



## Connecticut Health Insurance Exchange Strategy Committee Regular Meeting

### Meeting Minutes

Thursday, January 11, 2024  
Remote Meeting

**Members Present:** Steven Hernandez (Chair); Matthew Brokman, Sean King

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

#### **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. Vote**

Chair Steven Hernandez requested a motion to approve the September 14, 2023 Strategy Committee Regular Meeting Minutes. Motion was made by Matthew Brokman seconded by Sean King. Roll call vote was taken. **Motion passed unanimously.**

#### **D. Individual Coverage Health Reimbursement Arrangement (ICHRA)**

John Carbone, Director of SHOP, Product Development and Broker Support, provided an overview of the newest major Access Health CT initiative. As the fully insured small group market continues to shrink – down 60 percent since 2014, AHCT recognizes that there is not only an opportunity, but a need to create a program that would assist more people. Mr. Carbone indicated that today's employees expect health insurance, but with rising costs, employers are finding it challenging to offer traditional group plans and need flexibility and other choices. The proposed flexible solution can give employers the ability to offer a plan that works within their budget and gives employees reduced healthcare costs, access to great plans, as well as more ownership for their healthcare.

In 2019, the Internal Revenue Service and the Department of Treasury, Labor and Health and Human Services issued final rules to expand individuals' access to health care by allowing health reimbursement accounts to be integrated with individual health insurance coverage.

These arrangements are known as Individual Coverage HRAs or ICHRAs, and employers offering ICHRAs reimburse employees with pretax dollars to cover the cost of individual health insurance premiums and qualified medical expenses. Mr. Carbone presented hypothetical and theoretical examples of ICHRA utilization. Also included was a high-level overview of AHCT's role in activating ICHRA to help employees and employers and to reduce the uninsured rate.

James Michel, Chief Executive Officer, added that Connecticut will be the first state in the nation to provide this version of ICHRA to its residents. Through ICHRA, more options would be given to employers to pass onto their employees regarding healthcare choices as well as other possible advantages that employees may encounter when utilizing this program. Brief discussion evolved around the application of the employer penalty for small and large employers. It was noted that it does still apply for large employers, but that ICHRA contributions are treated the same way as employer contributions to a group health insurance plan as an offer of employer coverage, and it would be a subject to the affordability amount.

Susan Rich-Bye, Director of Legal and Governmental Affairs added that the individual plans offered on the Exchange would meet the minimum value requirement and added that depending on the amount that they contribute, it will factor into whether they are eligible for the Advanced Premium Tax Credits (APTCs). Committee members expressed a positive response to this proposed program and asked about timeline for implementation and technical aspects for the Exchange among other aspects. Discussion also touched upon this project's financing, and it was stated that at this point, no reserve funds are planned to be utilized to undertake it. Mr. Michel noted that the vendor will absorb most of the cost since the project also will provide them with revenue and added that a cost-benefit analysis will be done.

### **E. New Initiatives**

Jeanna Walsh, Director of Operations, provided an update on the Ten Clicks or Less system project. Ms. Walsh noted that this initiative will be designed to reduce the challenges that consumers may have enrolling and using our current system, and the main purpose is primarily to decrease health disparities in Connecticut, lower the rate of uninsured individuals and enhance the customer experience when enrolling, renewing or reporting changes and to be more efficient and consumer friendly. She reviewed the next steps in the process.

James Michel, briefly spoke about the creation of a Sustainability Committee, with the purpose of revamping a twelve-year-old Information Technology System across all of the platforms that the Exchange uses. Mr. Michel added that the Exchange will be pursuing grant funding, both federal and private and will partner with the Department of Social Services on this project.

### **F. Medicaid Unwinding Update**

Caroline Ruwet, Director of Marketing, provided a Medicaid Unwinding Update. Ms. Ruwet pointed out that this information represents the cross-departmental data. As of December 31, 2023, 5189 individuals losing Medicaid coverage had enrolled in the

Covered CT Program while over 8700 had enrolled in a Qualified Health Plan without a Covered CT benefit. Ms. Ruwet added that over 242,000 individuals re-enrolled in Medicaid/CHIP programs while over 18,200 have indicated that they are not requesting or are receiving health coverage elsewhere. The call center had up to 350 agents for OE and handled 771,692 calls from April 1 through December 31 which was a 31 percent increase compared to a prior year. The Health Equity and Outreach team continued to hold included monthly meetings for consumers with the Healthy Chat series and chats with Community Partners as well as the Certified Application Counselors (CACs). Enrollment staff are present at several Navigator locations and Community organizations while Enrollment Fairs continue throughout the state.

Ms. Ruwet outlined the Marketing Department's continued support for outreach events, such as geotargeted emails, social media, press releases and community calendar placements. The Medicaid Unwinding marketing campaign returns after a pause during OE and direct-to-consumer mail, email and text messaging continues on a monthly cadence. There is great cooperation between the Department of Social Services (DSS), other state agencies and AHCT.

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

Tammy Hendricks, Director of Health Equity and Outreach, provided the Broker Academy Update. Ms. Hendricks stated that the Broker Academy is currently in the recruitment phase for Year 3 and the application opens on March 1, 2024 with a deadline of March 31. Up to 80 students will be accepted with two class locations, which are yet to be determined. Ms. Hendricks explained that five pre-training meetings prior to the classes will be held and provided timeline for the completion of Year 3.

Mr. Michel added that OE brought unprecedented enrollment in QHPs and dental coverage, and the Covered CT Program enrollment bypassed 26,000 individuals. Ms. Hendricks remarked that the Broker Academy graduates played an important role during the in-person events across the state in enrolling people.

### **H. Adjournment**

Chair Steven Hernandez requested a motion to adjourn. Motion was made by Sean King and was seconded by Matthew Brokman. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 1:49 p.m.