



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

Remote Meeting

Thursday, February 16, 2023  
**Meeting Minutes**

### **Members Present:**

Charles H. Klippel (Chair); Paul Philpott (Vice-Chair); Cecelia Woods; 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); Commissioner Manisha Juthani, Department of Public Health (DPH); Steven Hernandez; Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID)

### **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

### **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. Votes

Chair Charles Klippel requested a motion to approve the January 19, 2023 Regular Meeting Minutes. Motion was made by Cecelia Woods and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to remove Dr. Deidre Gifford from and add Andrea Barton Reeves to the Finance Committee. Motion was made by Deidre Gifford and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

### D. CEO Report

James Michel, Chief Executive Officer, presented the CEO Report. Mr. Michel stated that at the last Board meeting there were some questions regarding Open Enrollment (OE) that will be addressed by Rebekah McLearn, Director of Technical Operations and Analytics.

Mr. Michel added that the Health Plan Benefits and Qualifications (HPBQ) Advisory Committee is working extensively on the Plan requirements for Plan Year (PY) 2024. He noted that a brief Special Board of Directors meeting may need to be scheduled in March to approve their recommendations. Mr. Michel reminded the members about the final Board Budget Training. Mr. Michel added that the 2022 Access Health CT Annual Report will be mailed out soon with the theme of this year's report is "Health is the Heart of the Community."

Mr. Michel reviewed the Agenda items and pointed out that AHCT has been working very closely with the Department of Social Services (DSS), the Office of Health Strategy (OHS) and the Office of Policy and Management (OPM) over the past year in preparation for the Medicaid Unwinding, which is scheduled to begin April 1. Mr. Michel added that a 12-month strategy with the goal of minimizing gaps in coverage for customers has been created.

Mr. Michel stated that some members of the Access Health CT leadership team recently participated in two public forums with the Connecticut General Assembly, including the Insurance & Real Estate and Human Services Committees. Mr. Michel emphasized that AHCT and DSS discussed the Medicaid Unwinding plan and the end of the Public Health Emergency (PHE). Mr. Michel stated that the plan was well received and the agencies took questions from the committee members. Mr. Michel added that more meetings are expected about this important topic, including a meeting with the Board to request Access Health CT's portion of Medicaid Unwinding marketing and outreach funding from AHCT's reserves.

Mr. Michel stated that the second year of the Broker Academy was announced earlier this month, and applications for the program will be available beginning February 27.

Dr. Deidre Gifford stated that OHS has some funds for Outreach for the Unwinding, in addition to funds that have been allocated to DSS. Ms. Gifford encouraged having a comprehensive picture across DSS, OHS and AHCT in terms of funding that has been allocated already. Mr. Michel stated that a comprehensive plan and strategy will be presented with this information when the AHCT budget is finalized and ready to be voted on by both the Finance Committee as well as the Board. Mr. Michel indicated that it will include allocating funds from the reserves. Claudio Gualtieri stated that there is little bit of a timing issue that may need to be taken into consideration. Mr. Gualtieri indicated that the new state budget doesn't take effect into July 1, 2023, and it probably will not be approved until June. Mr. Gualtieri added that the Governor has recommended significant other supports to wrap around including those with chronic conditions, cancer treatments and to have additional navigator supports until June. Mr. Gualtieri recommended that it may be helpful to wrap around AHCT resources to create a bridge until such time as the Connecticut General Assembly decides what needs to be augmented in the budget.

Chair Charles Klippel requested that the AHCT budget include references to the other funding that can be available.

## **F. Open Enrollment 10 Final Report**

Rebekah McLear, Director of Technical Operations and Analytics provided the Open Enrollment 10 Final Report. Ms. McLear stated that since the last Board of Directors Meeting, the internal team has been reviewing the Open Enrollment (OE) data and has prepared the OE Annual Report. Ms. McLear told the Board that the main focus of this presentation is on few major points, however the full report has been distributed to the Board and is also available on the Agency's website.

Ms. McLear said that the 2023 Open Enrollment Annual Report includes numbers and insights regarding: the overall marketplace enrollment; customer profiles (age, demographics, etc.); acquisition and retention volumes; plan and product trends as well as some financial insights. Ms. McLear added that this year the impact of the Covered CT program as well as the Stand-Alone Dental Plans (SADP) enrollments was added to the report. Ms. McLear provided a comparative analysis of the last three OE periods.

Due to the Medicaid Continuous Coverage requirements being in effect for the last three OE periods, AHCT has seen the number of HUSKY determinations increase to over 900,000 individuals at the end of this OE session, and this does impact the potential number of the Qualified Health Plan (QHP) enrollees.

Ms. McLear next discussed the significant increase in the QHP population utilizing Financial Assistance (FA). Ms. McLear stated that at the end of OE8, 69.7 percent of the

QHP consumers received FA, while that number a year later increased to 83.8 percent and to 85.9 percent at the end of the OE10. Ms. McLear indicated that it can be attributed to increased FA made available under the American Rescue Plan Act and continued by the Inflation Reduction Act.

Covered CT had 15,411 active enrollees with an average age for participants of 38.9. Ms. McLear emphasized that the auto-renewal for the Covered CT consumers stands at 89 percent. Ms. McLear outlined other statistical data pertaining to the Covered CT population.

Next the detailed information on the customer plan selections was presented, with comparisons between Plan Year (PY) 2022 and PY2023. The ConnectiCare Benefits Inc. (CBI) Choice Silver Standard Point of Service (POS) plan continues to have the largest number of enrollees; in the PY2023, it was 36,224. Ms. McLear noted that the ConnectiCare Insurance Company Inc. (CICI) Silver Plan did see a 53 percent increase over the last plan year, while the CBI Silver Plan enrollment increased by 5 percent and Anthem Silver Plan enrollment increased by 4 percent.

Ms. McLear summarized dental enrollment by carrier. She noted that 83 percent of approximately 9,000 consumers who enrolled in a dental plan selected an Anthem dental plan, and added that the majority of the dental enrollees also signed up for the QHP while 614 enrolled in a dental plan only. Prior to PY2023, individuals who wanted to enroll in dental coverage had to utilize a different enrollment system than for an Individual medical plan through AHCT. Now the Exchange provides an integrated enrollment system for both dental and QHP plans, and there is also an additional dental carrier on the Exchange now - CICI. Overall dental enrollment increased by 66 percent.

Ms. McLear provided the responses to the questions posed at the January 19 Meeting. Theodore Doolittle inquired about the reason why the enrollment in the State-Based Marketplaces (SBMs) is down slightly while in the Federally Facilitated Marketplaces (FFMs) it increased. Ms. McLear stated that both the Medicaid Expansion under the ACA in SBM states as well as Medicaid Extension are large contributors to this discrepancy. Ms. McLear added the Connecticut Medicaid enrollment is up 134 percent since 2019. Ms. McLear pointed out that recipients who qualified for the Medicaid Extension, otherwise may have been eligible for a QHP. Another reason for the difference is that the average premium for benchmark plans increased 5.4 percent for SBMs and only 3.4 percent for the FFMs. Ms. McLear also provided a chart of 2023 OE Acquisition/Retention Rates for the marketplaces including the FFM, all SBMs and AHCT specifically.

One of the questions posed at the January Board meeting pertained to the number of completely new enrollees who never had healthcare versus those who were already on the Exchange but were able to obtain full Covered CT benefits. Ms. McLear clarified that due to limited amount of information that AHCT can gather around individuals who may not have previously had healthcare, the Exchange could only determine if the Covered CT enrollees had coverage through the Exchange, either through QHP or Medicaid. Ms. McLear provided a table of detailed information and pointed out that out of 15,411

Covered Connecticut enrollees, 14,787 has QHP coverage in Calendar Year (CY) 2022, 74% had prior QHP coverage, 66% were enrolled in Medicaid in CY 2022, 72 had Medicaid coverage and 412 did not have QHP nor Medicaid coverage. Mr. Michel stated this information can be provided to the Board on monthly basis and comparative analysis will be reported to the Board quarterly.

Ms. McLear addressed another question in January. The question asked how many Bronze enrollees could qualify for Silver Cost-Sharing Reductions (CSR), especially those who had income under the 250 percent of the FPL. Ms. McLear stated that overall 5,059 individuals are enrolled in a Bronze or Gold plan but qualified for CSR and stated that about 3,000 are enrolled in a Bronze plan who have income under 250 percent of the FPL. Consumers choosing to enroll in a non-Silver Plan are presented with a message advising them that they may be missing out on these benefits.

Dr. Deidre Gifford encouraged outreach efforts to reach the Bronze plan enrollees who qualify for CSRs about the benefits through a Silver plan using the plain language. Mr. Michel emphasized that an outreach strategy will be prepared and presented to both, the Strategy Committee and later to the Board of Directors. Ms. Rich-Bye added that it will be a planning strategy for the OE2024.

Theodore Doolittle applauded the efforts reminding individuals that they may be losing money by not selecting the Silver CSR plan if they eligible for one, and asked if it would be possible to survey other high-performing SBMs to determine if any of their outreach approaches can be used at AHCT to reach those 5,000 Bronze enrollees who may qualify for CSRs.

Claudio Gualtieri expressed his appreciation for the research on the questions posed at the January 19 Board of Directors meeting. Mr. Doolittle inquired whether it would be possible to provide consumers with the side-by-side comparison of what they paid in 2023 versus of what they could have paid by moving to a Silver CSR plan. Mr. Michel answered that comparison can be made pertaining to premiums-only, not the total cost. Mr. Michel stated that the carriers will be contacted to provide AHCT with as much information as possible. Ms. Rich-Bye added that the majority of this group are enrollees who are eligible for 73 percent CSR benefits, which is very close to the Standard Silver Plan that has an AV of around 72 percent.

## **F. Medicaid Unwinding Preparations**

Rebekah McLear, Director of Technical Operations and Analytics presented the Medicaid Unwinding Individual projections. Ms. McLear commented that AHCT has worked extensively with DSS and OHS for over a year on this plan. Ms. McLear explained that the Medicaid Extension will be ending on March 31, 2023 and DSS has worked on a 12-month plan to redetermine that population. Ms. McLear remarked that currently, over 434,000 individuals are enrolled in the Medicaid Extension and based on projections, over 334,000 will remain eligible for the Medicaid or Transitional Medical Assistance. Ms. McLear added that based on those projections, over 30,000 will possibly be eligible for

the Covered Connecticut Program while over 65,000 for a Qualified Health Plan through AHCT. Ms. McLear provided a timetable with the total projection volume for a 12-month period starting in April. Brief discussion took place about the overall number of Medicaid enrollees as well as the fluctuation of redetermination projection volume per month.

Caroline Ruwet, Director of Marketing, provided information on the Medicaid Unwinding preparations from the marketing perspective. Ms. Ruwet told the Board about the existing marketing efforts. Ms. Ruwet discussed DSS' advertising campaign entitled "Update Us So We Can Update U." Ms. Ruwet stated that the campaign includes social media and email updates to customers, community partners, Brokers and Certified Application Counselors (CACs). It also includes review, input and cobranding of notices being sent to Connecticut residents impacted by the Medicaid Extension and Unwinding.

The potential elements of the Medicaid Unwinding advertising campaign were reviewed, for a 12-month, targeted campaign including statewide coverage and concentrations on communities with high numbers of residents impacted by the Medicaid Extension. Ms. Ruwet added that it is expected to launch in May and it would follow the outreach plan of targeting certain communities by town and at the zip code level.

Ms. Ruwet pointed out that AHCT is currently working to secure funding. AHCT is working closely with DSS, OHS and the Office of Policy and Management (OPM) on this undertaking. The potential campaign elements include broadcast and streaming television, terrestrial and streaming radio, billboards posters and potentially transit. Ms. Ruwet enumerated other campaign elements that potentially may be utilized such as minority newspapers and community papers, social media as well as digital advertising.

Matthew Brokman inquired whether the carriers are involved with the marketing campaign. Mr. Michel answered that meetings with both carriers are scheduled on two levels – executive and operational. Mr. Michel stressed that if any information is received, it will be shared with the Board. Ms. Ruwet added that AHCT shares messaging with the carriers and to help to amplify the message. Dr. Gifford inquired whether a complex media campaign is needed or to just have more targeted approach. Ms. Ruwet stated that AHCT's efforts are very targeted and explained the positives and the shortcomings of the direct mail approach. Correct address information for clients is very important for the Unwind process. Mr. Michel indicated that most of the money that AHCT will spend is targeted in those communities with high populations of residents impacted by the Medicaid Extension.

Dr. Manisha Juthani agreed with Dr. Gifford and commented that some members of the public may disregard the mass media campaign. She stated that direct consumer communication will be crucial. Ms. Ruwet noted that those direct mail messages will be mostly coming from DSS since the target audience is the Medicaid Extension clients. AHCT is collaborating with DSS on this matter.

Tammy Hendricks, Director of Health Equity and Outreach provided the Medicaid Extension Outreach Update. Ms. Hendricks noted that AHCT will be having consistent

meetings with community partners, hosting various educational presentations for consumers and providing direct in-person enrollment opportunities throughout Connecticut. Ms. Hendricks presented a list of target cities by county and added that the outreach plans will remain flexible and respond to the need.

Ms. Hendricks emphasized that the AHCT outreach team works with over 1800 community partners, which includes community organizations, state agencies, religious organizations, hospitals and others. The outreach efforts include monthly healthy chats, partner presentations, regional planning meetings, engaging Navigators, Certified Application Counselors (CACs) and Brokers. The Broker Academy is also an important component of the Outreach efforts. The AHCT Outreach team cooperates with community partners and the month-by-month timetable will guide the successful outreach objectives. Mr. Michel added that AHCT plans to hire additional enrollment specialists on a temporary basis to make sure that AHCT is successful in its outreach and enrollment efforts.

### **G. Broker Academy Update**

Tammy Hendricks, Director of Health Equity and Outreach, provided a Broker Academy Update. The launch of the second year of the Broker Academy is underway. Ms. Hendricks provided the Board with details, such as the webpage traffic and outreach events. There will be two class locations -- Hartford as well as New Haven. Up to 100 students will be accepted and the application submission process will 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.

Chair Charles Klippel requested to bypass the Agenda Item H. – ACA Policy/Legal Update and Agenda Item I.-Future Agenda Items.

Mr. Michel expressed words of appreciation to the Board for its continued support and asked the Board for any suggestions on how to either improve the work of the Exchange as well as ideas that can support AHCT's efforts on Medicaid Extension Unwinding.

### **J. Adjournment**

Chair Charles Klippel requested a motion to adjourn the meeting. Motion was made by Theodore Doolittle and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:28 a.m.