



Access Health Connecticut

January 19, 2023, Board of Directors Meeting

Board of Directors Meeting Agenda

- A. Call to Order and Introductions
- B. Public Comment
- C. Swearing-In New Board Member
- D. Votes
- E. CEO Report
- F. 2023 Open Enrollment Update
- G. Medicaid Extension Unwinding
- H. Health Plan Benefits and Qualifications Advisory Committee Update
- I. Adverse Selection Report
- J. ACA Policy/Legal Update
- K. Future Agenda Items
- L. Adjournment

Public Comment

Swearing-In New Board Member

Votes:

Review and Approval of Minutes

Elect Vice-Chair

Vote to remove a member from the Health Plan Benefits and Qualifications Advisory Committee

Vote to appoint a member to the Health Plan Benefits and Qualifications Advisory Committee

CEO Report James Michel

Open Enrollment 10 (OE10) Update

2023 Key Open Enrollment Metrics



OE Enrollment/Eligibility Activity:

- The Call Center has handled ~200K calls and ~21K chat sessions
- 108,132 enrolled into a Qualified Health Plan (QHP)
- 15,411 enrolled into the Covered Connecticut Program
- 8,433 enrolled into both a QHP & Stand-Alone Dental Plan (SADP)
- 614 enrolled into a SADP only
- 86% of enrollees eligible for financial help
- 25,923 determined eligible and completed application for Medicaid

2023 Key Open Enrollment Metrics



Demographics:

- Average age of enrollees is 44.4 years old for medical / 42.3 years old for dental
- 53.8% of enrollees are female / 53.5% for dental
- Average number of covered enrollees per household is 2.2; 1.3 for dental
- 78.9% of enrollees reside in one of the following counties: Fairfield, Hartford, New Haven



Plan Selections and Premiums:

- Overall, 45% of enrollees associated with a broker (46.7% of medical / 23.6% of dental)
- 49.6% of 2023 enrollees selected a Silver plan (3.9% of these upgraded from a Bronze)
- Median monthly gross premium \$847 / Median monthly net premium \$94
- 86.2% Retention with 92.3% of those remaining in the same Metal-level plan for 2023
- 86% of enrollees are receiving financial help

Upcoming Dates and Deadlines

Medicaid extension & unwinding – The Consolidated Appropriations Act of 2023 (CAA) passed in late December 2022, decoupling the Medicaid extension unwinding from the Public Health Emergency (PHE):

- As of January 11, 2023, PHE has been extended by the United States Department of Health and Human Services (HHS) for another 90 days
- Medicaid unwinding is no longer triggered by the end of the PHE
- The Medicaid Maintenance of Eligibility provision will end March 31, 2023, triggering the first terminations in April 2023.

Initial Premium Payments Due

- January policy invoices delivered to enrollees
- Estimated 13% of 2023 medical policies currently pending effectuation
- Effectuation information for 2023 dental policies is still pending receipt from carriers

1095A Preparation

- 92k 1095As to be mailed out starting January 24th
- Electronic 1095A download available through AHCT Consumer Portal account
- Dedicated outreach and resolution staff available

2023 Open Enrollment
Summary Report To Be
Released February 2023

Public Health Emergency Unwinding

Access Health CT Board of Directors
January 19, 2023

PHE Unwinding

What Does “Unwinding” Mean?

Each temporary authority or flexibility adopted by states to respond to the COVID-19 public health emergency (PHE) is scheduled to automatically sunset upon termination of the federal PHE declaration or on another specified date.

“Unwinding” is the term being used by states and their federal partners to refer to the plans and steps being taken to support states in planning for the end of the PHE.

Unwinding planning seeks to ensure that states can transition back to normal operations efficiently while limiting coverage disruptions in a manner that minimizes the burden for both states and individual enrollees.

PHE Unwinding – Key Eligibility Provisions

Background: Connecticut opted to implement several medical coverage flexibilities during the COVID-19 public health emergency (PHE). The most prominent are those that have allowed for expanded and continuous Medicaid coverage during the PHE.

- **Continuous Medicaid enrollment requirement**

- Established by Families First Coronavirus Response Act (FFCRA), as a condition of receiving enhanced federal medical assistance percentage (FMAP)
- States required to provide continuous enrollment to individuals enrolled in Medicaid or CHIP from pandemic onset (March 2020) until the end of the declared public health emergency.
 - Secretary of HHS can declare a public health emergency in up to 90-day increments.
- **This has changed.**

- **New limited benefit coverage groups**

- Medicaid COVID-19 Testing Coverage for the Uninsured
- Connecticut's parallel Emergency Medicaid COVID-19 Testing Coverage for the Uninsured
- Have been operational throughout the PHE and will end the day the PHE declaration ends.
- **This has NOT changed and the PHE declaration was renewed on January 11, 2023.**

Updates – Consolidated Appropriations Act 2023

The Consolidated Appropriations Act, 2023 (also referred to as the Omnibus Spending Bill) enacted Dec 29, 2022, included several provisions related to Medicaid and CHIP.

PHE Declaration Decoupling and Continuous Enrollment End Date

- Medicaid continuous coverage requirements from the Families First Coronavirus Response Act (FFCRA) are no longer tied to the declaration of a public health emergency by the Secretary of HHS.
- The continuous enrollment requirements will end March 31, 2023, regardless of the PHE declaration.
- Beginning April 1, 2023, states can terminate Medicaid enrollment for individuals no longer eligible.
- States will still have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid and CHIP.

Updates – Consolidated Appropriations Act 2023 (cont.)

Phasing Out the Enhanced Federal Medical Assistance Percentage (FMAP)

The legislation also decouples the enhanced FMAP bump from the PHE and provides for a phase-out of enhanced funding over nine months. The enhanced FMAP will decline over time as follows:

Transition Period	FMAP Enhancement
Beginning of the PHE through Mar 31, 2023	6.2 percentage points (as under FFCRA)
April 1, 2023 through June 30, 2023	5.0 percentage points
July 1, 2023 through Sept 30, 2023	2.5 percentage points
Oct 1, 2023 through Dec 31, 2023	1.5 percentage points
January 1, 2024	FFCRA FMAP bump expires

Updates – Consolidated Appropriations Act 2023 (cont.)

Conditions on Enhanced FMAP During the Unwinding Period (April 2023 – Dec 2023)

- States must conduct eligibility redeterminations and renewals in compliance with federal requirements “including renewal strategies authorized” under the Secretary’s Section 1902(e)(14) waiver authority, “or other alternative processes and procedures approved” by the Centers for Medicare & Medicaid Services (CMS).
- The State must use the National Change of Addresses (NCOA) database maintained by the U.S. Postal Services and other reliable sources to ensure that it has up-to-date contact information (including mailing address, phone number and email address) for each individual for whom the State conducts an eligibility redetermination.
- States must not disenroll anyone who is determined ineligible for Medicaid based on returned mail, without first making a good faith effort to contact the individual using more than one modality (e.g., telephone or email).

Updates – Consolidated Appropriations Act 2023 (cont.)

Enhanced Reporting Requirements

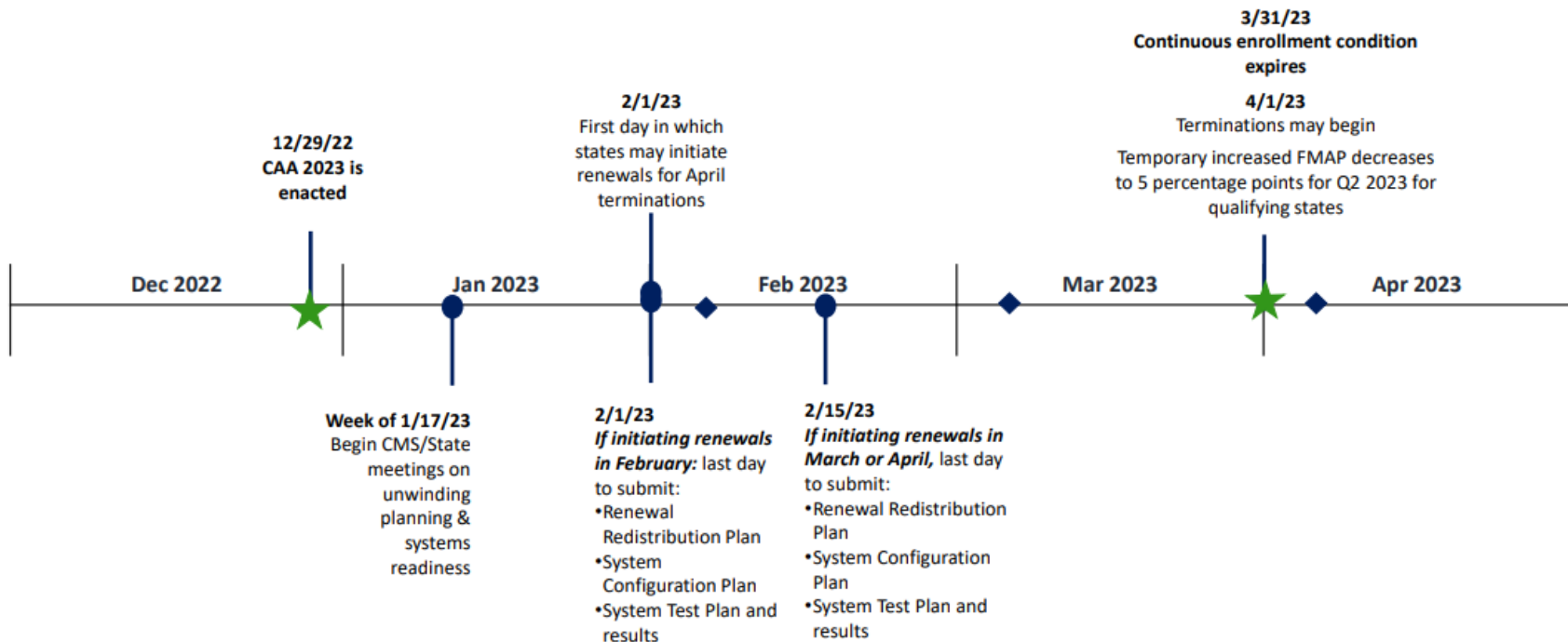
Reporting: States must submit to CMS monthly reports on eligibility and renewal processes for each month from April 2023 through June 2024. Reports must include information regarding eligibility and renewal processes for Medicaid, the Children’s Health Insurance Program (CHIP), and the marketplace. Reports will include, but not be limited to: the number of eligibility renewals initiated, the numbers renewed and terminated, the number of those terminated “for procedural reasons,” the numbers transferred for enrollment in CHIP or through an Exchange, and the numbers who made a qualified health plan selection.

FMAP Penalty: If a State does not complete and submit the reports as required, the FMAP for the State shall be reduced by up to 1 percentage point, depending on the number of quarters in which the State is non-compliant.

Unwinding Timeline

Appendix A: Timeline of Key State Activities

Consolidated Appropriations Act (CAA), 2023. Enacted December 29, 2022
Continuous Enrollment Requirement Expires March 31, 2023



Unwinding Timeline

Option B: State begins 12-month unwinding period in March 2023 (the month in which the continuous enrollment requirement ends)



Update Us so we can Update U

Connecting the community with DSS
Website and Media Campaign

Update Us Media Campaign Timeline

MEDIUM	ESTIMATED IMPRESSIONS	2023													
		JANUARY					FEBRUARY				MARCH				
		26	2	9	16	23	30	6	13	20	27	6	13	20	
DIGITAL															
STREAMING AUDIO															
Pandora, Spotify, iHeart, Audacy, etc - :30 audio spot		375,000	<div></div>												
SOCIAL MEDIA															
Facebook, Instagram, Retargeting		TBD	<div></div>												
Management															
OUT-OF-HOME															
POSTERS															
Hartford, New Haven, Bridgeport - 14 units		8,253,520	<div></div>												
TRANSIT - BUS QUEENS & TAILS															
Hartford - 20 Bus Tails		6,020,000	<div></div>												
New Haven - 15 Bus Tails			<div></div>												
Bridgeport - 15 Bus Queens (Tails unavailable)			<div></div>												
PRINT															
NEWSPAPER															
Inner City News - 1/4 page (5" W x 5.25" H), 4-color		100,000	<div>1/4</div>	<div>1/18</div>		<div>2/1</div>		<div>2/15</div>							
La Voz Hispana - 1/6 page (5" W x 5" H), 4-color		160,000	<div>1/6</div>	<div>1/20</div>		<div>2/3</div>		<div>2/17</div>							


Update Us Media Campaign – Inner City News


HUSKY Health, SNAP, and Cash Recipients!


Update Us so we can Update U

To keep your cash, food, or medical benefits active,
we need your most up-to-date mailing address and phone number
to make sure you get important information from
Access Health CT and the Connecticut Department of Social Services.

To make updates, please go to or scan the QR code:
ct.gov/UpdateUsDSS



HUSKY HEALTH  **CONNECTICUT**

SNAP  **USDA**
Supplemental
Nutrition
Assistance
Program
Putting Healthy Food
Within Reach

Update Us Media Campaign – Out of Home Posters



Update Us Media Campaign – Bus Ads



Update Us Campaign – CHNCT

- **May 2022:** Email campaign only
 - **44.6% success rate** for emails opened
 - 229,296 delivered emails to Head of Household (HOH)
 - 102,355 unique opens
- **October 2022:** Email and automated call campaign*
 - **47.2% success rate** for emails opened
 - 234,074 delivered emails to HOHs
 - 110,585 unique opens
 - **48.2% success rate** for the automated call campaign
 - 157,624 calls to HOHs
 - 75,964 successful- meaning the member listened to the call from the beginning to the very end
- **December 2022:** Email and automated call campaign*
 - **34.6% success rate** for emails opened
 - 234,060 delivered emails to HOHs
 - 80,887 unique opens
 - **52.4% success rate** for the automated call campaign
 - 136,845 calls to HOHs
 - 71,740 successful- meaning the member listened to the call from the beginning to the very end

* Email and automated call campaigns are "split campaigns" where the email is sent out first and automated calls only go out to those members who do not have an email on file or the email address on file is invalid

** Additional split campaign planned for this month

PHE Unwinding Toolkits Soft Launch

ct.gov/phe

PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

[HOME](#)
[HELP FOR BENEFIT RECIPIENTS](#)
[TOOLS FOR BENEFIT PARTNERS](#)

[SEARCH](#)


Keep Your Benefits Active

Find everything you need to know about the ending of the COVID-19 Public Health Emergency, including:

- When it's ending
- How it may affect your HUSKY/CHIP, SNAP, or cash benefits
- What you need to do to make sure your benefits stay active

If you don't already have a MyDSS account, [create one here](#).


[I GET BENEFITS](#)

[I'M A PROGRAM PARTNER](#)

PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

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[TOOLS FOR BENEFIT PARTNERS](#)


Help for Benefit Recipients

We know your benefits are an important part of how you keep food on the table and make sure your family stays healthy. The State of Connecticut is working closely with federal, state, and local partners to make sure you still get the services you need as emergency COVID-19 funding ends.


MEDICAID FAQ
[English | Spanish](#)

SNAP FAQ
[English | Spanish](#)

MORE SNAP RESOURCES
[English | Spanish](#)

WHAT CAN I DO?

The most important thing for you to do is [report any changes to your information](#) so we can contact you.

PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

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[TOOLS FOR BENEFIT PARTNERS](#)


Tools for Benefit Partners

Help us keep HUSKY and SNAP members informed by sharing important information about steps they need to take to maintain their coverage.

We've put together resources to help you communicate upcoming changes to the benefit recipients you serve. Download the files and use this information on your website, in emails, and on social media to keep community members and affected individuals and families informed.

UPDATE US SO WE CAN UPDATE YOU

[Update Us So We Can Update You Contact Email - All Programs >](#)
[Update Us So We Can Update You Contact Email - All Programs \(Spanish\) >](#)
[Update Us So We Can Update You Contact Email - HUSKY >](#)
[Update Us So We Can Update You Contact Email - HUSKY \(Spanish\) >](#)
[Update Us So We Can Update You Flyer - HUSKY >](#)
[Update Us So We Can Update You Flyer - HUSKY \(Spanish\) >](#)
[Update Us So We Can Update You Contact IVR Messaging >](#)

PUBLIC HEALTH EMERGENCY

[PHE Ending Communication Email - HUSKY >](#)
[PHE Ending Communication Email - HUSKY \(Spanish\) >](#)
[PHE Ending HUSKY Renewal Postcard >](#)
[PHE Ending HUSKY Renewal Postcard \(Spanish\) >](#)
[PHE Ending IVR Messaging >](#)
[PHE Unwinding SNAP Social Media Content >](#)

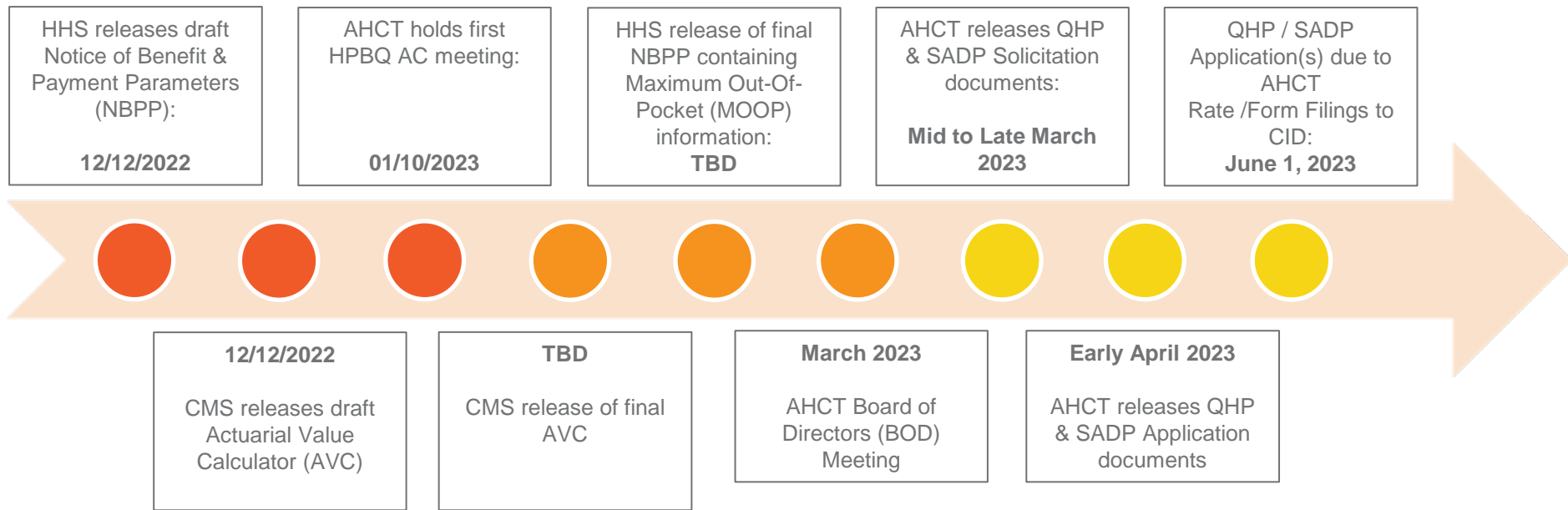
Health Plan Benefits and Qualifications Advisory Committee Update

HPBQ AC Meeting Highlights

- PY 2024: June 1 filing deadline for CID and AHCT
- Standard Plan Design recommendations for board approval in March to expedite release of Solicitation and Application
- Wakely's 2024 Draft AVC results indicate plan changes will be required for most Standard plans
- Carrier specific AVC results not available for first discussion
- Wakely to propose increases to Maximum Out-of-Pocket (MOOP) amounts similar approach to previous year
- Discussion of new State HEP requirement for plans for 2024

2024 Plan Year Timeline

Development of Certification Requirements



Adverse Selection Report

Board of Directors Meeting
Access Health CT
2022 Adverse Selection Study

January 19, 2023

PRESENTED BY
Julie Andrews, FSA, MAAA
Senior Consultant

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting



Presentation Scope & Purpose

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 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

Adverse Selection:

1 Defining

Defined as one segment of the market attracting enrollees with higher health risk than another segment of the market

2 Identifying

Identified by higher risk scores in one segment of the market than another

3 Measuring

- Measured by the difference in risk scores between market segments
- Measured by the difference in loss ratios between market segments (before and after risk adjustment transfer payments)

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

Quantitative Analysis

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

Qualitative Analysis

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

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting



**Grandfathered
vs. non-
grandfathered
plans**



**On vs. Off
Exchange**



**Self-funding in
the Small Group
Market**



Other

- Legislation
- Pandemic
- Economic
- Market Forces

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

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.

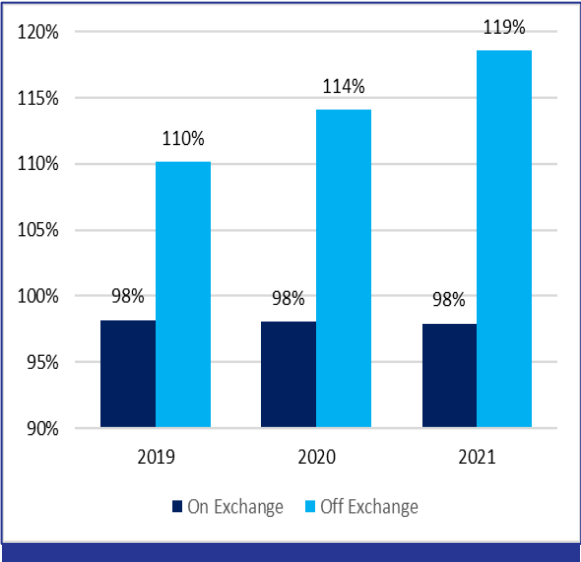
- COVID-19 policies
- Legislation – Inflation Reduction Act
- Judicial – No Surprises Act, Dobbs Decision, Braidwood Management v. Becerra

On vs. Off-Exchange

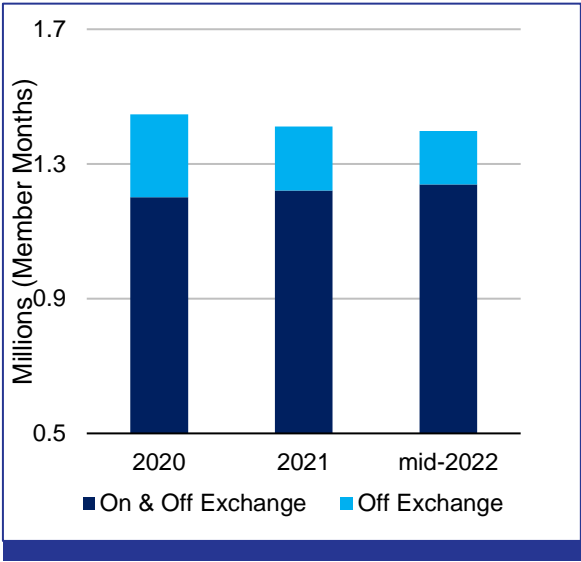
Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

Individual Market On vs. Off Exchange: The variation in risk for on vs. off exchange has widened from 2019 to 2021.



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



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

*2022 Member Months estimated as twelve times mid-year enrollment.

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

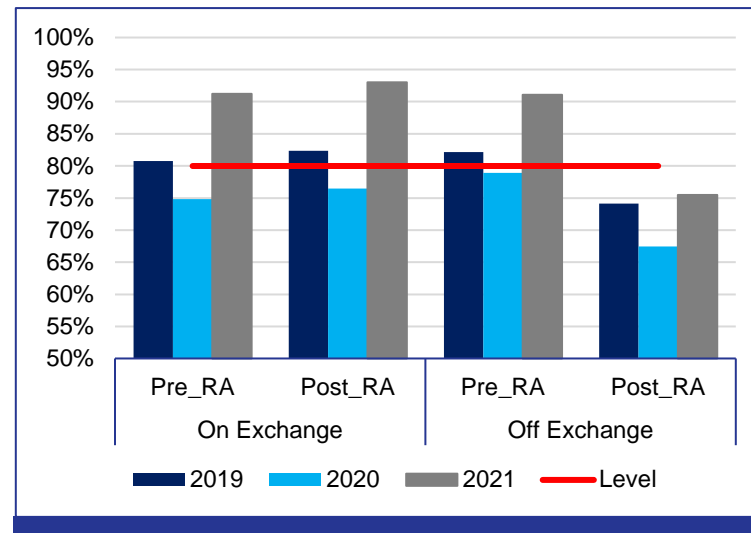
Access Health CT 2022 Adverse Selection Study

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

Market Drivers:

- 2019 Elimination of Individual Mandate
- 2020 – Covid-19
- 2021 – Covid, ARPA, extended open enrollment periods



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

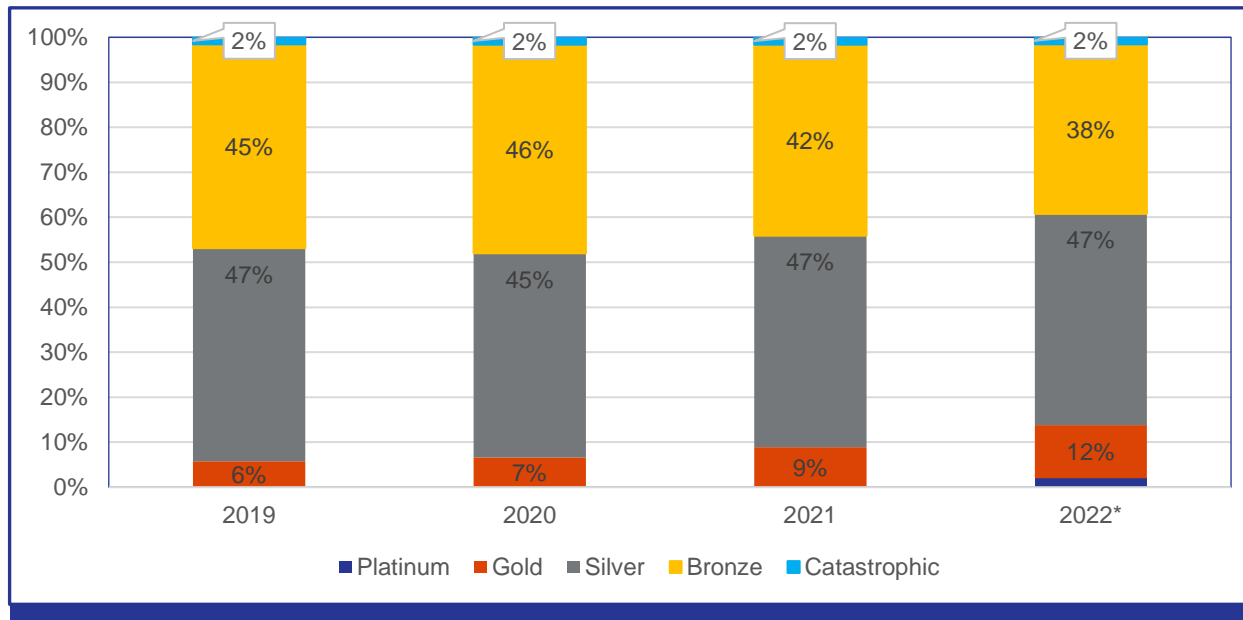
**Off Exchange refers to plans sold only off-exchange

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

Individual Metal Tier Enrollment Mix

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



*2022 Mix based on mid-year enrollment, 2019, 2020 & 2021 based on exposures.

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

Individual Market On Exchange: Issuers indicated potential adverse selection from events/changes with the potential to destabilize the market:

- Special Enrollment Periods:
 - Public Health Emergency
 - American Rescue Plan Act (ARPA)
- Covered Connecticut Program

Conclusions: Individual Market On vs. Off Exchange

- Higher off exchange risk scores continue to deteriorate with shrinking enrollment
- Loss Ratios after consideration of risk adjustment transfers indicates that on exchange enrollees are currently not financially disadvantaged.

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

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

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

Recommendations: On vs. Off Exchange Adverse Selection

- Monitor overall market enrollment, as the individual off-exchange market continuing to shrink
- Review impact of special enrollment periods, limit use, and ensure eligibility validity
- Advocate for end of public health emergency and permanence of enhanced subsidies for overall market stabilization.
- Explore mechanisms for stabilizing the individual and small group markets (1332 Waivers)

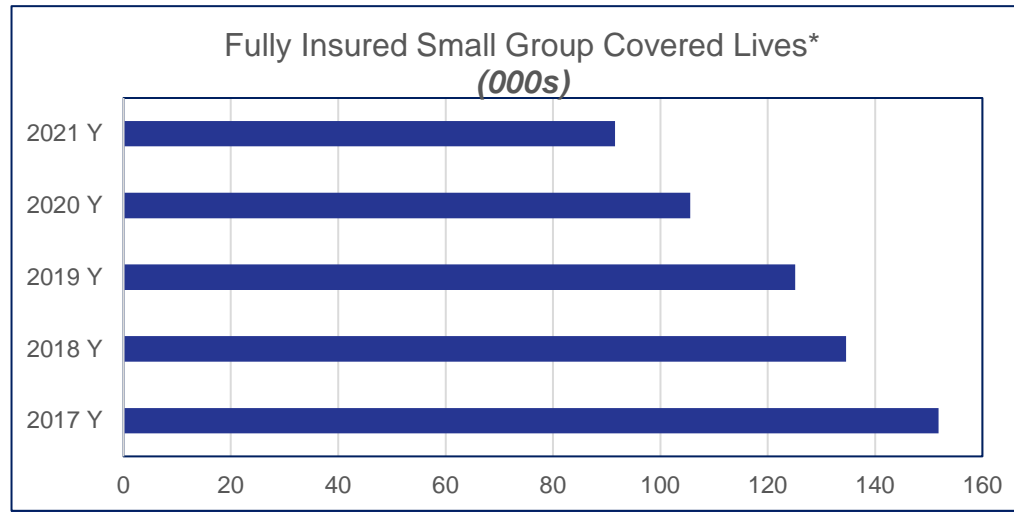
Self-funding

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

Impact of Self-Funding in the Small Group Market

- The fully insured small group market decreased by 13% as measured by covered lives in 2021. Reported mid-year 2022 enrollment indicates a further 10-15% reduction.
- 21% of 2022 covered lives to lose coverage with Issuer exit in 2023



*Source: SNL, Supplemental Health Care Exhibits

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

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.

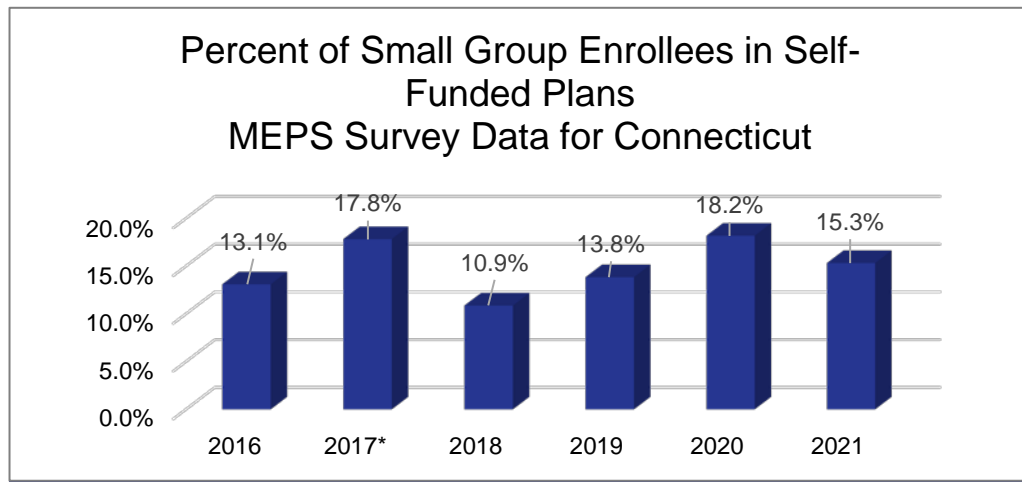
- Small Employer Self-Funding Statistics
 - Average employer size: 10-25 Employees
 - Small employer are seeing up to 8-10% in premium savings
 - Average stop-loss is \$30,000 - \$50,000
 - No material network or plan design differences
- QSHERA/ICHRA
 - Interest but reporting requirements are obstacle to participation
 - Temporary nature of ARPA creating “wait and see”
 - For 2023, there are some Gold Individual plans with premiums lower than small group gold plans.**

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

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

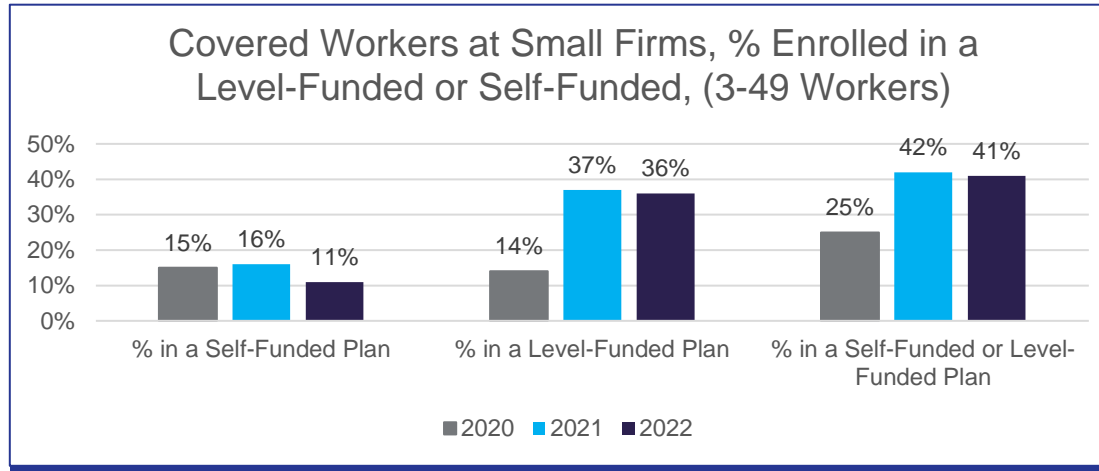
*Data for these time periods is not fully credible

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

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 (2020-2022)

Access Health CT 2022 Adverse Selection Study

January 19, 2023 Board of Directors Meeting

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

- 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

ACA Policy/Legal Update

ACA Policy/Legal Update

Braidwood v. Becerra Update

Draft Notice of Benefit and Payment Parameters for Plan Year 2024: Health Equity Focus

- Change Income Verification Requirements
- Special Enrollment Period Changes
- Failure to Reconcile Changes
- Improper Payment Assessment Pilot
- Navigators and Consumer Assistors Allow Door-to-Door

Future Agenda Items

Adjournment