



Connecticut Health Insurance Exchange Board of Directors Regular Meeting

Remote Meeting

Thursday, September 19, 2024
Draft Meeting Minutes

Members Present:

Charles Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Matthew Brokman; Thomas McNeill; Dina Berlyn; Claudio Gualtieri on behalf of Jeffrey Beckham, Secretary – Office of Policy and Management (OPM); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Sean King - Office of the Healthcare Advocate (OHA); Deidre Gifford

Other Participants:

Access Health CT (AHCT) Staff: James Michel; Jeanna Walsh; Holly Zwick; Rebekah McLear; Susan Rich-Bye; Caroline Ruwet; John Carbone; Glenn Jurgen; 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 June 20, 2024, Regular Meeting Minutes. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, explained that two members have resigned their membership on the advisory committees, and their resignations need to be formally approved by the action of the Board.

Chair Charles Klippel requested a motion to remove Ellen Skinner as a member of the SHOP Advisory Committee; and to remove Holly Hackett as a member of the Health Equity, Outreach and Consumer Experience Advisory Committee. Motion was made by Grant Ritter and was seconded by Paul Philpott. Chair Klippel stated that Access Health CT and the Board of Directors extends its deepest appreciation for their service. Roll call vote was ordered. **Motion passed unanimously.**

D. CEO Report

James Michel, Chief Executive Officer (CEO), provided a CEO Update. Mr. Michel noted that Access Health CT (AHCT) is working with the Department of Revenue Services on a new way to connect with Connecticut residents who are uninsured. Residents can check a box on their tax return for tax year 2024, requesting information from AHCT. In addition, members of the AHCT team are identifying the best way to communicate with residents who check the box during the upcoming tax season. AHCT is looking forward to this new way of connecting with the uninsured and helping them understand their coverage options.

Another important update is that ConnectiCare Holdings, Inc., is being acquired by Molina Healthcare. AHCT recently sent information about this pending acquisition to the Board. The organization is preparing for the anticipated transaction to be completed sometime during the second quarter of 2025.

Also, AHCT will be scheduling demonstrations of the new platform for Individual Coverage Health Reimbursement Arrangements, also known as ICHRA. These demonstrations will be planned for Board members and elected officials. AHCT is working with small nonprofits for the soft launch of ICHRA on November 1.

Claudio Gualtieri asked if it would be possible to convene a group of allies, both from the legislative and non-profit perspective, following AHCT's work with the Department of Revenue Services (DRS) on the new way to connect with Connecticut residents who are uninsured/to have a concerted push for more enrollment. Mr. Michel noted that there will be a new strategy about communicating it; AHCT will work directly with DRS and will

leverage community partners, Navigators, the Connecticut Health Foundation and other organizations.

E. Committee Update

James Michel, CEO, provided a summary of the Strategy Committee discussions. Several items have been discussed, including ICHRA; Ten Clicks or Less technology to simplify the enrollment process for Connecticut residents; the call center project as well as preparation for the upcoming Open Enrollment (OE)12.

F. Connecticut Insurance Department Presentation: 2025 Rate Review

Susan Rich-Bye, Director of Legal and Governmental Affairs, introduced Tricia Dave, Insurance Actuary Supervisor with the Connecticut Insurance Department (CID) to provide the 2025 Rate Review.

Ms. Dave noted that the scope of the review included 7 companies, 8 rate filings on the individual and small group markets and approximately 200,000 covered lives in Connecticut.

Ms. Dave pointed out that both Cigna and Aetna have both announced that they no longer will be participating in 2025 on the small group market.

Ms. Dave noted that Annual Trend (medical inflation) is a factor that accounts for rising healthcare costs, including the cost of prescription drugs, along with the increased demand for medical services and the severity of future claims. Ms. Dave stated that health insurance premiums are affected by several key factors. Medical costs have surged by 8-9%, and prescription expenses have risen by approximately 12-19%. Ms. Dave detailed that these increases are primarily driven by higher healthcare utilization and greater disease severity, which lead to advanced-stage treatments and an overall increase in healthcare spending. Ms. Dave added that an experience adjustment is necessary to reflect deteriorating claim experience from the prior rating period to the current rating period.

Ms. Dave explained various elements of the on-Exchange, individual market rate requests for the three on-Exchange insurance carriers. Ms. Dave stated that the average requested increase for the Anthem Health Plans was 9 percent while the approved average was 6.4 with over 63,000 covered lives. Ms. Dave added that the average increase requested for ConnectiCare Benefits Inc. was 7.4 percent while the approved average was 5.1 percent with over 73,000 covered lives. Ms. Dave pointed out that for ConnectiCare Insurance Company Inc. the average rate increase request was 12.5 percent, and the approved average rate was 11.8 percent with close to 4,400 covered lives.

Ms. Dave provided information for the on/off Exchange Small Group market for Anthem Health Plans which had an average request of 13.6 percent. CID approved an average of 9.2 percent with over 37,500 covered lives. Ms. Dave continued with information for the off-Exchange individual market with ConnectiCare Inc.'s average request being 9.1 percent. CID approved an average of 7.8 percent with 960 covered lives.

Ms. Dave provided information on the off-Exchange small group market rates that include three insurance carriers with an average rate increase request spanning from 5.1 percent to 9 percent and the rate approved by CID averaging from 1.6 percent to 5.4 percent.

Brief discussion ensued around the increase in the severity of illnesses as well as the average of the insured group and whether it has been stable or going up over the last few years. The response to those issues indicated that the increase in illnesses were not COVID-related and the largest group on the Exchange are consumers between the ages of 55 and 64 and an assumption was made that possibly the increased costs may be that consumers are aging up to Medicare.

Additional comments included a statement from Deidre Gifford indicating that the State of Connecticut set a 2.9 percent benchmark for annual rate increases and whether there is anything that the Exchange can assist with regard to rising costs. Mr. Michel noted that a workshop will be organized in the near future to bring experts from the field to determine how the Exchange can be of assistance. Dina Berlyn expressed her dissatisfaction with the insurers' testimony at the CID rate hearings and noted her support for the statements of the State's Attorney General and Connecticut Insurance Department Commissioner.

G. Individual Coverage Health Reimbursement Arrangements (ICHRA) Update

John Carbone, Director of SHOP and Product Development, provided a brief Individual Coverage Health Reimbursement Arrangement (ICHRA) Update. Mr. Carbone stated that that this project has been in the works for several months.

The proposed flexible solution can give employers the ability to offer coverage to their employees that fits their budget and gives employees reduced healthcare costs, access to great plans, as well as more ownership for their healthcare. Mr. Carbone noted that a decision was made to start building the platform for the system. Mr. Carbone provided a timeline for implementation with the soft launch for selected non-profits scheduled for November 1, 2024, and the full implementation of the system planned for July 1, 2025. Brief discussion followed about the steps involved in the implementation process. Also, information for simplified ICHRA examples was requested.

Due to time constraints, Chair requested to bypass Agenda items H., I., and J.

K. Open Enrollment 12 Readiness Update

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), provided the Open Enrollment (OE) 12 Update. Ms. Hearn noted that currently the EPMO is tracking 19 projects and AHCT is preparing for OE 12. OE 12 Readiness updates were provided from the technological standpoint.

Consumers aging out of catastrophic health plans can now be auto-renewed and cross-walked into other coverage for the first time. AHCT improved and updated the renewal options display for Qualified Health Plans (QHPs) on the Account Homepage to improve the customer experience. In addition, Deferred Action for Childhood Arrivals (DACA) immigrants will be eligible for the first time to enroll in QHP coverage through the Exchange. AHCT is projecting the following number of enrollments for OE12: QHP (inclusive of the Covered CT Program) – 150,199; Covered CT – 44,136 and Dental – 14,526.

Ms. Hearn continued with providing the OE 12 Marketing Update. Various important initiatives and actions are currently being employed or will soon be undertaken. Some of those plans include activating focus group feedback to refine advertising campaign concepts, finalizing media plans, preparing public relations strategy, drafting direct-to-consumer content and producing website content relevant to the OE timeframe.

Ms. Hearn also provided a summary of OE Readiness for the Health Equity and Outreach department. It includes Virtual Health Chats, Community Partner Chat and Learn Zoom meetings as well as planned in-person help from Enrollment Specialists and Brokers at Enrollment Fairs, Libraries and Navigator organizations.

L. 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. §1200(6)(A). Motion was made by Paul Philpott and was seconded by Matthew Brokman. 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 Matthew Brokman and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

O. Adjournment

Chair Charles Klippel requested a motion to change the Agenda to bypass Items H, I and J and to adjourn. Motion was made by Matthew Brokman and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:14 a.m.