



Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting

Meeting Minutes

Thursday, December 4, 2025
Remote

Members Present: Sean King (Chair); Deborah Polun; Maria Matos; Sheldon Toubman; Elisa Neira; Gerard O’Sullivan-Subject Matter Expert – SME

Access Health CT (AHCT): James Michel; John Carbone; Tammy Hendricks; Holly Zwick; Marquese Davis; Glenn Jurgen; Karen Perez; Jessi Ewart; Elynn Laramie; Marcin Olechowski

A. Call to Order and Introductions

Chair Sean King called the meeting to order at 11:00 a.m. Roll call for attendance was taken.

B. Public Comment

No public comment was submitted.

C. Review and Approval of Minutes

A motion was requested to approve the August 27, 2025, Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting Minutes. Motion was made by Deborah Polun and seconded by Sean King. Roll call vote was ordered. **Motion passed unanimously.**

D. Health Equity and Outreach Department Update

Tammy Hendricks, Director of Health Equity and Outreach (HEO) presented the departmental update.

Ms. Hendricks reported that her team prepared extensively for the Open Enrollment (OE) period. This time has been marked by major changes in costs and plans, focusing on keeping consumers informed and engaged. Access Health CT (AHCT) expanded in-person support by launching a new Mobile Team, increasing daily locations from two to four and introducing a successful appointment-scheduling tool that quickly filled appointments through January.

Early results have been strong, with November showing a 54% increase in visitors and a 45% increase in enrollments, and the Mobile Team assisting more than 800 people across 87 locations in two months. Evening and weekend enrollment fairs continue alongside heightened safety measures that consumers appreciate.

There has been significant engagement with community partners, including a highly successful community conference with more than 225 attendees, which included elected officials and guest speakers. The organization continues to have ongoing quarterly events, and monthly virtual chats that have helped consumers arrive better prepared for enrollment. AHCT has also enabled rapid response to Worker Adjustment and Retraining Notification (WARN) notices, allowing staff to assist newly displaced workers in securing coverage quickly.

There has been growth in enrollment capacity initiatives, especially the Broker Academy's largest and most successful class to date, whose graduates are now supporting enrollment events statewide. The six navigator organizations continue to provide year-round in-person support in locations around the state, and the Certified Application Counselor (CAC) program has doubled in size since 2022.

Maria Matos joined at 11:13 a.m.

E. Open Enrollment 13 Update

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), provided the OE 13 Update. Several Call Center enhancements have been introduced for OE, including a speech-enabled Interactive Voice Response (IVR), added language options such as Portuguese, Haitian Creole, Ukrainian, and Arabic, a text-a-link feature that sends callers helpful articles, and new auto-authentication that securely verifies identities before callers reach an agent, improving efficiency.

Projection notices, auto-renewals, and renewal notifications for OE were completed on schedule, and weekly updated enrollment data is available on the public dashboard. Projections show an expected decrease in overall health plan enrollments due to the end of Enhanced Premium Tax Credits (ePTC) which also means the return of the eligibility cliff for consumers with income over 400% Federal Poverty Level (FPL) for 2026, while Covered Connecticut enrollment is projected to grow because it remains no cost to consumers. As of November 26, Qualified Health Plan (QHP) enrollment was slightly down year over year, with full-price QHP enrollment up 26% and subsidized QHP enrollment down about 9%. Covered Connecticut grew 22% to 43,492 enrollees, and Stand-Alone Dental Plan enrollment increased 3% to 13,696.

Consumers still have ample time and free support to update applications and enroll for 2026. Brief discussion followed on enrollment data comparisons with other states; no hard data is yet available, but anecdotally the results are a bit better in Connecticut due to the AHCT's early outreach efforts. James Michel, CEO, noted that consumers tend to be buying down in terms of the health insurance options. Deborah Polun noted that she supports efforts to make health insurance more affordable but worries that people may still incur medical debt or skip needed care due to limited financial resources. Mr. Michel noted that most who buy-down are consumers with annual income over 400% of the FPL.

All plans include coverage for the 10 Essential Health Benefits (EHB), and each year AHCT tries to design plans so that more services are covered upfront—before deductibles apply.

Mr. Michel responded to Sheldon Toubman’s inquiry, explained the role the Enterprise Project Management Office. Mr. Michel pointed out in order to make sure budgets are used effectively and schedules stay on track, AHCT relies on a dedicated team that oversees all projects. They coordinate planning, ensure adherence to timelines and budgets, and monitor any changes so the reasons are clear. This approach helps avoid surprises, maintain control of costs, and make timely adjustments whenever something needs adjustments or corrections.

Sheldon Toubman asked whether the call center is meeting its contractual standards for timely responses and call abandonment rates. Mr. Michel explained that during OE, 90 percent of calls must be answered within 30 seconds, the abandonment rate must stay around 5 percent, and that the call center meets these goals on most days. He also noted that the center faces financial penalties when it fails to meet its targets. Mr. Toubman contrasted this with DSS, where the call abandonment rate is 48 percent and the average response time is 44 minutes.

Brief discussion followed on tracking consumers who are dropping their health insurance coverage altogether.

F. Federal Changes

James Michel, CEO, provided information on the Federal Changes at this time. Mr. Michel noted that there may be a Senate vote in December on extending ePTC, with discussions on a straightforward extension, an extension that imposes a new income or FPL cap on eligibility, the addition of penalties for broker fraud, and the creation of a new consent verification process for enrollments and coverage changes.

Mr. Michel pointed out that some lawmakers are also considering advancing the measure through a discharge petition, though there is no guarantee the House of Representatives will hold a vote under Speaker Johnson.

Mr. Michel outlined major differences between the Democratic and Republican proposals. The best result for Connecticut consumers would be a clean extension of the ePTCs.

Mr. Michel added that the Trump Administration has raised additional issues, including a proposed revision to the public charge rule, the idea of providing consumers with direct funding for health expenses through Health Savings or Flexible Spending Accounts, and renewed consideration of federal funding for cost-sharing reductions, which could alter or eliminate Silver Loading.

Mr. Toubman expressed hope that Congress will extend the benefits and noted that the uncertainty in Washington makes it difficult for the organization to give people clear information. He pointed out that some individuals may have declined coverage after seeing higher prices, even if they were expecting increases, and may not return until later. Mr. Toubman posed the key question, which is how to reach those who turned down coverage—without knowing exactly why—to inform them if the extension is approved and

their costs decrease and asked what the plan is for communicating this updated information to those individuals.

AHCT has developed and presented to the Board a comprehensive communication strategy to inform consumers if enhanced subsidies are extended. This plan includes sending notices to everyone, followed by targeted outreach to people who did not enroll, those who switched to lower-cost plans, and those who might benefit from returning to higher-value coverage and explained that this outreach would use mail, email, texts, and robocalls to explain updated premiums and encourage people to come back and enroll. Mr. Michel acknowledged that AHCT will need time to update its systems once federal action occurs and may also consider extending OE past January 15th, depending on when Congress acts.

Mr. Michel added that the Connecticut General Assembly (CGA) passed House Bill 8003, establishing a \$500 million reserve fund to cover shortfalls in federal food assistance, the Low-Income Home Energy Assistance Program, and certain health care programs. Connecticut is preparing to fill gaps caused by federal funding shortfalls in programs such as health care and low-income home energy assistance.

G. 2027 Plan Year Planning/Update

The planning phases are starting for the development of standard plans for Plan Year (PY) 2027. The Health Plan Benefits and Qualifications (HPBQ) Advisory Committee will start meeting in early January for PY 2027. AHCT's focus for PY 2027 will be on affordability of coverage and health care. The membership makeup of the Committee as well as the process that needs to take place in order for the plans to be approved was reviewed.

H. Strategic Initiatives

Marquese Davis, Director of Information Technology, provided information on the progress of the 10 Clicks project. The Request for Proposals (RFP) was posted on September 30, and the evaluation process began on October 31. It will run through February 20, 2026. Mr. Davies provided a timeline for vendor selection and other elements of the procurement. Currently, the go-live target date has been established for June 2027.

A detailed Gantt chart was reviewed that supports a phased change-management approach to ensure staff understand upcoming changes and receive support. Ongoing collaboration with DSS remains essential for system alignment, coordinated eligibility processes, and compliance with funding and reporting requirements. Despite the scale of the initiative, the project remains fully on schedule.

Mr. Michel added that AHCT anticipates widespread satisfaction because the current system, in place since its 2013 launch and built on decades-old technology, no longer meets modern needs. Mr. Michel explained that with extensive customer and partner data now available, the new system can be intentionally designed to meet users where they are and to reflect how they prefer to use technology. Enrollment, which currently takes 45 to 90 minutes due to the application's complexity, is expected to drop to about 15 minutes whether completed independently or through the call center. Mr. Michel pointed out that

the “10 clicks” goal reflects an aspirational but achievable vision for a streamlined experience.

John Carbone, Director of Small Business, Product Development and Broker Support, provided a brief BusinessPlus update.

BusinessPlus continues to generate strong interest as a flexible option that helps small businesses and nonprofits offer coverage better suited to their budgets and employees, particularly by allowing groups to enroll in individual plans when traditional models fall short. Mr. Carbone emphasized that recent marketing has centered on nonprofits, with more than 6,000 targeted mailers sent statewide, another 6,000 going out this week, and a series of educational webinars launching after the holidays.

Mr. Carbone added that despite commission reductions from major carriers that have slowed volume, the broker network remains a key strength, with over 400 quotes completed and more than 300 members staged for January 1 enrollment. As the program moves toward full rollout, efforts remain focused on growth, education, marketing, improved onboarding, stronger outreach, and equipping brokers with the tools and confidence needed to support employers, nonprofits, and their workers.

I. Adjournment

Chair Sean King requested a motion to adjourn. Motion was made by Deborah Polun and was seconded by Sheldon Toubman. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 11:56 a.m.