



**Annual Report to the Governor,
General Assembly, and Auditors of
Public Accounts
Fiscal Year 2021**

AccessHealthCT.com

CONTENTS

- 1. Leadership Message.....1**
- 2. Mission, Vision, Strategy and Values2**
- 3. Activities and Projects: Fiscal Year 2021 in Review3**
 - Enrollment3
 - Governance and Management.....4
 - COVID-19 Response5
 - Health Equity6
 - Customer Service Improvements.....7
 - Marketing, Outreach, and Communications8
 - Small Business Health Options Program (SHOP)9
- 4. Activities and Projects Planned for Fiscal Year 2022 11**
 - Governance and Management..... 11
 - Customer Service 11
 - Health Equity 12
 - Information Technology and Analytics 12
 - Legislative and Policy Implementation 12
 - Small Business 13
- 5. Human Resources 14**
 - Affirmative Action Policy 14
 - Workforce Composition as of June 30, 2021 15
 - Affirmative Action Efforts in Fiscal Year 2021 16
- 6. Financial 17**
 - Marketplace Assessments 17
 - Bonds 17
 - Grants Received..... 17
 - Grants Awarded..... 17
 - Individuals and Firms that Received Payments of More than \$5,000 18
 - Financial Statements 19

1. Leadership Message

Dear Friends:

At Access Health CT, it is more clear now than ever that access equals health. Far too many Connecticut families - whether as a consequence of longstanding systemic inequities or recent twists and turns of an unpredictable pandemic - lack the healthcare they need and deserve. We are determined to change that.

To do so, we have briskly stepped forward on numerous fronts with inspiring outcomes driven by a resourceful and responsive professional staff, extraordinarily devoted board members, and an array of public and private sector partners who skillfully share their expertise and our resolve.

Throughout this year, we seized unprecedented opportunities, addressed unanticipated obstacles, launched effective new programs, and deployed more advanced technology. Yet, even as we focused on the present, we simultaneously prepared for the future.

Data reflects our expanding impact on the residents, families, and businesses of Connecticut. With perseverance and passion, we sought to exceed expectations, alerting people to new possibilities for affordable coverage, targeting disparities, and assisting every step of the way.

That is because nothing can be more satisfying – or more meaningful – than improving the prospects for someone’s health and well-being. We remain unwavering in our determination to ensure that access and health continue to be strengthened across Connecticut, in equal measure.

BOARD OF DIRECTORS

GOVERNOR’S APPOINTEES

Charles H. Klippel, Chair

Former Senior Vice-President and Deputy General Counsel, CVS Health, Inc.

Victoria Veltri

Executive Director, Office of Health Strategy

LEGISLATIVE LEADERSHIP APPOINTEES

Paul Philpott - Vice-Chair

Principal Consultant, Quo Vadis Advisors LLC

Grant A. Ritter

Senior Scientist, Schneider Institutes for Health Policy

Cecilia Woods

Former Vice-Chair, Permanent Commission on the Status of Women

Steven Hernández

Executive Director, Commission on Women, Children, Seniors, Equity and Opportunity

Matthew Brokman

Chief of Staff, House Democrats

Thomas McNeill

Attorney

EX-OFFICIO MEMBERS

Deidre Gifford*

Commissioner, Department of Social Services

Ted Doolittle

State Healthcare Advocate, Office of the Healthcare Advocate

Jeffrey Beckham

Melissa McCaw**

Claudio Gualtieri (designee)

Gregory Messner* (designee)**

Secretary, Office of Policy and Management

EX-OFFICIO MEMBERS — NON-VOTING

Andrew Mais

Paul Lombardo (designee)

Commissioner, Connecticut Insurance Department

Manisha Juthani

Heather Aaron (designee)
Commissioner, Department of Public Health

Nancy Navaretta, Interim Commissioner

Miriam E. Delphin-Rittmon, Commissioner****

Yvonne Addo (designee)
Department of Mental Health and Addiction Services

**Also served as Acting DPH Commissioner through September 2021*

*** To March 2022*

****Through September 2021*

*****Through April 2021*

2. Mission, Vision, Strategy and Values

Created as a quasi-public agency in 2011 as a result of the Patient Protection and Affordable Care Act (ACA), the Connecticut Health Insurance Exchange d/b/a Access Health CT (Exchange or AHCT) successfully developed and implemented the State-based Health Insurance Marketplace for the State of Connecticut and remains committed to serving our state’s citizens. Access Health CT’s efforts have reduced the uninsured rate across Connecticut to all-time lows, with significant impact to minority and hard-to-reach communities and the young.

Access Health CT continues to operate a sustainable marketplace that is aligned with our mission, vision, and strategy.

Our Mission: To increase the number of insured residents, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Our Vision: Access Health CT supports health reform efforts at the state and national level that provide Connecticut residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

Our Strategy: Access Health CT’s strategic goals focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities, and a healthier Connecticut.

Our Values: At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide and in the spirit of the common good that we share.

Values incorporate the organization’s mission and vision and define behaviors that are consistent with them. Our values emerged from consultant-led sessions with a committee of 20 employees. Workshops, focus groups, and interviews with staff were all part of the process. Six values and were selected: authenticity, integrity, excellence, ownership, one team, and passion. A 15-person Employee Values Committee was formed and began integrating values into operating and recruiting processes. This process is employee led, not directed by management, and continues to support the organization, its employees, and the residents of Connecticut.



3. Activities and Projects: Fiscal Year 2021 in Review

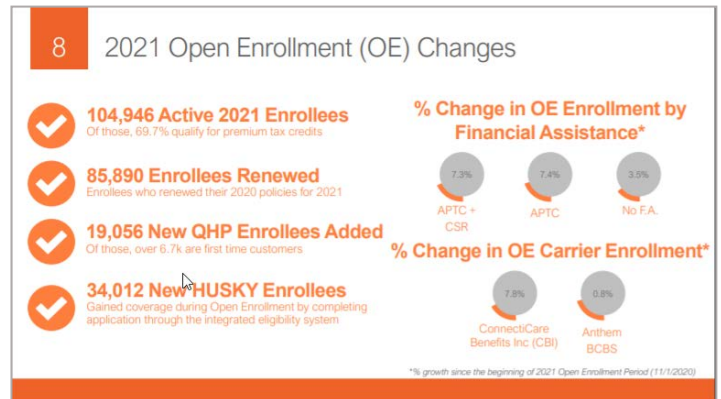
Enrollment

For plan year 2021, AHCT had two carriers participate in both the individual and small group markets, Anthem and ConnectiCare Benefits Inc.

Individual Enrollment for Plan Year 2021

Open Enrollment for plan year 2021 took place from November 1, 2020, through January 15, 2021.

- Open Enrollment for plan year 2021 ended with 104,946 customers enrolled in Qualified Health Plans (QHPs), a 2.7% decrease from 107,833 for plan year 2020.
- Over 6,700 enrollees were first-time customers
- 69.7% of enrollees qualified for Premium Tax Credits (PTCs)
- 85,890 enrollees renewed their coverage
- New QHP customers average nearly 5 years younger than retained customers
- Non-subsidized enrollees tend to be younger and have larger covered households
- Over 7,000 customers eligible for cost-sharing reductions (CSRs) chose a Bronze plan, down from 9,100 in FY2020. Enrollees eligible for CSRs must enroll in a silver plan or forgo those savings.
- 44.2% of customers enrolled with broker assistance, down slightly from 46% in 2020, and up from 43% in 2019.
- 94% of applicants indicated English is their preferred language.
- 29% of enrollees did not answer optional questions on race and ethnicity, up from 28% in 2020.
- Total annualized premiums for the 2020 QHP customer base amounts to \$871 million, of which \$565.4 million is covered by premium tax credits.



Access Health CT's detailed **2021 Open Enrollment Report** is available at Agency.AccessHealthCT.com > Meetings > Board > 2021 > Feb 18 > [2021 Open Enrollment Summary](#).

As of June 30, 2021, individual enrollment was 106,071, 2.7% above FY 2020's ending enrollment of 103,302, and 6.8% above FY 2019's ending enrollment of 99,332.

Small Business Enrollment

As of June 2021, enrollment through our Small Business Health Options Program (SHOP) included:

- 2,086 members, up 46% from 2020 (and up 70% from 2019);
- 1,361 subscribers, up 48% from 2020 (and up 83% from 2019); and
- 460 groups, up 39% from 2020 (and up 86% from 2019).

Stand-Alone Dental Plan Enrollment

As of June 2021, enrollment through our Individual and Family Dental plans included 4,099 members, up 45% from 2,821 members in 2020.

Governance and Management

Board Membership

Charles H. Klippel, appointed by Governor Ned Lamont, was sworn in as chairman of the Board of Directors on April 15, 2021. Additionally, Board member Paul Philpott, appointed by Senate Minority Leader Senator Kevin Kelly was elected Vice-Chair of the Board on January 21, 2021, and Matthew Brokman, appointed by House Speaker Rep. Matt Ritter was elected to the Board of Directors on November 19, 2020.

Access Health CT assisted the Office of the Governor with the search for a new board chair. Access Health CT also assists the appointing authorities with the appointment of the new directors when vacancies arise and as board members' terms of service end.

Five-Year Strategic Plan

Access Health CT continues to execute its five-year strategic plan that began in December 2017. The plan sets measurable goals for continuously improving the customer experience. Our strategic goals are to continue to reduce the number of uninsured residents and:

1. Improve our role as trusted advisor, enhance value & loyalty across the organization & vendors; focusing on education, healthy living, wellness & social determinants of health;
2. Diversify our product line with 3-5 new insurance products;
3. Reduce operational costs by 25% and reinvest the savings in IT upgrades; and
4. Achieve a 100% customer self-serve.

Financial Management

In FY2021, Access Health CT

- Brought all marketplace assessment receivables to zero as of December 31, 2020;

- Integrated financial information into the Enterprise Project Management Office (EPMO) software;
- Redesigned all invoice, billing, and procurement processes to allow them to be performed remotely;
- Created dashboards for the annual budgeting process; and
- Redesigned the 401(a)/457(b) retirement savings education program for employees.

Audits

Access Health CT successfully completed the FY 2021 external independent financial and programmatic audits by Clifton Larson & Allen (CL&A); and the annual State-based Marketplace Annual Reporting Tool (SMART) audit required by the ACA. The FY 2021 Audited Financial Statements, and Programmatic Audit Report, as well as the SMART were all clean audits with no audit findings presented.

The State of Connecticut’s Audit of FYs 2018 and 2019 was ongoing at the close of FY 2021. In addition, Connecticut Auditors of Public Accounts issued their report of AHCT for Fiscal Years 2016 and 2017 in May 2021.

COVID-19 Response

The ongoing COVID-19 pandemic makes clear just how essential Access Health CT is as a gateway for health insurance coverage. As the pandemic wreaked havoc on our health and the economy, many people lost their jobs –and their employer-based healthcare coverage. Access Health CT continued to work tirelessly to make residents across Connecticut aware that another route to health insurance is available, and that many people qualify for financial help through the exchange.

We addressed the pandemic in all aspects of our work. Examples of our COVID-19 response in FY 2021 include:

- **COVID-19 Special Enrollment Periods (SEPs):** To help as many residents as possible have coverage while the pandemic continued, we worked closely with our stakeholders to offer several SEPs for uninsured consumers in FY 2021. We deployed targeted campaigns to educate the public about the enrolling during the SEP and about qualifying life events, such as losing coverage due to a job loss.
- **American Rescue Plan Act:** The federal American Rescue Plan Act (ARPA), signed into law on March 11, 2021, by President Biden, makes health insurance coverage significantly more affordable for Access Health CT customers. ARPA eliminates or vastly reduces monthly premiums and for the first time, offers financial help to consumers with incomes over 400% of the federal poverty level (FPL). ARPA also expanded assistance for people receiving unemployment insurance and for those with COBRA coverage.

Collectively, ARPA has allowed Access Health CT customers to save over \$7 million per month. The average savings per household is \$1400 per year, and the number of households with no or almost no premium costs doubled to almost 33,000. ARPA changes are in effect for 2021 and 2022.

Access Health CT implemented ARPA changes in rapid fashion, deploying extensive system updates to our online application portal. Our call center vendor hired additional

brokers to help with enrollment in the Individual market and temporary customer relations staff to help manage the influx of new customers and customer questions.

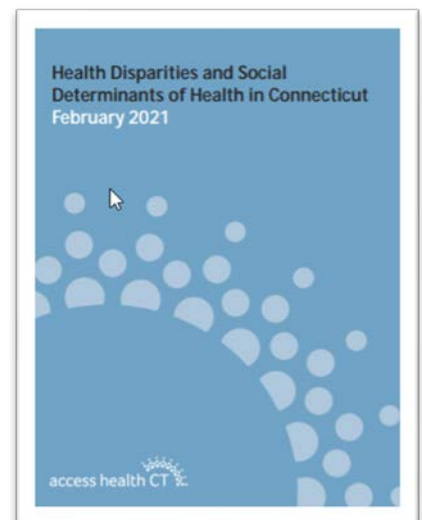
- **Extended Customer Verification Deadlines:** Customers continue to have extensions of time to verify information on their applications. Terminations of coverage for failure to verify application information remain on hold during the public health emergency, so customers can maintain their health insurance coverage during the pandemic.
- **Department of Labor (DOL) Partnership:** Our partnership with DOL, in place before the pandemic, has been critical. We monitor weekly DOL initial unemployment claim filings by industry and geography, then tailor our outreach and marketing efforts to those trends. We also participated in DOL webinars with unemployed residents, educating thousands of viewers about the availability of health insurance through Access Health CT.
- **Small Business Outreach:** Again in FY 2021, our small business team worked extensively with small businesses to help them maintain coverage for their employees and take advantage of federal relief programs.
- **Support for Vaccine Distribution:** Access Health CT was pleased to assist the Connecticut Department of Public Health (DPH) with its vaccine distribution program through our call center vendor, Faneuil Inc., and our outreach vendor Grossman Solutions. Faneuil provided additional call center representatives to answer calls to the Vaccine Appointment Assistance Line. Grossman Solutions provided canvassers in ten communities with the highest Socially Vulnerable Index. This work was fully funded by a federal grant to DPH.
- **Remote Work:** Our IT Department deployed remote work solutions for all employees and contractors promptly and successfully beginning in March 2020, allowing us to continue our work and meet the challenges of the pandemic without missing a beat. We continued working remotely during FY 2021.

Health Equity

Access Health CT has continued the Health Equity initiative begun in 2020, as part of our new emphasis on our mission to reduce health disparities.

Following our participation in the University of Pennsylvania program *From Health Disparities to Health Equity*, two senior staff participated in the year-long Disparities Leadership Program through the Disparities Solutions Center at Massachusetts General Hospital.

Additionally, we issued a 64-page report entitled *Health Disparities and Social Determinants of Health in Connecticut* in February 2021, with assistance from BJM Solutions and Mintz & Hoke. The report analyzes third-party data to identify and quantify health and health-related issues, morbidity and mortality causes, and their relationship to the demographic and socioeconomic status factors that drive health outcomes.

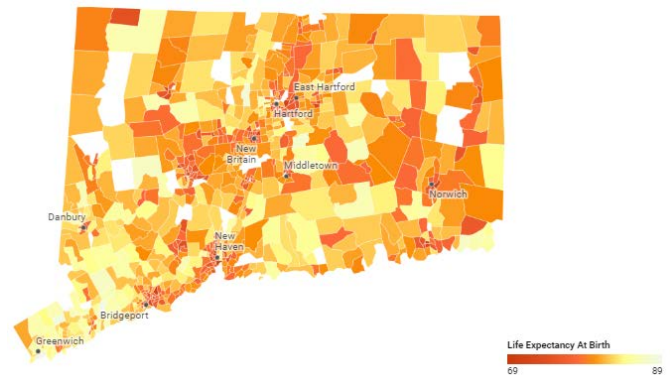


Although overall mortality rates in Connecticut are lower than the national average, mortality rates differ significantly across racial and ethnic groups. In Connecticut, Blacks have the highest mortality rates in six of the ten leading causes of death. In Connecticut, Hispanics have a diabetes mortality rate that is 1.67 greater than for Whites. Significantly, the report finds that at the Connecticut census tract level, **life expectancy goes down as the uninsured rate goes up.**



The report summarizes viewpoints from many Connecticut stakeholders in the healthcare field about Connecticut's health needs, about Access Health CT, and about potential partnership, product, and service opportunities. In addition, the report distills survey results from 1,006 Connecticut consumers about their views on access to health insurance, health-related topics, and their interest in health-related products and services. The report is available at www.accesshealthct.com/healthequity.

A new **Health Disparities webpage** and **Health Disparities dashboard** supplement our health disparities report. The interactive dashboard shows in stark detail the disparities in life expectancy, area deprivation index, and health insurance coverage that exist across our state's neighborhoods. Please visit www.accesshealthct.com/healthequity for details.



Customer Service Improvements

Access Health CT is dedicated to continuously improving our customers' experience and making it easier each year for people to shop for health insurance, compare options, enroll, and use their plans to be healthy. Some of our customer service improvements for FY 2021 included:

- Redesigning and simplifying our homepage with new design, navigation, and search engine optimization enhancements.
- Continuing with website simplification efforts to increase customer self-service and health insurance literacy.
- Deploying a new knowledge base experience for consumers (Help Juice)
- Deploying new customer survey software (Hot Jar), which tripled our customer response rate at half the cost of our previous customer service software program.
- Providing ten training sessions for brokers and certified application counselors.

Marketing, Outreach, and Communications

With the ongoing COVID-19 pandemic, our marketing efforts ran around the clock to inform the uninsured and the thousands of Connecticut workers who were losing their jobs—and their health insurance—that quality health insurance and financial help is available through Access Health CT. Although we always strive to deliver our message to minority communities, we recognized that it was more urgent than ever to reach minority communities, given that they are being ravaged by COVID-19 and its economic fallout.

Our multipronged “**Shop. Compare. Enroll.**” campaign encouraged current and new customers alike to be informed shoppers, driving them to our online cost comparison tool to check their plan options and their eligibility for financial help. We also emphasized the availability of help from brokers, CACs, and our call center representatives.



This year’s Open Enrollment marketing efforts included email, text messaging, social media, TV and radio advertising, direct mail postcards and letters, an outbound calling campaign, Healthy Chat meetings around the state, participating in over 100 community events. Brochures are produced in multiple languages, and our print and video messages appear in both Spanish and English.

Other Marketing activities for FY 2021 included:


- **American Rescue Plan Act:** Access Health CT heavily promoted the American Rescue Plan Act’s new health insurance savings in mass media (tv, radio, print, web), direct-to-consumer efforts (direct mail, messaging) and community outreach.
- **Covered Connecticut Planning:** Access Health CT collaborated with the Office of Health Strategy and the Department of Social Services to plan the implementation and marketing campaigns for the new Covered Connecticut program that provides health insurance at no cost for eligible low-income residents. Legislation creating Covered Connecticut was adopted in June 2021 with an effective date of July 1, 2021.
- **“Choose. Use. Be Well.”** Our year-round campaign to educate residents about the importance of preventive care and making full use of their health insurance benefits.
- **Community Navigators:** Access Health CT re-established a Community Navigator program in 2019 to enhance community outreach and reduce the uninsured rate, especially among Black, Latino, and Asian communities. Community Navigators focus on the cities and towns that account for most of Connecticut’s Black, Latino and Asian populations and where enrollment has fluctuated over the last seven years. For FY

2021, we contracted with Project Access New Haven, located in New Haven and the Community Renewal Team (CRT), based in Hartford, to work with Access Health CT year-round. Each organization is a trusted, local community voice, sharing a common mission and having a strong connection with target communities in Connecticut with a focus on reducing health disparities.

- **Community Conference:** Our virtual 2020 Community Conference, held in October, drew hundreds of community partners, CACs, brokers, and other supporters to learn about trends and hot topics for enrollment for the 2021 plan year.
- **Department of Labor Partnership:** Our outreach team collaborated with the Connecticut Department of Labor (DOL) on webinars for the unemployed; presentations to employees at more than 85 companies that issued WARN notices before mass layoffs; and on messaging on social media, email, and the DOL homepage.

Small Business Health Options Program (SHOP)

Access Health CT continues its renewed focus on its Small Business Health Options Program (SHOP) to give Connecticut small businesses better, and more affordable, health insurance options. The results are evident in our year over year increases in enrollment.



Anthem & ConnectiCare Small Group Health Plans			
	2021	2022	% change over 2021
Groups	362	485	34% ↑
Subscribers	1096	1301	19% ↑
Members	1521	2313	52% ↑
Avg. size group	4.20	4.77	14% ↑

Anthem Stand Alone Dental Plans				
Jan 2019 Members	Jan 2020 Members	Jan 2021 Members	Jan 2022 Members	% increase over 2021
1550	2207	4221	5165	22% ↑

Our SHOP team continues to expand Access Health CT's presence in the business community with outreach to chambers of commerce statewide. We also continue to strengthen our relationships with brokers, holding over 100 one-on-one, in-person meetings and multiple sessions for individual broker training, and sharing our broker toolkit.

Our FY 2021 public relations strategy entailed:

- Frequent updates to the AHCT Small Business Website at AccessHealthCTSmallBiz.com with an improved design and user experience, as well as more educational content for brokers and small business owners.
- Developing a strong social media presence
- Offering multiple webinars and on-air interviews, and
- Increasing visibility with statewide billboards, on-air and digital advertising.

BJM Solutions' 2020 Recommendations for SHOP

1. **AHCT can grow its SHOP business** from 284 small groups to over 750 - 1,000 small group customers in 18 to 24 months with the proper staffing, messaging, and commitments. This can be accomplished by focusing on currently uninsured small groups. Many of these new small group employers will be companies with higher income employees and professional service types of firms.
2. **Credits Don't Increase Demand for SHOP** - Less than 20 percent of SHOP customers take the credit. Retaining and Recruiting Talent Drives Small Business Health Insurance Demand. Most SHOP employers do not even qualify for the credit.
3. **AHCT needs to invest in building out a SHOP team** in order to grow the program
4. **AHCT needs to develop a strong marketing message** that is supported by SHOP team (ads, web, social media, etc.). And credits should not be the focus!
5. SHOP needs to **improve and develop** a stronger relationship with brokers

4. Activities and Projects Planned for Fiscal Year 2022

Governance and Management

- Company Goals for Fiscal Year 2022 include:
 - Subsidiary
 - Ongoing Operations
 - AHCT Future Growth & Success
 - Financial Strategy to Enhance Revenue Stream
 - IT Infrastructure
 - Health Disparities
- Develop subsidiary to enhance ability to offer ancillary products and services
- Work with Board of Directors and Strategy Committee on review and updating of Mission, Vision, and Guiding Principles to better reflect the organization’s evolution and future direction
- Increase project alignments with AHCT’s mission, vision, and/or corporate goals
- Implement upgrades to Clarizen to support best practices for effective project management
- Develop strategy to enhance revenue streams
- Review and improve return on investment analysis and processes for system and technology enhancements
- Identify an Accounts Payable (AP) system to digitize AHCT’s AP system
- Digitize personnel records
- Lead the effort to create a new AHCT Future Growth and Success plan for staffing.
- Hire a vendor to conduct a Compensation Study.
- Establish relationships with additional staffing firms and recruiters to meet any potential needs for temporary workers for future vacancies
- Pursue office space strategic alliance
- Work with Board of Directors and Strategy Committee on review of Advisory Committees
- Begin Annual Qualified Health Plan Certification process for Plan Year 2023
- Improve organic search engine placement for consumer search results
- Re-evaluate and revise scopes of work with marketing vendors for fiscal years 2022 and 2023

Customer Service

- Identify solutions and improvements to existing customer notice and communication process
- Continue web simplification efforts to increase customer self-service and health literacy
- Reduce escalations
- Train additional users at Faneuil and AHCT to use the Co-Browse Tool
- Expand CRM capabilities
- Streamline new hire training curriculum

- Participate in Department of Labor or other external webinars at least quarterly to educate residents and partners on financial benefits of using AHCT and American Rescue Plan Act benefits for individuals receiving unemployment income
- Enhance Broker Portal capabilities and access to additional consumer information to improve customer and broker experience and reduce calls to Call Center and Broker support requests
- Automate the current broker commission validation and research process with the carriers

Health Equity

- Develop Broker Academy to train people from underserved communities to become licensed health insurance brokers and trusted messengers, boosting health insurance enrollment and health equity
- Further develop an interactive website on health disparities data for Connecticut and highlight AHCT's efforts to improve health equity across the state
- Develop and implement a community outreach program focused on reducing health disparities
- Hold AHCT Community Conference in Fall 2021
- Reduce vendor costs by bringing more outreach work in-house with additional outreach staff

Information Technology and Analytics

- Optimize and enhance customer experience in all Individual and SHOP platforms to attract, engage, grow, and retain membership, following IRS and CMS security protocols and guidelines, and industry best practices
- Create 3-year comprehensive IT strategic plan
- Start execution on the 3-year technology roadmap
- Execute Security and Compliance Program
- Continue efforts with Department of Labor on broadening and streamlining its automated data feed to support rapid and accurate healthcare eligibility determinations for Connecticut residents.
- Build an integration technology environment to support sharing relevant data with Connecticut state agencies
- Improve AHCT's analytics and insights on mission-based health indicators
- Streamline payment and data integrity processes to improve carrier, CMS, and customer coordination
- Enhance data tools supporting Essential Community Provider Network Adequacy review with carriers

Legislative and Policy Implementation

- Study Feasibility of Expanding Health Care Coverage as required by Conn. Pub. Act 21-176
- In collaboration with the Office of Health Strategy and the Department of Social Services, implement and promote Covered Connecticut, the new program enacted by Public Act 21-2, June Spec. Session, §§15-19 that provides health insurance at no cost

for certain low-income residents.

- Plan and launch Phase I of Covered Connecticut (July 2021) and supporting mass-media campaign (Sept./Oct. 21)
- Prepare marketing strategy for Phase II of Covered Connecticut Program
- Plan for the end of the Special Enrollment Period made possible by enhanced subsidies included in ARPA (July/August 21)
- Support successful implementation, enhancement, and decommission of COVID-19 related policies and technology, including the eventual end of public health emergency
- Conduct earned media and social media campaigns on the health insurance cost savings available to Connecticut residents through ARPA
- Support continuation of ARPA financial assistance for consumers, along with other State-Based Marketplaces

Small Business

- Support the development of a subsidiary to offer wide range of suitable products and services to help reduce the number of individuals without health insurance in Connecticut
- Increase membership in small business and dental plans while increasing retention
- Support the development and implementation of the Broker Academy

5. Human Resources

Affirmative Action Policy

Access Health CT's policy on Equal Employment Opportunity and Affirmative Action was approved by the Exchange Board of Directors in January 2012. The policy states:

The Connecticut Health Insurance Exchange (Exchange) is an equal employment opportunity and affirmative action employer, dedicated to the policy of nondiscrimination in employment on any basis prohibited by law. The Exchange is committed to providing equal employment and advancement opportunities without consideration of race, color, religious creed, age, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, veteran status, mental retardation, genetic information, disability, or other legally protected status, unless there is a bona fide occupational qualification under applicable Connecticut statute excluding persons in one of the foregoing protected groups. Additionally, the Exchange will take affirmative action to ensure workplace equality, avoid all forms of discrimination, and develop a workforce that is representative of all segments of the population.

The Exchange will utilize affirmative action measures at all stages of the employment process. With regard to recruitment and hiring, the Exchange will notify recruiters, consultants, prospective candidates, and employees that "The Connecticut Health Insurance Exchange is an "Affirmative Action/Equal Employment Opportunity Employer" and shall broadly disseminate this policy by posting it on its website, bulletin boards, and other locations accessible to employees and potential candidates for employment. The Exchange will attempt through recruitment efforts to increase the number of highly qualified female and minority applicants who apply for each vacancy with the ultimate goal that the Exchange's workforce will mirror the diversity of the labor pool. Additionally, the Exchange will attempt to reach a greater number of Hispanic, African American, Asian/Pacific Islander, and Native American potential applicants by contacting organizations and educational institutions that promote the interests of such individuals and attending job fairs and other events where potential exposure to qualified female and minority applicants is high. The Exchange also recognizes the hiring difficulties which are sometimes encountered by the physically disabled and older persons and will undertake measures to overcome the effects of past discrimination, if any, and to achieve the full and fair utilization of such persons in the work force.

The Exchange is also committed to equal opportunities for its employees with regard to all employment practices, including but not limited to compensation, benefits, training, promotions, and discipline. All personnel decisions will be strictly based upon the needs of the Exchange and an employee's job-related skills and abilities. Consistent with its commitment to equal opportunity, the Exchange expects that all employees shall adhere to its policy of nondiscrimination. The

Exchange is equally committed to ensuring nondiscrimination in all of its programs and initiatives.

Employees should bring any complaints regarding discrimination or any other violation of this policy to the immediate attention of the designated Equal Employment Opportunity (EEO) / Affirmative Action Officer. Alternatively, employees may submit discrimination complaints to their supervisor. Complaints brought under this policy will be promptly investigated. Any employee who violates this policy or knowingly retaliates against an employee reporting or complaining of a violation of this policy shall be subject to immediate disciplinary action, up to and including discharge.

The Exchange is committed to ensuring that all contractors who do business with it provide equal opportunities in employment without regard to legally protected status. The participation of minority business enterprises meeting the qualifications established by applicable regulation shall also be solicited and encouraged. All bidders, contractors and suppliers will be notified regarding this policy and all contracts for services or materials must include a statement in which the contractor agrees to abide by affirmative action and nondiscrimination principles.

The EEO/Affirmative Action Officer shall monitor compliance with this policy, including but not limited to maintaining data with regard to the hiring and promotion of women and minorities, and shall regularly report on these matters to the Chief Operating Officer (COO), Chief Executive Officer (CEO), and the Board of Directors. All managers shall be responsible for administering and complying with this policy within his or her respective departments. The COO, CEO, and the Board of Directors will provide any necessary guidance in carrying out this policy and any changes or modifications which may be necessary. In accordance with Connecticut General Statutes § 1-123, the Board of Directors' annual report to the Governor and Auditors of Public Accounts shall include this affirmative action policy statement, a description of the Exchange's work force by race, sex and occupation, and a description of affirmative action efforts.

Workforce Composition as of June 30, 2021

Class	Title	Employees	Male							Female							
			W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T	
1.1	Exec/Senior Level Officials & Mgrs.	9	5	2	0	0	0	0	0	2	0	0	0	0	0	0	
1.2	First/Mid-Level Officials & Mgrs.	16	2	1	2	0	0	0	0	7	1	3	0	0	0	0	
2	Professionals	31	11	2	2	1	0	0	1	9	1	3	1	0	0	0	
5	Administrative Support Workers	36	4	2	2	0	0	0	0	5	8	15	0	0	0	0	
Total			Male							Female							
	Male	Female	Total	W	B	H	A	I	N/H	T	W	B	H	A	I	N/H	T
	37	55	92	22	7	6	1	0	0	1	23	10	21	1	0	0	0
	40 %	60 %		59 %	19 %	16 %	3 %	0 %	0 %	3 %	42 %	18 %	38 %	2 %	0 %	0 %	0 %

* KEY: (W) = White; (B) = Black or African American; (H) = Hispanic or Latino; (A) = Asian; (I) = Indian; (N/H) = Native Hawaiian/Pacific Islander; (T) = Two Or More Races

Affirmative Action Efforts in Fiscal Year 2021

AHCT continues to maintain a strong commitment to the Equal Employment Opportunity and Affirmative Action policy. Statewide advertisements of all new staff positions are posted electronically on indeed.com and AHCT's own website. These websites and AHCT recruitment efforts reach a broad range of diverse candidates.

6. Financial

Marketplace Assessments

As of June 2021, Access Health CT received \$16.1 million of the \$31.4 million expected for marketplace assessments for the 2021 calendar year.

Marketplace assessments fund Access Health CT’s ongoing operations. Marketplace assessments are charged to all health and dental insurance carriers capable of offering a qualified health plan through the Exchange to generate funding necessary to support the operations of Access Health CT. Marketplace assessments are billed and collected on a calendar year basis.

Pursuant to Conn. Gen. Stat. § 38a-1083(c)(7) the Exchange has the authority to charge assessments or user fees to fund its operations and to charge interest and penalties to carriers failing to pay the assessments and fees required.

Conn. Gen. Stat. §38a-1083 provides that the Commissioner of Insurance shall see that all laws respecting the authority of the Exchange are faithfully executed. In enforcing the assessment, the Commissioner “has all the powers specifically granted under Title 38a and all further powers that are reasonable and necessary.”

Final determinations as to the terms, conditions, basis, and methodology of any assessments or fees to be charged shall rest in the sole discretion of the Board, acting in accordance with applicable law.

Bonds

Access Health CT has not issued bonds and has no bonds outstanding.

Grants Received

Access Health CT received no grants in Fiscal Year 2021 and has no open grants from prior fiscal years.

Grants Awarded

In Fiscal Year 2021, Access Health CT awarded two Community Navigator grants totaling \$147,459, as follows:

Community Renewal Team, Inc.:	\$ 76,568
Project Access, New Haven:	\$ 70,891
Grand Total	\$147,459

Individuals and Firms that Received Payments of More than \$5,000

The following is a list of all outside individuals and firms that received more than \$5,000 in the form of loans, grants, or payments for services:

333 State Street Development, LLC	Lighthouse Computer Services, Inc.
A&A Office Systems, Inc.	Lored Consultancy LLC
ABM Industry Groups, LLC	Mintz & Hoke
Adaptive Insights, Inc.	Mobile Commons, Inc.
Advanced Office Systems	New Fields Technologies LLC
Advent Cat Risk	North Eastern Industries Inc.
AT&T Corp.	Noverant, Inc.
Benefitfocus.com.inc.	On-Line Systems, Inc.
Bernard L. Kavaler	OpenSesame Inc.
BJM Solution, LLC	Optiv Security
Blum Shapiro & Co., P.C.	Oracle America Inc.
Buildscale, Inc.	Pitney Bowes Presort Services, Inc.
CDW Government LLC	PolicyMap, Inc.
Chubb and Son a division of Fed Ins Co.	Project Access, New Haven
Clarizen, Inc.	Pullman & Comley, LLC
Cognizant Technology Solutions	Regional Community - Technical Colleges
Community Renewal Team, Inc.	Scan-Optics LLC
Crown Castle Fiber LLC	SHI International Corp.
Dell Marketing LP	Shipman & Goodwin LLP
Deloitte Consulting LLP	Softheon Inc.
Environmental Systems Research Institute, Inc	Solution-Soft Systems, Inc.
ePlus Technology Inc.	State of Connecticut - DAS
Fairfax Data Systems, Inc.	State of Connecticut - DSS
Faneuil, Inc	TEKsystems, Inc
Grossman Solutions LLC	The General Hospital Corporation
Grunberg 280 Trumbull, LLC	The RDW Group, Inc
Hallmark Totaltech, Inc.	The Rocket Science Group, LLC
Integration Partners Corporation	The Southern New England Telephone Co
International Business Machines Corp.	The Tri-Com Consulting Group, LLC
Interpreters and Translators, Inc	TouchPoint Integrated Communications LLC
Jama Software, Inc.	TRA Prospect, LLC
Janus Software, Inc.	Universal E-Business Solutions, LLC
John Watts Associates, Inc.	uWork.com, Inc.
Kardas Larson LLC	Victor Advertising Service, LLC
Kool Ink LLC	V-Link, Inc.
Liberty Square LLC	Wakely Consulting Group, Inc.

Financial Statements

CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)
STATEMENTS OF NET POSITION
JUNE 30, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
Assets:		
Current assets:		
Cash and cash equivalents	\$ 27,483,157	\$ 31,436,272
Accounts receivable	873,786	71,082
Prepaid expenses	253,085	250,191
Total current assets	<u>28,610,028</u>	<u>31,757,545</u>
Noncurrent assets:		
Security deposit	1,197	1,197
Capital assets not being depreciated	4,391,962	2,766,114
Capital assets, net of accumulated depreciation	7,651,305	4,243,130
Total noncurrent assets	<u>12,044,464</u>	<u>7,010,441</u>
Total Assets	<u>40,654,492</u>	<u>38,767,986</u>
Liabilities:		
Current liabilities:		
Accounts payable	155,429	43,920
Accrued liabilities	5,555,221	5,408,128
Unearned revenue	398,272	364,059
Total current liabilities	<u>6,108,922</u>	<u>5,816,107</u>
Net Position:		
Net investment in capital assets	10,598,580	6,376,011
Unrestricted	<u>23,946,990</u>	<u>26,575,868</u>
Total Net Position	<u>\$ 34,545,570</u>	<u>\$ 32,951,879</u>

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)
STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Operating Revenues:		
Marketplace assessment	\$ 33,248,504	\$ 34,202,731
Operating Expenses:		
Wages	7,780,126	7,365,537
Fringe benefits	3,001,740	2,844,256
Consultants	15,621,005	16,626,189
Maintenance	2,219,368	1,555,495
Administration	1,040,892	979,231
Equipment	748,221	792,460
Travel	6,311	35,008
Supplies	6,337	16,039
Depreciation and amortization	1,257,641	935,604
Total operating expenses	<u>31,681,641</u>	<u>31,149,819</u>
Operating Gain	1,566,863	3,052,912
Nonoperating Revenues:		
Interest income	<u>26,828</u>	<u>383,172</u>
Change in Net Position	1,593,691	3,436,084
Net Position at Beginning of Year	<u>32,951,879</u>	<u>29,515,795</u>
Net Position at End of Year	<u>\$ 34,545,570</u>	<u>\$ 32,951,879</u>

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
Cash Flows from Operating Activities:		
Receipts from marketplace assessment	\$ 32,412,272	\$ 34,077,633
Reimbursement of operating costs	19,460,718	17,820,187
Payments to employees	(10,977,093)	(10,093,871)
Payments to vendors	<u>(38,584,176)</u>	<u>(36,763,802)</u>
Net cash provided by operating activities	<u>2,311,721</u>	<u>5,040,147</u>
Cash Flows from Capital and Related Financing Activities:		
Payments for software development in progress	(1,625,848)	(2,300,105)
Purchase of equipment and software	<u>(4,665,816)</u>	<u>(461,091)</u>
Net cash used in capital and related financing activities	<u>(6,291,664)</u>	<u>(2,761,196)</u>
Cash Flows from Investing Activities:		
Interest and dividend income	<u>26,828</u>	<u>383,172</u>
Net Change in Cash and Cash Equivalents	(3,953,115)	2,662,123
Cash and Cash Equivalents at Beginning of Year	<u>31,436,272</u>	<u>28,774,149</u>
Cash and Cash Equivalents at End of Year	<u>\$ 27,483,157</u>	<u>\$ 31,436,272</u>
Reconciliation of Operating Income (Loss) to Net Cash Provided by Operating Activities:		
Operating income (loss)	\$ 1,566,863	\$ 3,052,912
Adjustments to reconcile operating income (loss) to net cash provided by operating activities:		
Depreciation and amortization	1,257,641	935,604
Change in assets and liabilities:		
(Increase) decrease in accounts receivable	(802,704)	(33,999)
(Increase) decrease in prepaid expenses	(2,894)	(60,679)
Increase (decrease) in accounts payable	111,509	(75,990)
Increase (decrease) in accrued liabilities	147,093	1,381,139
Increase (decrease) in unearned revenue	34,213	(158,840)
Total adjustments	<u>744,858</u>	<u>1,987,235</u>
Net Cash Provided by Operating Activities	<u>\$ 2,311,721</u>	<u>\$ 5,040,147</u>