



Connecticut Health Insurance Exchange
Strategy Committee Regular Meeting

Meeting Minutes

Thursday, February 9, 2023
Remote Meeting

Members Present: Steven Hernandez (Chair); Grant Ritter; Paul Lombardo; Cecelia Woods; Matthew Brokman; Theodore Doolittle

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

Other: Kara Mitchell, Andrew Wood – Mintz & Hoke

A. Call to Order and Introductions

Steven Hernandez called the meeting to order at 1:00 p.m. Roll call for attendance was taken.

B. Public Comment

No public comment was submitted.

C. Review and Approval of Minutes

Chair Steven Hernandez requested a motion to approve the January 12, 2023 Strategy Committee Regular Meeting Minutes. Motion was made by Paul Lombardo and was seconded by Theodore Doolittle. Roll call vote was taken. Cecelia Woods abstained.

Motion passed.

D. Open Enrollment 10 Update

Rebekah McLearn, Director of Technical Operations and Analytics provided an overview of the enrollment data for OE10. Ms. McLearn stated at the AHCT Call Center has handled about 200,000 calls and 21,000 chat sessions. Ms. McLearn added that the number of the chat sessions has decreased in comparison with the prior years. Ms. McLearn noted that 108,132 enrollees purchased Qualified Health Plans (QHP) on the individual market during Open Enrollment (OE).

Matthew Brokman joined the meeting at 1:07 p.m.

Ms. McLear noted that 15,411 individuals enrolled in the Covered Connecticut Program for 2023 and noted that the enrollment in this program has increased mainly due to the extension of the eligibility criteria that was instituted on July 1, 2022.

Ms. McLear added that due to the integration of the QHP and dental platforms for the individual market, there has been an increase in the purchase of the dental insurance products with 8,433 individuals obtaining dental insurance along with QHP policies, which is a 70 percent increase over last year's Open Enrollment

There are also 614 consumers enrolled in Stand-Alone Dental Plans (SADP) only. For 2023, 86 percent of all QHP consumers are receiving Financial Assistance (FA) and nearly 26,000 consumers completed an application for Medicaid and were determined eligible.

Ms. McLear stated that the average age of enrollees is 44.4 years old for medical plans and slightly lower, 42.3 years for dental plans. Ms. McLear stated that 78.9 percent of enrollees reside in three counties: Fairfield, Hartford, and New Haven. Ms. McLear added that overall 45 percent of enrollees are associated with a broker and 49.6 percent selected a Silver plan. Ms. McLear stated that the retention rate stands at 86.2 percent with 92.3 percent of those remaining in the same Metal-level plan for 2023.

Ms. McLear added that the median monthly gross premium is \$847 while the median monthly net premium after utilizing the Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSR) is \$94. Theodore Doolittle inquired whether the individuals who purchased the SADP alone are quite a bit younger than the average enrollee. Ms. McLear responded that this information will be researched and provided to the Committee.

Ms. McLear reviewed the upcoming dates and deadlines, which include information on the Medicaid Extension Unwinding among other important developments, as well as the initial premium payments due dates and 1095-A Form preparation. Ms. McLear stated that the comprehensive Open Enrollment 10 Final Report will be available later in February.

E. Five-to-ten-year Strategy Development

James Michel, Chief Executive Officer, introduced Kara Mitchell from Mintz and Hoke to provide the Five-to-ten-year Strategy Development update. Ms. Mitchell was also joined by Andrew Woods from Mintz & Hoke.

Ms. Mitchell provided a brief overview of the initial stage of the strategy development where members of the Committee as well as the Board of Directors have been interviewed individually, which is the part of the external viewpoint step. Ms. Mitchell indicated that a part of this step also included primary and secondary research that has been conducted over the last few years. Ms. Mitchell stated that at this point, sessions with the Senior Leadership Team (SLT) will be conducted and the first session will be focused on design and strategic planning to discuss the implications of any potential options in preparation for Session Two.

Ms. Mitchell added that Session Two will consist of building out the strategic priorities for the next five to ten years and to discuss various elements, such as business goals, audience needs and prioritization, value propositions for audiences as well as brand elasticity for new products or new strategic profile. Ms. Mitchell pointed out five key implications that were seen as a result of the external viewpoint.

Ms. Mitchell told the Committee that the first implication was to increase focus on micro markets and segments to continue to decrease the uninsured rate. Ms. Mitchell noted that the uninsured rate across the state is relatively low, however with the attention being paid to certain demographics, the number is higher. Ms. Mitchell noted that understanding the healthiness of those populations would help to determine the proper strategic approach. Ms. Mitchell explained other key implications including looking at health outcomes more broadly as a measure of success. Mr. Wood noted that to better understand the health outcomes, drivers of poor health in the micro-communities need to be examined.

Ms. Mitchell added that other implications include leveraging unique understanding of communities and increased presence as well as enlarging strategic partnerships that can broaden growth opportunities and finding the balance between competing and complying as a quasi-public agency. Mr. Wood stated that the AHCT brand as a trusted advisor for consumers is crucially important. Cecelia Woods commended the efforts and added that the synthesis is helpful and comforting. Chair Steven Hernandez encouraged conducting those stakeholder interviews on a regular basis in order to be able to provide constant feedback on the development and later implementation of those strategic initiatives.

F. Strategic Initiatives Update

Tammy Hendricks, Director of Health Equity and Outreach, provided a Broker Academy Update. Ms. Hendricks stated that progress is being made to launch the second year of the Broker Academy. Ms. Hendricks provided the Committee with details, such as the webpage traffic and outreach events. Ms. Hendricks pointed out that there will be two class locations -- Hartford as well as New Haven. Ms. Hendricks emphasized that up to 100 students will be accepted and the application submission will be open on February 27. Ms. Hendricks stated that there will be four pre-training meetings prior to the training and the classes are scheduled to take place from June 5 to June 9.

James Michel, Chief Executive Officer, provided a Subsidiary Update. Mr. Michel noted that the subsidiary will be designed to support AHCT's five-to-ten-year Strategy. Mr. Michel stated that in the first ten years of AHCT's existence, the healthcare, social and political environments have changed and so did the needs of Connecticut's consumers. Mr. Michel added AHCT is in the early stages of building a subsidiary organization that will allow the organization to more fully address the health disparities experienced by many communities across Connecticut.

Mr. Michel expressed his appreciation and gratitude to the members of the Committee for their input and valuable expertise on this subject matter. Mr. Michel added that for the next two months, the SLT will be working collaboratively with Mintz & Hoke to develop a

five-to-ten-year strategy on the Subsidiary development. The Strategy Committee will be presented with the draft language of the entity.

Matthew Brokman stated that as part of the five-to-ten-year strategy, it cannot be assumed that the Subsidiary is the proper answer to the strategy development. Mr. Brokman added that the strategy and goals of the organization should be prioritized. Mr. Brokman stated that the idea of creating a subsidiary may be making it more difficult for the realization of the proper strategy. Mr. Michel responded that in case the AHCT strategic approach determines that the subsidiary is not needed to compliment the Exchange's goal of reducing health disparities across the state, then the subsidiary will not be launched. Mr. Michel pointed out that a subsidiary may assist the Exchange in areas that as a part of the Affordable Care Act (ACA), AHCT would not be able to fulfill.

Mr. Brokman asked for Mintz & Hoke to come back to the Strategy Committee and provide additional information on healthcare and health insurance within the five-year strategy timeframe. Ms. Mitchell noted that it is exactly the plan and based on some of the information learned from the interviews, there is obviously a clear need to focus on health outcomes. That is a core focus of the plan. Ms. Mitchell added that as the work with the SLT takes place, the goal of those conversations is to continue to find ways to innovate to improve sustainability for the organization for the long term that may result into the need for the subsidiary to help execute the plan, but it may also be determined that the subsidiary may not be a feasible solution.

G. Adjournment

Chair Steven Hernandez requested a motion to adjourn. Motion was made by Cecelia Woods and was seconded by Matthew Brokman. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 1:45 p.m.