



Connecticut Health Insurance Exchange Board of Directors Regular Meeting

Remote Meeting

Thursday, June 20, 2024
Draft Meeting Minutes

Members Present:

Charles Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Matthew Brokman; Thomas McNeill; Dina Berlyn; Andrea Barton Reeves, Commissioner, Department of Social Services (DSS); Claudio Gualtieri on behalf of Jeffrey Beckham, Secretary – Office of Policy and Management (OPM); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Steven Hernandez; Matthew Brokman

Other Participants:

Access Health CT (AHCT) Staff: James Michel; Jeanna Walsh; Holly Zwick; Susan Rich-Bye; Caroline Ruwet; Glenn Jurgen; Marquese Davis; 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.

Commissioner Andrea Barton Reeves joined the meeting at 9:03 a.m.

C. Vote

Chair Charles Klippel requested a motion to approve the April 18, 2024, Regular Meeting Minutes. Motion was made by Grant Ritter and was seconded by Paul Philpott. Roll call vote was ordered. Matthew Brokman and Andrea Barton Reeves abstained. **Motion passed.**

D. CEO Report

James Michel, Chief Executive Officer, provided a CEO Report. Mr. Michel briefly outlined this meeting's agenda including the discussion of the State Auditors Report. AHCT takes compliance very seriously including the protection of consumer data. All six of the items in the report have been addressed and the necessary actions have been taken. Mr. Michel stressed that AHCT's system has not been breached.

Steven Hernandez joined the meeting at 9:07 a.m.

E. Broker Academy Update

Tammy Hendricks, Director of Health Equity and Outreach, presented the Broker Academy Update. The Broker Academy is in its third year and the program continues to grow. Eighty students were accepted at the beginning of May. Additional details such as information related with the program readiness were provided. The classes were held in two venues, at the Capital Community College, where 54 students participated and at the Norwalk Community College, where 23 students were enrolled, amounting to a 35 percent increase in the class sizes. The in-person trainings were held from June 3 to June 5. A review day took place on June 6 and on June 7 students took the in-person State Exam. Some students opted to take the State Exam at home or at the testing location.

Brief discussion followed for ways to eliminate barriers for some people from taking part in the program including partnering with other entities/agencies. Other discussion included the number of brokers who are certified by AHCT and are currently active in their respective communities.

F. Proposed Amendment to the Investment Policy (Vote)

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented information on the proposed Amendment to the Investment Policy, originally provided to the Board during the April 18, 2024, meeting. The Board of Directors voted to have the proposed amendment posted in the Connecticut Law Journal for 30 days of public comment. The public comment period has ended, and no public comment was received. The investment policy proposed changes which include adding the administration of the 457b deferred

compensation program and updating the titles of officers to match the current organizational structure.

Chair Charles Klippel requested a motion to approve the amendment to the Investment Policy as described by Exchange Staff. Motion was made by Thomas McNeill and was seconded by Andrea Barton Reeves. Roll call vote was ordered. **Motion passed unanimously.**

G. Small Business Summit Update

Caroline Ruwet, Director of Marketing, presented the Small Business Summit Update hosted by the AHCT Small Business Health Options (SHOP) Team for a second year. The event supports the small business community in a collaborative way and brings resources and vendors together.

SHOP partnered with the Chamber of Commerce of Eastern Connecticut to leverage their connections with the small business community. The Summit had over 225 attendees, 28 vendors and 20 speakers; also, instead of purchasing tickets, participants were encouraged to contribute to Connecticut Foodshare. Thanks to this effort, \$1800 was raised for that purpose. Ms. Ruwet briefly discussed workshop topics and invited guests. AHCT Board member, Steven Hernandez was a Master of Ceremony for the event. Mr. Gualtieri suggested providing people more opportunities for access to the Array RX medical discount card. Mr. Michel expressed his appreciation for this suggestion and efforts will be made to respond. Ms. Hendricks added that information about the discount cards is available at the enrollment fairs.

H. Audit Status Update

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the Audit Status Update.

AHCT has selected new auditors pursuant to requirements that the Exchange solicit proposals at least once every three years for financial, legal, bond, underwriting and other professional services; and the restriction on using the same auditor/firm for 6 consecutive years. Whittlesey was selected as the new firm to provide audit services for AHCT; they were also the Exchange's auditors in its first six years of AHCT's existence.

Ms. Rich-Bye stated that for Fiscal Year (FY) 2024, AHCT is beginning work with the new auditors for the Financial and Programmatic Audits required under federal and state law. Preliminary work has been performed and the plan was presented to the Audit Committee. Ms. Rich-Bye briefly described the plan to the Board, which includes the timeline for completion of tasks.

Next information on the 2023 State-Based Marketplace Annual Reporting Tool (SMART) was presented. Pursuant to the Affordable Care Act (ACA), State-Based Marketplaces (SBMs) are required to keep accurate accounting of all activities, receipts and expenditures; monitor and report to Health and Human Services (HHS) on Exchange-related activities as well as to complete an annual report; and engage an independent auditor to perform annual financial and programmatic audits.

The SMART has four components: eligibility and enrollment, the financial and programmatic audits, program integrity and attestation of completion. AHCT filed its SMART on May 31, 2024. The organization anticipates obtaining a response from CMS within a few months. No issues were reported when responses to the SMART were prepared and AHCT does not anticipate any recommendations from CMS.

The next item is review of the State Auditors' Report for FY 2020 and 2021 which included six findings. Lack of compliance with data protection and statutory breach reporting was the first finding. AHCT recognizes the importance of strong information security controls and numerous policies and procedures are in place to prevent disclosure of consumer information. Annual Privacy and Security Training for all employees is required and is essential. Other data security safeguards in place were detailed. The report noted that there were 51 breaches; none of which were breaches of the system and most of them involved one consumer or one household.

During the COVID-19 pandemic, many consumers moved but did not report their address changes to AHCT which resulted in notices being sent to wrong addresses. So, in some instances, notices were sent to consumers to an old address. None of the notices included social security numbers or dates of birth.

When this does occur, the consumer is notified and offered credit monitoring and identity theft protection, and notification is sent to all the required state and federal agencies. Ms. Rich-Bye emphasized that AHCT is required to report to multiple entities. There had been a period that AHCT was not aware that in addition to reporting those issues to Centers for Medicare and Medicaid Services (CMS) and the Connecticut Attorney General, AHCT was also required to send copies of the reporting to the Auditors of Public Accounts and the Comptroller's Office. There were only 3 instances during this period that the copies of the reporting were not sent to the Auditors of Public Accounts and the Comptroller's Office and was corrected after that period.

Another finding was a lack of controls over eligibility and coverage overrides. One of the instances mentioned for lack of documentation was not an actual override and the other two were completed by DSS workers.

There was a finding of weakness in purchasing processes –internal policies have been adjusted to reflect what is required in practice; and AHCT will make sure that documentation is properly maintained.

The next finding was inadequate documentation regarding criminal background checks for the Navigator program. Under the ACA, AHCT is required to have a Navigator Program; also, the Exchange created additional rules for the program. AHCT issues a Request for Proposals (RFP) for Navigators, and Navigator organizations are selected. AHCT then signs contracts with the organizations. One of the requirements in those contracts is to ensure that the navigator personnel have passed a criminal background check. For all the people that worked at those Navigator organizations during the audit period, there was just one instance for FY 21 where the employee in question had passed a background check but the organization was unable to provide AHCT with the documentation that they had passed.

Going forward for FY 22 and 23, AHCT has worked with the Navigator organizations and made sure that all required documentation has been provided. And the contracts for the new Navigator organizations for FY 25 will require the organization to provide written certification to AHCT.

There was a finding regarding inadequate overtime monitoring. AHCT requires that overtime be preapproved by an employee's manager. The AHCT internal customer resolution team is periodically asked to work overtime to avoid having large backlogs in order to resolve consumer issues in a timely manner, as well as assisting at enrollment fairs held during the year.

Ms. Rich-Bye added that over the past year, due to the Medicaid Unwinding, fairs were held every month and they are usually held in the evening or during the weekend to make them accessible for working consumers. AHCT has a process in place for overtime pre-approval through emails. The electronic communication could not be located for the pre-approval for a very small number of hours of overtime.

Ms. Rich-Bye noted that the issue involved three employees with 12 hours of overtime where the pre-approval documentation could not be located. There was a difference of opinion with the State Auditors who claimed that it involved 17 hours of overtime work. The 12 hours of overtime accounted for one percent of all the overtime that was worked by AHCT employees.

The last finding was regarding a lack of compliance with statutory reporting. AHCT is required under its enabling legislation and the quasi-public Act to submit certain reports annually as well as quarterly. There was a previous period when AHCT had been backlogged with filing of some of those reports. AHCT will ensure that reports are filed timely. The auditors also noted that AHCT had not submitted Investment reports as required by its Investment Policy. AHCT has always provided the Board and the Finance Committee with the information required for the Investment reports both quarterly and annually but had not been titling the information as Investment Report. AHCT began titling the information as the Investment Report.

Chair Charles Klippel requested to bypass Agenda Item I (ACA Policy/Legal Update) and Agenda Item J. (Future Agenda Items for Reference Only), and it was noted there was no ACA Policy/Legal Update for this month as the information had been provided to the Board last month.

K. Executive Session to discuss personnel matters exempt from disclosure under C.G.S. §1-200(6)(A)

Chair Charles Klippel requested a motion to go into Executive Session to discuss personnel matters exempt from disclosure under C.G.S. §1-200(6)(A). Motion was made by Andrea Barton Reeves and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to come out of the Executive Session. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to authorize the Human Resources Committee to enter into negotiations for contract renewal with the Chief Executive Officer. Motion was made by Paul Philpott and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

L. Adjournment

Chair Charles Klippel requested a motion to adjourn. Motion was made by Andrea Barton Reeves and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:35 a.m.