted effort to reach those consumers and encourage them to explore different, less costly plans on the Exchange that would still meet their needs.

Theodore Doolittle, Healthcare Advocate, discussed the actual meaning of the AV ranges among different plan tiers. Mr. Doolittle noted that the AV ranges are very important to the carriers and for the Connecticut Insurance Department (CID), however, they do not reflect the actual amount that the average consumer will see the plan pay. Mr. Doolittle noted that approximately 90 percent of AHCT's consumers may never meet their annual deductible. Mr. Doolittle added that when someone becomes seriously ill or is involved in a very costly procedure their individual AV would then become well over 90 percent as the plan would pay the costs after the deductible and maximum out-of-pocket. Mr. Doolittle told the Board that the Actuarial Values need to be explained as to what they mean.

Commissioner Gifford asked for information for the Board about 2023 premium changes, healthcare costs along with real-world statistics and a few of the most common examples. Mr. Michel pointed out that this document will be created in cooperation with OHA.

## **F. Public Health Emergency Unwinding Update**

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided an update on the Public Health Emergency (PHE). Ms. Rich-Bye stated that AHCT is partnering closely with the Department of Social Services (DSS) on this initiative. She stated that currently, there are over 390,000 enrollees benefiting from the extended HUSKY coverage and the U.S Department of Health and Human Services Department announced a 90-day renewal of the PHE on October 13 of 2022. Ms. Rich-Bye stated that the Federal Government promised states 60 days prior notice of the end of the PHE. Ms. Rich-Bye stated that AHCT continues to delay action on open verification requirements for Qualified Health Plan (QHP) customers for the duration of the PHE. Ms. Rich-Bye said that preparation for the eventual end of the PHE is well underway and added that close cooperation pertaining to this issue is taking place with DSS. Ms. Rich-Bye enumerated coordination efforts with DSS, which include:

- Reverting eligibility/enrollment requirements to pre-PHE thresholds/configurations
- Planning the unwinding schedule, enrollment volume, and renewal rules
- Communication strategy and coordination with internal/external stakeholders
- Operational readiness for increased customer support

Mr. Michel added that a more detailed report, in coordination with DSS about the preparation of the end of the PHE will be presented at the next Board meeting.

## **G. ACA Policy/Legal Update**

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the ACA Policy/Legal Update. Ms. Rich-Bye announced that the Internal Revenue Service (IRS) recently issued a final rule on the Family Glitch which deals with the eligibility for premium tax credits for dependents. The ACA limits eligibility for premium tax credits when a consumer is eligible to another type of affordable minimum value coverage. Ms. Rich-Bye noted that under the new final rule, the Exchange will be able to consider affordability for coverage offered by the employer for other family members in the tax household.

Ms. Rich-Bye briefly reviewed new questions that will be asked of applicants to determine eligibility for premium tax credits for family members. Ms. Rich-Bye also provided information on the minimum value standards for family coverage. Ms. Rich-Bye stated that this new interpretation will provide access to the FA to many families that have previously been ineligible, and it is estimated to affect as many as 5 million people nationwide. Ms. Rich-Bye stated that AHCT has already made the changes to its system and starting November 1, it will become operational. Ms. Rich-Bye added that specific outreach will be undertaken to those individuals.

Ms. Rich-Bye briefly described the *Braidwood Management v. Becerra* case. Ms. Rich-Bye noted that it is a case dealing with the preventative services mandate. Ms. Rich-Bye added that after the September Board meeting, the judge held a status conference and

set a briefing schedule for the parties for October 24 and the rest of the schedule continues into January of 2023.

Ms. Rich-Bye stated that AHCT will be communicating about the quality of the plans and the value of the first dollar coverage during OE. Commissioner Gifford asked how the status of a provider as being in-network or out-of-network relates to the out-of-pocket costs under the ACA for certain services. Ms. Rich-Bye responded that she would check and will provide a response to the board.

#### **H. Future Agenda Items**

Future Agenda Items were bypassed due to time limitations.

#### **I. Adjournment**

Chair Charles Klippel requested a motion to adjourn. Motion was made by Theodore Doolittle and seconded by Cecelia Woods. Roll call vote was ordered. Motion passed unanimously. Meeting adjourned at 11:00 a.m.