



## Connecticut Health Insurance Exchange Board of Directors Regular Meeting

Remote Meeting

Thursday, October 17, 2024  
**Meeting Minutes**

### **Members Present:**

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); Kathleen Holt - Office of the Healthcare Advocate (OHA); Peter Hadler on behalf of Commissioner Andrea Barton Reeves, Department of Social Services (DSS) until 9:25 a.m.; Commissioner Andrea Barton Reeves (at 9:25 a.m.), Department of Social Services (DSS); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Commissioner Manisha Juthani, Department of Public Health (DPH); Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID)

### **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

**Department of Social Services (DSS):** Peter Hadler, Deputy Commissioner

### **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.**

Vice-Chair Paul Philpott called the meeting to order at 9:00 a.m.  
Attendance roll call was taken.

### **B. Public Comment**

No public comment was submitted.

### **C. Vote**

Vice-Chair Paul Philpott requested a motion to approve the September 19, 2024, Regular Meeting Minutes. Motion was made by Thomas McNeill and was seconded by Matthew Brokman. Roll call vote was taken. Kathleen Holt abstained. **Motion passed.**

### **D. CEO Report**

James Michel, Chief Executive Officer (CEO), provided a CEO Update. Mr. Michel welcomed new member of the Board, Kathleen Holt, who has been appointed as the interim Healthcare Advocate. Mr. Michel also expressed his words of appreciation to Sean King who now returns to his role as a General Counsel for the Office of the Healthcare Advocate (OHA). Access Health CT (AHCT) is working diligently to develop the strategy around the “10 Clicks or Less” project – the goal is to simplify the enrollment process with the current focus on technology upgrades to the system that was built 13 years ago. Mr. Michel outlined the meeting’s agenda.

### **E. Open Enrollment 12 Update**

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), provided the Open Enrollment (OE) 12 Update. Ms. Hearn stated that EPMO is currently tracking several projects. In terms of OE 12 readiness, the pre-OE release for the eligibility and enrollment system was successfully deployed in early October; consumers aging out of catastrophic health coverage can be auto-renewed and cross-walked into other coverage for the first time.

The improved and updated display of renewal options for Qualified Health Plans (QHPs) on the account homepage is designed to improve the customer experience. Also, Deferred Action for Childhood Arrival (DACA) recipients will be eligible for the first time to enroll in the QHP coverage through AHCT. In addition, AHCT is projecting the following number of enrollments for OE 12: QHP (inclusive of the Covered Connecticut Program): 150,199, Covered Connecticut: 44,136 and dental coverage: 14,526.

Ms. Hearn briefly described Marketing’s OE 12 Readiness. It includes activating focus group feedback to refine an advertising campaign concept and assets; finalizing the media plan; preparing the Public Relations (PR) strategy as well as drafting the direct-to-consumer content; and, making sure that the website information is relevant for the OE timeframe.

Information on the efforts of the Health Equity and Outreach Dept. for the upcoming OE 12 was presented. Virtual healthy chats; community partner chats; Learn Zoom meetings as well as in-person help from Enrollment Specialists and Brokers. Enrollment Fairs, libraries and Navigator organizations are all part of this planned effort. Ms. Hearn also

briefly spoke about the Annual Community Conference that took place on October 16 in Waterbury.

## **F. Consumer Impact Study**

Jackie Walker, Actuary from Wakely, presented the Rate Review and Consumer Impact Analysis Report. Ms. Walker presented an overview of the premium changes to consumers in the individual market and summarized the effects of those changes. She stated that three carriers are continuing their participation on the Exchange for 2025 and are offering 22 plans. There will be no Platinum plan offered for Plan Year 2025 for the on exchange Individual market and all plans are available statewide.

Ms. Walker reviewed the Actuarial Values (AV) that are calculated using the Federal AV Calculator along with the permissible ranges. She described the AVs for all plan tiers. The enrollment statistics per metal tier based on past OEs were presented. Close to 90 percent of enrollees were eligible for premium assistance as of September 2024.

Ms. Walker summarized the Small Group offerings for OE12 and pointed out that one issuer will participate on the Exchange in 2025 offering six plans. All plans in the Small Group Market are available statewide.

*Commissioner Andrea Barton Reeves joined at 9:25 a.m.*

Ms. Walker provided information on the 2025 Rate Changes and noted that the weighted average rate increase for AHCT enrollees before Financial Assistance (FA) is 5.7 percent and it does not include the impact of aging. Rate changes across all plans and area combinations range from 1.5 percent to 15.4 percent. By issuer, premium weighted rate changes average 6.4 percent for Anthem, 5.1 percent for CBI and 11.8 percent for CICI for continuing and cross-walked enrollees.

Ms. Walker discussed the rate change drivers which include trend, experience, increased administrative expenses and risk adjustment. Individual and Market Rate Changes by Plan with mapping had been discussed. Ms. Walker stated that when consumers are selecting a plan, there are many different considerations that go into the mix such as the annual benefit changes and plan designs, and network changes or their own health care needs. Ms. Walker added that this analysis focuses only on the direct impact of changes in the premium and federal subsidies for the consumers. The impacts of rate changes are calculated based on carrier plan mappings; weighted averages are based on enrollment by plan and county whereas premium impact for individuals and households vary based on member ages, geographic regions, income, plan selection as well as household size.

The benchmark premium change varies from 4.6 percent to 5 percent by county; since the benchmark premium is increasing, the available Financial Assistance (FA) is also increasing accordingly. Ms. Walker provided detailed examples of what consumers may consider when choosing their healthcare coverage during OE. Brief discussion ensued around FA not completely offsetting the changes in premiums.

Ms. Walker added that brokers are well-positioned to advise consumers on individual needs and plan selections. In addition, the consumer decision support tool can help consumers when navigating shopping as well as estimating healthcare costs for the upcoming year. Claudio Gualtieri commented that a significant number of individuals still remain in the bronze plans; some of them may be forfeiting additional FA that might be available to them under the Silver Plan. Mr. Gualtieri asked for the potential breakdown of that demographic. Mr. Michel noted that the analysis will be undertaken and provided to the Board. The enrollment screen offers a pop-up window which notifies the enrollees that they may be forfeiting financial assistance with cost-sharing through a better plan.

### **G. Affordable Care Act Survey**

Caroline Ruwet, Director of Marketing, presented the results of the Customer Impact Survey of the Affordable Care Act (ACA) in Connecticut. The objectives of the survey as well as the population surveyed was reviewed. The survey was fielded to both QHP and HUSKY D enrollees and the main premise of the study was to determine whether the coverage through AHCT is effective. Additional findings, such as what ACA Essential Health Benefits are most valued and utilized and if there are any gaps in coverage and barriers to access and plan utilization. AHCT also wanted to know if respondents had suggestions that could improve in the delivery of its services. The demographics of those surveyed were presented.

The number of received responses was statistically significant. Ms. Ruwet provided the Board with findings of the survey. Ninety-seven percent of those surveyed agreed that knowing that they are covered gives them a greater sense of safety and security, 96 percent pointed out that having coverage has improved their general wellbeing and 80 percent stated that they are healthier now than they would be without this coverage. Additional survey findings were presented.

Among respondents, the ACA essential benefits related to regular health maintenance and preventative care were the most valued, are highly utilized, and viewed as positively impacting and wellbeing. While access is easier for most, some customers did not use or were unable to use some coverage benefits. Reasons included concerns about cost and inability to find a doctor that accepted their coverage. Other concerns included mistrust of healthcare professionals, lack of transportation and not knowing where to turn for assistance.

Ms. Ruwet continued providing the Board with insights, recommendations as well as their potential implementations. Peter Hadler inquired whether AHCT has information from the ACA survey in terms of the data for QHP vs. Medicaid coverage. Are there any insights as to whether various populations have different experiences as well as whether there are any insights to be gained from that. Ms. Ruwet noted that AHCT will look into this inquiry and Mr. Michel added that the Broker Academy was established in order to provide answers to some of those challenges.

### **H. ACA Policy/Legal Update**

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided the ACA Policy/Legal Update. Information on the ***Braidwood v. Becerra*** case before the 5<sup>th</sup> Circuit Court of Appeals was presented. This plaintiffs in this case are challenging the preventative services mandate in the ACA. The Court found that the U.S. Preventative Services Task Force Recommendations were unconstitutional, however the relief was limited to named plaintiffs and a national stay was not part in the 5<sup>th</sup> Circuit's ruling. The Court ordered that the other recommendations go back to the lower court for review. Ms. Rich-Bye also provided a summary of information on the potential extension of the APRA/IRA Enhanced Premium Tax Credits subsidies and the draft Notice of Benefit and Payment Parameters (NBPP) for Plan Year 2026, which was released on October 4, 2024.

#### **I. Future Agenda Items for Reference Only**

James Michel, CEO, briefly mentioned future Board of Directors Meeting Agenda Items, which include the Call Center, Ten Clicks and ICHRA projects.

#### **J. Adjournment**

Vice-Chair Paul Philpott requested a motion to adjourn. Motion was made by Andrea Barton Reeves and was seconded by Thomas McNeill. Roll call vote was taken. **Motion passed unanimously.** Meeting adjourned at 10:02 a.m.