



## Connecticut Health Insurance Exchange Board of Directors Regular Meeting

Remote Meeting

Thursday, January 19, 2023  
**Meeting Minutes**

### **Members Present:**

Charles H. Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Thomas McNeill; Matthew Brokman; Commissioner Andrea Barton Reeves, Department of Social Services (DSS); Claudio Gualtieri on behalf of Secretary Jeffrey Beckham, Office of Policy and Management (OPM); Deidre Gifford; Theodore Doolittle, Office of the Healthcare Advocate (OHA); Cecelia Woods; Matthew Brokman; Commissioner Manisha Juthani, Department of Public Health (DPH); Steven Hernandez

### **Other Participants:**

***Access Health CT (AHCT) Staff:*** James Michel; Jeanna Walsh; Susan Rich-Bye; Rebekah McLear; Caroline Lee Ruwet; Daryl Jones; John Carbone; Glenn Jurgen; Jynelle Maloney; Tammy Hendricks; Marcin Olechowski

***Wakely Consulting:*** Julie Andrews

### **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 was submitted.

### **C. Swearing-In New Board Member**

Susan Rich-Bye, Director of Legal and Government Affairs, administered the oath to newly appointed Board member, Deidre Gifford.

### **D. Votes**

Chair Charles Klippel requested a motion to approve the November 17, 2022 Regular Meeting Minutes. Motion was made by Grant Ritter and seconded by Thomas McNeill. Roll call vote was ordered. Andrea Barton Reeves abstained. **Motion passed.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, explained that the Exchange's By-laws require the annual election of a vice-chair in January. Motion was requested to elect Paul Philpott as Vice-Chair of the Board. Motion was made by Theodore Doolittle and seconded by Andrea Barton Reeves. Roll call vote was ordered. **Motion passed unanimously.**

Ms. Rich-Bye expressed the Exchange's appreciation to Neil Kelsey, an actuary from ConnectiCare who served on the Health Plan Benefits and Qualifications Advisory Committee (HPBQ) since 2017. Ms. Rich-Bye added that Mr. Kelsey retired from ConnectiCare, therefore he is stepping down from the Committee. Ms. Rich-Bye stated that Brandon Riff is recommended to be added to the Committee. Mr. Riff is an actuary and an Associate Vice-President for Emblem Health and ConnectiCare.

Grant Ritter, chair of the HPBQ Advisory Committee, praised Mr. Kelsey's participation and contributions to the Committee. Chair Charles Klippel requested a motion to remove Neil Kelsey from the Health Plan Benefits and Qualifications Advisory Committee. Motion was made by Grant Ritter and was seconded by Claudio Gualtieri. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to appoint Brandon Riff to the Health Plan Benefits and Qualifications Advisory Committee. Motion was made by Grant Ritter and was seconded by Deidre Gifford.

Dr. Gifford thanked Mr. Riff for his willingness to serve and inquired about the membership of the Committee. Ms. Rich-Bye briefly described the membership and elaborated that the Committee is composed of Board members as well as various community and industry stakeholders. Theodore Doolittle inquired whether an attempt will be made to recruit a representative either from the Universal Health Foundation of Connecticut or another similar organization. James Michel, Chief Executive Officer, stated that AHCT is looking at recruiting a member to serve on the Committee from the Universal Healthcare Foundation or Connecticut Health Foundation. Roll call vote was ordered. **Motion passed unanimously.**

## **E. CEO Report**

James Michel, Chief Executive Officer, presented the CEO Report. Mr. Michel emphasized that Access Health CT (AHCT) is now officially in its 10th anniversary year. Mr. Michel told the Board that AHCT opened its doors of operation on October 1, 2013. Mr. Michel added that when AHCT launched its first Open Enrollment (OE) period for Plan Year 2014, it was among the best health insurance marketplaces in the nation, and it continues to be in that position today. Mr. Michel this is a result of the great leadership and support the Board continues to provide for the organization, as well as its dedicated staff who believe in the mission and deliver on it every day.

Mr. Michel indicated that as AHCT begins its second decade, it is time for the organization to plan for the future of AHCT and added that work is being done with Steven Hernandez, Chairman of the Strategy Committee, to take a look at the five-to ten-year strategic approach. Mr. Michel emphasized that AHCT is looking for the Board's input on this strategy.

Mr. Michel was delighted to announce that AHCT was once again recognized by the Hartford Business Journal as one of the "Best Places to Work in Connecticut" for the fourth consecutive year. Mr. Michel emphasized that this award is a well-deserved testament to the entire team and emphasized that their dedication and collaborative spirit make it a pleasure to come to work every day.

Mr. Michel also welcomed two Board members. Mr. Michel said that Dr. Deidre Gifford is returning as a board member appointed by Governor Lamont and has begun a new role as the Executive Director of the Connecticut Office of Health Strategy. Mr. Michel also welcomed Andrea Barton Reeves, the new Commissioner of the Connecticut Department of Social Services, who serves as an ex-officio member of the Board.

Mr. Michel told the Board that AHCT updated its Board meeting schedule with the plan to have fewer meetings during the year; they will run shorter and will have very specific agendas.

## **F. 2023 Open Enrollment Update**

Rebekah McLearn, Director of Technical Operations and Analytics provided the 2023 Open Enrollment Update. Ms. McLearn noted that she transitioned into this role in September 2022 but had worked closely with Robert Blundo as part of the Technical Operations and Analytics Team (TOA) for over 5 years.

Ms. McLearn stated that this Board meeting is occurring less than one week from the end of OE. Ms. McLearn added that due to the short time before the end of OE and this Board meeting, only a brief review of the OE metrics can be presented while a comprehensive

report containing the full OE results will be presented at the next Board of Directors meeting.

Ms. McLear stated that since November of last year, the call center has handled nearly 200,000 phone calls and 21,000 chat sessions; representing a 9% decrease in calls, and a 14% decrease in chat sessions as compared to last year. She added that this marks the 5th year in a row that AHCT observed decreased volume to the call center which is one metric of the Exchange's continuing organizational goal to expand consumer self-service capabilities.

Ms. McLear noted that currently the enrollment stands at 108,132 enrollees; while this is about 4% less than last year, it is aligned with the AHCT's forecast of 108,000 enrollees. Ms. McLear added that due to the expanded Covered CT eligibility criteria which took effect on July 1, 2022, the number of individuals enrolled in Covered CT increased significantly to over 15,000 individuals.

Ms. McLear added that this OE saw the integration of the Stand-Alone Dental Program (SADP) into the existing eligibility determination and shopping experience; in addition, consumers had more plan options with both Anthem and Connecticut Insurance Company, Inc offering Individual dental plans on the Exchange this year. As a result, AHCT saw the dental enrollment nearly double and overall, nearly 8% of the health plan enrollees are now also enrolled in an SADP. Ms. McLear added that over 600 individuals choose to enroll in a dental plan only.

Ms. McLear explained that the percentage of enrollees eligible for Financial Assistance (FA) is up 1.4% points over last year. AHCT continues to pay attention to the unsubsidized portion of the customer base and did see a decrease in the number of applicants who chose to forego eligibility determinations for HUSKY or FA for Qualified Health Plans (QHP). Ms. McLear added that the number of new applicants receiving a determination of eligibility for Medicaid during OE dropped slightly.

Ms. McLear provided information on the demographics of enrollees as well as shopping trends and preferences for both, QHP and SADP enrollment. Ms. McLear pointed out that the proportion of customers selecting a Silver plan is 49.6%, which is up about 1.5% points over last year. This is the third year that AHCT has seen the selection of a Silver plan increase as nearly 4% of these enrollees upgraded from a Bronze plan. Ms. McLear stated that it is most likely due to the expansion of the Covered CT eligibility along with the enhanced subsidies allowing consumers to purchase more comprehensive coverage.

Ms. McLear provided information on premiums and indicated that AHCT saw a median gross premium (before APTC) increase to \$847 and the median net premium (after APTC) remain at \$94. This is a 25% increase in gross premium from last year and due primarily to the rate increases for 2023; however, due to the increased FA available to

consumers, the median net premium remained unchanged. The retention rate is slightly lower than last year and 86 percent of all AHCT enrollees are receiving financial help and added that most of the retained population chose to remain in the same metal tier. Ms. McLear went on to tell the Board about upcoming dates and milestones and added that the detailed End of OE Report will be presented at the next Board of Directors Meeting.

Chair Charles Klippel inquired about the 80 percent enrollment coming from three counties and asked for the comparison to the FA-eligible demographics. Ms. McLear stated that this information will be researched and provided to the Board. Dr. Deidre Gifford inquired about the definition of individuals who have not effectuated their coverage. Dr. Gifford asked if there is another group whose coverage may not becoming effective and are not captured in the 86 percent of individuals who are FA-eligible. Ms. McLear stated that the effectuation of coverage takes place when a consumer pays their first month's premium to the carrier and in turn the carrier informs the Exchange that the payment has been made. Ms. McLear noted that the 86 percent is on-par with the statistical numbers that the Exchange usually sees in January. Ms. McLear noted that no information is available at this point in terms of how many individuals have not made their first payment. This information will also be researched and made available to the Board. Mr. Michel added that the analysis that will be provided in the full OE 10 Final Report will also consist of information pertaining to the subsidized and unsubsidized individuals in this group.

Theodore Doolittle stated that there is an increase in the overall health insurance enrollments across the nation, but they are mostly seen only on the Federally-Facilitated Marketplaces (FFMs) and the State-Based Marketplaces (SBMs) are down. Mr. Doolittle posed a question about the reasons for such an outcome. Dr. Gifford noted that there is a strong correlation between the states that use the FFM and non-Medicaid expansion states. The extension of Medicaid benefits for the past three years is also a factor. Mr. Michel stated that the Administration has increased funding for advertising and outreach in the FFM states and added that those states have the biggest gap to grow from. Mr. Michel stated that low unemployment rates contribute to that lower trend across the SBMs as well. AHCT will examine all of the details on this question and report back to the Board at the next meeting.

Claudio Gualtieri inquired about the number of Bronze metal tier enrollees that could qualify for Silver Cost-Sharing Reductions (CSRs). Mr. Gualtieri praised Mr. Michel for his role in helping to make sure that the Covered Connecticut Program is successfully implemented. Mr. Gualtieri asked about how many are completely new enrollees – never had healthcare insurance versus those who were already enrolled through the Exchange, but we were able to get them the full Covered CT benefits. Mr. Michel indicated that research will be undertaken in order to determine the number of Bronze enrollees who may be eligible for CSRs. Mr. Michel added that AHCT will also track the Medicaid Extension unwind on a monthly basis.

## **G. Medicaid Extension Unwinding**

Peter Hadler, Director of Program Oversight and Grant Administration at the Department of Social Services, overseeing eligibility enrollment policy for the department's programs, provided information on the Unwinding of the Continuous Coverage for Medicaid enrollees.

Mr. Hadler stated that during the Public Health Emergency (PHE), Connecticut, like most other states adopted a lot of flexibility to be able to support residents during the pandemic. Mr. Hadler emphasized that Connecticut adopted a lot of these through Medicaid and Connecticut's Children Health Insurance Program (CHIP) which were all tied initially to the PHE declaration which is authorized in 90-day increments by the Secretary of Health Human Services at the Federal level. Mr. Hadler indicated that it has recently changed. Mr. Hadler noted that the goal is to ensure that Connecticut can transition back to normal operations, efficiently, while limiting coverage disruptions.

Mr. Hadler provided the Unwinding key eligibility provisions. Mr. Hadler stated that there are two major areas of eligibility expansion that were conducted during the PHE. The continuous Medicaid enrollment requirement is perhaps the one that is drawing the most attention. Mr. Hadler noted that it was originally established at the beginning of the pandemic by the Families First Coronavirus Response Act and it was required for states to be able to receive enhanced federal medical assistance funding. Mr. Hadler added that the basic concept behind this rule is that the state had to provide continuous enrollment to anyone who enrolled in Medicaid on, or after March 2020 through the end of PHE. He noted that this has changed.

Mr. Hadler noted that another key eligibility provision includes new limited benefit coverage groups, which consists of Medicaid COVID-19 Testing Coverage for the Uninsured, Connecticut's parallel Emergency Medicaid COVID-19 Testing Coverage for the Uninsured. Mr. Hadler noted that this provision has been operational throughout the PHE and will end the day the PHE declaration ends. Mr. Hadler added that this has not changed, and the PHE declaration was renewed on January 11, 2023.

Mr. Hadler provided additional information pertaining to the PHE Unwinding, including data on the Consolidated Appropriations Act of 2023 which included several provisions related to Medicaid and CHIP. Mr. Hadler noted that beginning on April 1, 2023, states can terminate Medicaid enrollment for individuals who would be no longer eligible. In addition, states will have up to 12 months to initiate and 14 months to complete a renewal for all individuals enrolled in Medicaid and CHIP.

Mr. Hadler discussed the phasing out of the Enhanced Federal Medical Assistance Percentage (FMAP) which provided a lot of funding to the states during the pandemic. Mr. Hadler described other provisions that came out in the Consolidated Appropriations Act and noted that DSS is required to conduct the renewal process in compliance with federal requirements. Mr. Hadler reviewed some of those provisions and provided

information about them to the Board, including the requirement for states to use the National Change of Address database maintained by U.S. Postal Services and other reliable sources that it has up-to-date contact information for whom the State conducts an eligibility redetermination.

Mr. Hadler informed the Board about the Unwinding timeline with detailed action plans on each date. He included information on the website and media campaign details regarding the Unwinding. Mr. Hadler pointed out that one of the most important elements of the campaign is called “Update Us so we can Update U”, with an emphasis on having clients update their contact information in order to make sure DSS has correct information.

Mr. Hadler added that a social media campaign has just started; other advertising and outreach efforts are also taking place. Mr. Hadler showed advertising examples to the Board as well as the PHE Unwinding Toolkits that will soon be fully operational on the agency’s website. Brief discussion ensued around the PHE Unwinding preparations and how to assist those individuals who are at risk of losing their Medicaid coverage. Conversation also touched upon AHCT’s local community partners, Brokers, Navigators as well as Certified Application Counselors (CACs) who are instrumental in assisting individuals in enrollment options.

## **H. Health Plan Benefits and Qualifications Advisory Committee Update**

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the Health Plan Benefits and Qualifications Advisory Committee Update. Ms. Rich-Bye stated that the Committee works on Qualified Health Plan certification, and most importantly, the standard plan designs each year. Ms. Rich-Bye stated that the Committee had their first meeting in the beginning of January to start their work on health plans for 2024.

Ms. Rich-Bye stated that the Connecticut Insurance Department (CID) has changed its filing deadline for the plans to June 1 instead of July 1 which condenses the time for the Committee to complete its recommendations for the Board to approve.

Ms. Rich-Bye added that most likely, a special Board of Directors meeting will be needed in March in order to facilitate the process. She stated that Wakely Consulting provided the 2024 Draft Actuarial Value Calculator (AVC) results, and they indicate that plan changes will be required for most of the standard plans. Ms. Rich-Bye noted that carrier-specific AVC results were not available for the first discussion and added that Wakely proposed increases to the Maximum Out-of-Pocket (MOOP) amounts that are a similar approach to previous year. Ms. Rich-Bye presented the 2024 Plan Year Timeline with the development of certification requirements.

## **I. Adverse Selection Report**

Julie Andrews from Wakely Consulting presented the 2022 Adverse Selection Study. AHCT is required by its enabling legislation to report annually on the impact of adverse selection on the Exchange, provide recommendations to address any negative impact

reported, and to ensure the sustainability of the Exchange. Data for the study have been collected from various sources. Carriers' perspective was added through the survey responses. Risk factor profiles were presented. The nature of adverse selection, areas of potential adverse selection, and the study methodology were reviewed.

Ms. Andrews stated that three potential areas of adverse selection are reviewed. The first one is grandfathered versus non-grandfathered plans and pointed out that grandfathered plans are those plans that were established prior to enactment of the Affordable Care Act (ACA). Ms. Andrews noted that the second is reviewing selection in the small group market with the interaction of the self-funded plan options and the third is whether there is any selection happening on versus off the Exchange. Ms. Andrews indicated that other elements, such as legislation, pandemic, economic development as well as market forces also play a role in adverse selection.

Ms. Andrews stated that the regulatory environment continues to evolve, and the pandemic continues to affect all elements of healthcare. Ms. Andrews noted that judicial action will continue to reshape the health insurance landscape with recent cases impacting reproductive healthcare, preventative coverage and out of network coverage. Ms. Andrews indicated that the impact of inflation and ongoing staffing issues among many providers will continue to provide an upward pressure on healthcare costs.

Ms. Andrews stated that the analysis of the risk transfer payments from the federal risk adjustment program were undertaken. Ms. Andrews stated that higher off-Exchange risk scores continue to deteriorate.

Ms. Andrews added that in 2021, the average off-Exchange enrollee average risk scores are 119% of the market average, while those on-Exchange are just 2% below the market average. Ms. Andrews stated that the deterioration of risk is likely explained by the contraction in off-Exchange enrollment that has occurred, the proportion of total market enrollment off-Exchange has declined from 35% of the total marketplace in 2017 to just under 10% and 2022. Ms. Andrews noted that in 2021, the off-Exchange enrollment stood at only 10,000 enrollees.

Ms. Andrews noted that the federal risk adjustment rate remains the key mechanism for adjusting for adverse selection. Ms. Andrews provided recommendations on vs. off-exchange adverse selection including monitoring overall market enrollment, as the individual off-Exchange market is continuing to shrink, review impact of special enrollment periods (SEPs), limit use and ensure eligibility validation. Ms. Andrews also recommended advocating for end of PHE and permanence of enhanced subsidies for overall market stabilization as a way to explore mechanisms for stabilizing the individual and small group markets.



Ms. Andrews examined the impact of self-funding in the Small Group Market. Ms. Andrews observed that the fully insured small group market decreased by 13 percent as measured by covered lives in 2021. Ms. Andrews added that mid-year 2022 enrollment indicates a further 10-15 percent reduction. Ms. Andrews stated that 21 percent of 2022 covered lives could lose their existing coverage with the Issuer exit in 2023. Ms. Andrews added that small group premiums in Connecticut continue to remain below individual premiums.

Chair Charles Klippel requested a motion to accept the 2022 Adverse Selection Study for submission to the General Assembly. Motion was made by Theodore Doolittle and was seconded by Grant Ritter. Roll call vote was ordered. **Motion passed unanimously.**

Due to time constraints, Chair Charles Klippel requested to bypass Agenda Item J. - (ACA Policy/Legal Update) and Agenda Item K. – (Future Agenda Items).

#### **L. Adjournment**

Chair Charles Klippel requested a motion to adjourn. Motion was made by Cecelia Woods and was seconded by Paul Philpott. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:35 a.m.