



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

Remote Meeting

Thursday, November 17, 2022

**Meeting Minutes**

**Members Present:**

Charles H. Klippel (Chair); Paul Philpott (Vice-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); Commissioner Manisha Juthani, Department of Public Health

**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 9:04 a.m.**

Vice-Chair Paul Philpott called the meeting to order at 9:04 a.m.

Attendance roll call was taken. Members of the Senior Leadership Team (SLT) introduced themselves.

**B. Public Comment**

No public comment.

Chair Charles Klippel joined the meeting at 9:09 a.m.

**C. Votes**

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

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the need for the board to consider a vote to remove Jill Zorn from the Health Plan Benefits and Qualifications Advisory Committee at her request as she retired from her role at the Universal Healthcare Foundation of Connecticut. Ms. Rich-Bye stated that Ms. Zorn joined the Committee in January of 2019 and contributed her extensive knowledge and expertise to the work of the Committee. Ms. Rich-Bye expressed appreciation to Ms. Zorn for her service.

Vice-Chair Paul Philpott requested a motion to remove Jill Zorn from the Health Plan Benefits and Qualifications Advisory Committee. Motion was made by Grant Ritter and seconded by Theodore Doolittle. Brief discussion followed expressing Board members' appreciation for Ms. Zorn's expertise and input on this important Advisory Committee.

Roll call vote was ordered. **Motion passed unanimously.**

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

James Michel, Chief Executive Officer, presented the CEO Report. Mr. Michel thanked the Finance team as well as AHCT's staff for the hard work on this year's audit. Mr. Michel noted that the audit results were presented to the Audit Committee last week and they are part of this meeting's agenda. Mr. Michel thanked the Board and staff for their continued support of the local and national recognition AHCT's staff has received for the work on eliminating health disparities. Mr. Michel emphasized that other states look to AHCT as a model to develop their own approach. Mr. Michel stressed that it is something that everyone should be proud of. He reminded the Board that the Open Enrollment period (OE) began on November 1 and stated that the enrollment for dental insurance to date is higher than expected, which indicates that the new integrated dental and health enrollment platform is making it easier for customers to enroll. Mr. Michel provided the Board with information about this meeting's Agenda and expressed his appreciation for the Board's continued support.

#### **E. Open Enrollment 10 Update**

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), presented the Open Enrollment 10 (OE10) update. Ms. Hearn noted that OE10 is under way and will continue through January 15, 2023. Ms. Hearn reiterated that the Stand-Alone Dental Plan enrollments are exceeding projections which is partially attributed to

the fact that for the first time, Individual dental plans are offered on the same application platform as other Individual health plans and programs.

Ms. Hearn noted that most of the Qualified Health Plan (QHP) enrollees will continue to enjoy enhanced financial assistance (FA) available for 2023 through the Inflation Reduction Act (IRA). Ms. Hearn reminded the Board that the enhanced premium tax credit is in place for consumers to defray the cost of insurance at least through 2025. Ms. Hearn added that at this time, the U.S. Department of Health and Human Services (HHS) has not indicated that the Public Health Emergency (PHE) will end as of yet, therefore, it is anticipated that it will be extended beyond January 2023.

Ms. Hearn stated that a majority of QHP consumers will be auto renewed into plans for 2023 starting this week and the autorenewals will continue into next week. Ms. Hearn stated that in October, AHCT projected that most qualified health plan enrollees, about 83,000 of them would be eligible to be auto renewed for 2023. Ms. Hearn stated that, however, it should be noted that not everyone will be able to auto renew. There are 6,700 individuals who are not being auto renewed because their 2022 qualified health plans were discontinued for 2023 and those plans couldn't be cross walked to other plans.

Ms. Hearn pointed out that the call center is well-positioned to manage the increased OE volume with both trained call agents and chat agents. Ms. Hearn added that at the end of December, AHCT will enable functionality in the system for Husky coverage for immigrant children, regardless of their immigration status. Ms. Hearn was pleased to report that AHCT systems have been working as expected thus far during this OE. Ms. Hearn added the PHE unwind system release is still planned to go live December 16, irrespective of when the PHE actually ends, this will enable the application and enrollment system to be ready. Ms. Hearn added that AHCT so far has seen a large increase in dental enrollments, amounting to a 456 percent increase when compared to the same time frame last year.

Ms. Hearn reminded the Board that at the last meeting, it was noted that AHCT updated its system to address the changes in federal law regarding the "family glitch." Ms. Hearn explained that family members who are offered unaffordable employee sponsored coverage through someone's employer will be more likely to qualify for financial assistance through AHCT in 2023. Ms. Hearn stated that AHCT is in the process of transitioning system maintenance resources for AHCT and the State of Connecticut systems infrastructure. Ms. Hearn added that AHCT is also preparing to sunset an older dental platform for individual dental plans although it can still be used for 2022 dental enrollments. It will be decommissioned in early 2023.

Caroline Ruwet, Director of Marketing, presented the OE Marketing Update. Ms. Ruwet stated that AHCT needs to reach a variety of audiences during this OE. Ms. Ruwet indicated that the first option is direct mail communication, which is utilized frequently. Ms. Ruwet added that other methods of reaching out to consumers are utilized as well. Ms. Ruwet pointed out that reaching out to those who do not receive the FA is one of

the top priorities for AHCT. Ms. Ruwet added that approximately 16 percent of all enrollees belong to that category. Ms. Ruwet emphasized that the message that they will be receiving pinpoints that due to increased FA through the Inflation Reduction Act they may be eligible to receive assistance. Ms. Ruwet added that reminders to those individuals are a part of this outreach strategy.

Ms. Ruwet outlined the outreach strategy to customers that have been impacted by the family glitch previously, with an estimated number of 14,000 individuals who may benefit from the new IRS rules. Ms. Ruwet explained to the Board that it does include individuals who are enrolled with AHCT in 2022 as well as those who have filled out an application but decided not to enroll. Ms. Ruwet elaborated that the main outreach message theme emphasizes increased FA due to the IRA, which many consumers may not be aware exists.

Ms. Ruwet informed the Board that a separate outreach campaign is dedicated to reach those consumers whose medical insurance plans have been discontinued. Ms. Ruwet stated that this is approximately 6700 individuals. She added that targeted outreach efforts are dedicated to reach this audience.

Ms. Ruwet continued and provided information on the earned media coverage and other advertising efforts throughout Connecticut, which comprise a wide array of media outlets including billboards and other mobile techniques. As a follow-up from a prior Board meeting, Ms. Ruwet stated that AHCT was able to extend the length that captions stay on the screen in the Public Service Announcements (PSAs). Ms. Ruwet stated that AHCT is using data and concentrates its marketing efforts in areas that are known to the Exchange as having higher uninsured rates and larger health disparities.

Tammy Hendricks, Director of Health Equity and Outreach, provided the Outreach Update. Ms. Hendricks provided information on the latest outreach events that have taken place. Ms. Hendricks noted that the Outreach Team has hosted 26 events, which included six regional planning meetings, six Covered CT program enrollment fairs, four regional breakfast conferences, three healthy chats, six OE fairs as well as the Broker Academy Graduation Dinner.

Ms. Hendricks emphasized that the Outreach Team attended 92 outreach events, provided 116 partner presentations, and attended 163 community partner site visits compared to 47 visits last year. Ms. Hendricks provided information on the OE10 In-Person Enrollment Options, with enrollment fairs, using the assistance of Navigators, 123 Certified Application Counselors (CACs) as well as 499 certified Brokers. Ms. Hendricks noted that as of the end of week two of OE, AHCT experienced about a 51 percent increase in visitors and 27 percent increase in enrollments as compared with the same period of time last year.

Ms. Hendricks stated that the Broker Academy graduates are located in the hard-to-reach areas where the uninsured rates and health disparities are higher. Paul Philpott commented that one of the major elements that differentiates AHCT from other

exchanges is that the in-person help assistance is widely available in Connecticut, which is commendable. Matthew Brokman inquired how the enrollment projections were established and how they feed into the marketing and outreach activity. Mr. Michel answered that everything AHCT does is data-driven and information on how the enrollment projections are established will be provided to the Board. Mr. Michel added that savings for bringing the outreach services in-house will also be provided.

## **F. Finance Update**

Daryl Jones, Director of Finance, provided the Finance Update. Mr. Jones presented the Fiscal Year (FY) 2022 Year End Budget Report. Mr. Jones stated that between Access Health CT (AHCT) and the Department of Social Services (DSS), a surplus of \$3,125,776 was achieved. Mr. Jones noted that most of the savings was achieved in contractual services where the savings amounted to over \$1.4 million. Mr. Jones stressed that during the year, AHCT implemented a series of process improvements that reduced the number of notices being sent out to consumers. Mr. Jones added that AHCT was successful in encouraging a large number of consumers to use the Exchange's online services, which generated additional savings. Mr. Jones pointed out that AHCT reduced its mailing, scanning and printing costs. Mr. Jones indicated that savings were also achieved with the call center which handles broker and enrollment staffing for locations during Open Enrollment (OE).

Mr. Jones continued with information on the status of the carry-forward projects that were initiated and funded in FY 22 but were not fully completed by the end of the fiscal year. Mr. Jones told the Board that both the System Enhancements and Accounts Payable projects were completed and will be launched once the final invoices are received, and final testing is performed.

Mr. Jones presented the FY 23 Quarter 1 (Q1) Budget Report. Mr. Jones stated that AHCT focuses on three strategic initiatives which include IT Investment, Cybersecurity and Health Disparities to support the Exchange's recently adopted revised Mission.

Mr. Jones stated that the Q1 Budget stands at \$10,820,627, which is lower than the budgeted amount of \$11,674,949 resulting in a variance of \$854,322. Mr. Jones emphasized that the variance is mainly due to timing. Mr. Jones continued to provide more-in-depth information about this variance in both revenues and expenses.

Mr. Jones added that due to interest rates rising, AHCT was able to accumulate more interest income than originally budgeted. Mr. Jones stated that interest is earned on AHCT's reserves which are held in an account with the State of Connecticut in various government-backed securities where the interest changes. Mr. Jones noted that AHCT expects the interest income to grow.

Mr. Jones indicated that the FY 23 Proposed Adjusted Budget is the same as the Adopted Budget and it stands at \$54,846,301. Mr. Jones provided line-by-line descriptions of the

proposed budget and added that AHCT will continue to seek other grants and revenue sources to support its operations. Mr. Jones stated that at the end of the last fiscal year, the State of Connecticut selected a new vendor to manage and maintain the IT systems. Mr. Jones added that the new vendor is currently in a transition process to maintain AHCT's IT systems as well. Mr. Jones stressed that AHCT is closely monitoring the cost of this transition and it may potentially grow over the course of the current fiscal year.

Mr. Jones provided information on AHCT's shared costs with DSS, which does not include any changes for the FY 23 Adjusted Budget. Mr. Jones finished up his presentation by indicating that AHCT's FY 23 year-end reserve is projected to be \$21.8 million which equates to 7.6 months of operating funding. Paul Philpott inquired if there are any statutory requirements pertaining to the size of the reserve funding. Mr. Michel stated that there are no statutory requirements, but AHCT is trying to follow industry standards, with the caveat that AHCT is a unique organization.

Chair Charles Klippel requested a motion to approve the FY 23 Q1 Budget Report as presented. Motion was made by Claudio Gualtieri and seconded by Paul Philpott. Roll call vote was ordered. **Motion passed unanimously.**

## **G. Audit Update**

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the Audit Update. Ms. Rich-Bye stated that the Audit Committee met on November 10. She stated that during that meeting, AHCT's auditors, CliftonLarsonAllen, presented the FY 22 Financial Statements as well as the FY 22 Programmatic Audit. Ms. Rich-Bye noted that these audits are required to be performed under the Affordable Care Act (ACA) and the Financial Statements are required for AHCT by the State of Connecticut as a quasi-public agency. Ms. Rich-Bye stated that the Programmatic Audit examines AHCT's compliance with the ACA as an Exchange for eligibility and enrollment activities among many other items. Ms. Rich-Bye stressed that these audits were clean, and no findings or recommendations were issued.

Chair Charles Klippel requested a motion to approve the FY 22 AHCT Audited Financial Statements as presented. Motion was made by Grant Ritter and seconded by Cecelia Woods. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the FY 22 Programmatic Audit Report as presented. Motion was made by Grant Ritter and seconded by Cecelia Woods. Roll call vote was ordered. **Motion passed unanimously.**

Ms. Rich-Bye provided an updated on the 2021 State-Based Marketplace Annual Reporting Tool – SMART. Ms. Rich-Bye indicated that the Affordable Care Act (ACA) requires exchanges to keep an accurate accounting of all activities and expenditures and to monitor and report to HHS on Exchange-related activities, complete an annual

report and engage an independent auditor to perform an annual independent financial and programmatic audit to ensure compliance with regulations and standards. Ms. Rich-Bye added that the SMART has four components: eligibility and enrollment, the financial and programmatic audit, program integrity and an attestation of completion. Ms. Rich-Bye declared that AHCT filed its SMART for 2021 on May 31. On September 23, CMS issued its summary of observations and action items for AHCT, and it did not identify any action items for the Exchange's SMART filing.

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

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the ACA Policy/Legal Update. Ms. Rich-Bye stated that following the election in November, the country has a divided Congress for 2023. Ms. Rich-Bye reviewed potential issues that could be undertaken by Congress in its lame duck session before the end of the year. Ms. Rich-Bye noted that bipartisan support exists on telehealth and mental health care access. Ms. Rich-Bye itemized possible areas of focus in the new divided Congress which include the PHE Unwind, abortion access, the Family Glitch Rule, implementation of Medicare prescription drug policies, transparency rules for hospitals and payers as well as personalized approaches for states.

## **I. Future Agenda Items**

James Michel, CEO, presented future agenda items. They include:

- Planning for the Public Health Emergency Unwinding
- Strategic Initiatives: Subsidiary and Broker Academy

## **J. Adjournment**

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