

**Access Health CT Health Equity, Outreach and Consumer Experience Advisory Committee** 

April 24, 2025

# Committee Meeting Agenda

A Call to Order and Introductions

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## **Public Comment**



## Vote:

**Review and Approval of Minutes** 



# Health Equity and Outreach Department Update



### **New Mobile Enrollment Team**

#### Why We're Hiring:

- Improve access in underserved and underinsured areas
- Strengthen our on-the-ground presence during peak outreach/enrollment

#### **How They Work:**

- Trained and certified to enroll consumers directly
- Work independently in the field; flexible scheduling for community needs
- Support events, build relationships, and report real-time insights

#### **Benefits to AHCT:**

- Faster enrollment support in high-need areas
- Builds trust through face-to-face community engagement

### Cost Savings Through Budget Reallocation:

- Reducing reliance on multiple shortterm contractors
- Streamlined event staffing and outreach
- Shifting budget from temp/seasonal support to full-year impact roles



# **Broker Academy Update**



# **Broker Academy Update**

- 109 total applicants (45 Different towns)
- Application extension until April 7th
- Webpage traffic
  - o 503 in January
  - 587 in February
  - o 1,440 in March
- Gender:
  - o 61% Female
  - o 20% Male
  - 18% Chose not to identify
- Ethnicity:
  - o 28% Hispanic/Latino
  - 22% African American/Black
  - 21% White (not Hispanic or Latino)
- Class Details:
  - 2 Class Locations: Danbury & New Britain (CT LEADS hosting at no cost)
  - Class Dates: June 7th & 8th (Weekend Only)
  - New Learning Portal → Additional resources & prep in May





As part of our mission-driven approach to reduce health disparities, Access Health CT seeks to drive change within communities in need by creating a Broker Academy Program - a free training program for candidates to become licensed insurance brokers (producers).

The Program aims to help reduce health disparities and uninsured rates by embedding a network of trusted health coverage experts in Connecticut's traditionally hardest-to-reach communities.

Start a new career while making a difference in your community.

Application will be open from March 1, 2025 to March 31, 2025.

#### Training Class: June 7th-8th. 2025

Virtual weekly schedule starting May 1, 2025 In-person classes June 7th-8th.

#### Minimum requirements to apply

- 18 years or older
- High school diploma or GED
- 1-3 recommendation letters
- Community service experience
  Preference will be given to applicants who reside or work in underserved areas

#### Program Details:







#### Free Training

Health will Stude he cost of acces g and exam. exper menti nts will have Acces to an provide resour to provide through Progra

Access Health will provide all resources throughout the Program and continued support after graduation.

For questions, email AHCT.BrokerAcademy@ct.gov Sign up for our newsletters and updates on the Broker Academy webpage.





## ConnectiCare/Molina



## ConnectiCare/Molina

- On February 1, Molina Healthcare finalized its acquisition of ConnectiCare Holdings
- ConnectiCare Benefits Inc. (CBI) and ConnectiCare Insurance Company (CICI) plans continue under the ConnectiCare brand names
- Molina is new to the Connecticut market



# Proposed Rule on Marketplace Integrity and Affordability



## **Proposed Rule**

#### Proposed Rule on Marketplace Integrity and Affordability

- Changes to verification requirements: Income, SEP and Failure to reconcile and shortening extended time for income
- Changes to the Actuarial Value ranges for plans
- Removing eligibility for DACA recipients
- Shortening the Open Enrollment Period: November 1 to December 15
- Premium payment rules for issuers: payment thresholds, requiring payment of past due premiums and requiring minimum payment amount for 1<sup>st</sup> month if 100% APTC
- Broker oversight
- Prohibiting gender affirming care as EHB
- Changes to Premium adjustment percentage



# Possible Enhanced Subsidy Changes that may impact Connecticut Residents



#### **HUSKY A PARENT TRANSITION**



Access Health CT Health Equity, Outreach and Consumer Experience Advisory Committee Meeting









April 24, 2025

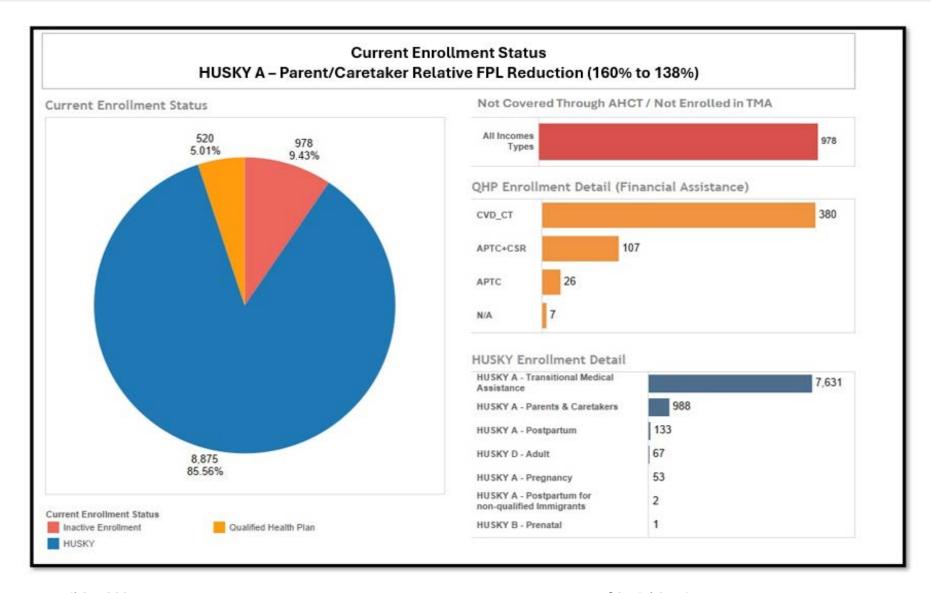
- Public Act No. 24-81: Reduced the HUSKY A income limit for Parents and Caretaker Relatives from 155% of the Federal Poverty Level (FPL) to 133% FPL effective 10/1/24
  - Medicaid income calculation methodology rules (MAGI) require an income disregard of 5% FPL resulting in an effective income limit of 138% FPL (reduced from 160% FPL)
  - 10,323 HUSKY A Parents/Caretaker Relatives enrollees were affected.

#### House Bill No. 5523

assistance at one hundred [forty-three] fifty-nine per cent of the benefit amount paid to a household of equal size with no income under the temporary family assistance program. In determining eligibility, the commissioner shall not consider as income Aid and Attendance pension benefits granted to a veteran, as defined in section 27-103, or the surviving spouse of such veteran. Except as provided in section 17b-277 and section 17b-292, the medical assistance program shall provide coverage to persons under the age of nineteen with household income up to one hundred ninety-six per cent of the federal poverty level without an asset limit and to persons under the age of nineteen, who qualify for coverage under Section 1931 of the Social Security Act, with household income not exceeding one hundred ninety-six per cent of the federal poverty level without an asset limit, and their parents and needy caretaker relatives, who qualify for coverage under Section 1931 of the Social Security Act, with household income not exceeding one hundred [fifty-five] thirty-three per cent of the federal poverty level without an asset limit. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of (A) the effect of an assignment or transfer or other disposition of property on eligibility for benefits or assistance, (B) the effect that having income that exceeds the limits prescribed in this subsection will have with respect to program eligibility, and (C) the availability of, and eligibility for, services provided by the Connecticut Home Visiting System, established pursuant to section 17b-751b. For coverage dates on or after January 1, 2014, the department shall use the modified adjusted gross income financial eligibility rules set forth in Section 1902(e)(14) of the Social Security Act and the implementing regulations to determine

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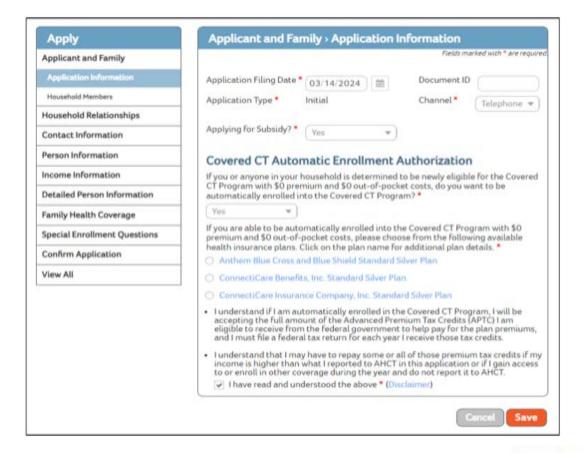
#### Where are the HUSKY A Parents/Caretaker Relatives Now?



- Most enrollees
   moved to Transitional
   Medical Assistance
   (TMA) which extends
   Medicaid for 12
   months
- >7500k enrollees will need to update information to determine if they can requalify for HUSKY Health or enroll in Covered CT or other coverage.

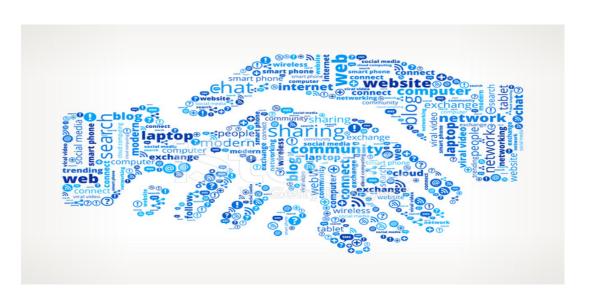
#### Facilitating Enrollment in Covered CT

- Individuals who do not qualify for HUSKY Health are notified of their eligibility for CCT in the same notice
- Individuals can opt-in to CCT in advance allowing auto-enrollment into CCT should they qualify
- AHCT routinely identifies and directly outreaches to individuals who do not qualify for HUSKY Health but have not yet enrolled in other coverage



#### **Upcoming Outreach Efforts:**

- Special notification mailings to impacted enrollees
- Text messages to impacted enrollees
- Website updates (DSS and AHCT)
- Community Partner Newsletter
- Social media messages
- Community Events
- Leverage DSS & OHS's outreach contracts with CHCACT
- OHS direct marketing campaign utilizing digital, video and traditional media, in multiple languages across varied platforms. Marketing campaign materials will include advertising and consumer engagement content as well as downloadable posters, flyers, enrollment guides, and other instructional content.
- Marketing materials shared with brokers, CACs and Community Partners



#### Questions



# **Strategic Initiatives**



# Adjournment

