



Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting

Draft Meeting Minutes

Thursday, February 26, 2026
Remote

Members Present:

Sean King (Chair); Deborah Polun; Elisa Neira; Jacqueline Sanchez; Gerard O’Sullivan – Subject Matter Expert

Access Health CT (AHCT) Staff Present:

James Michel; Tammy Hendricks; Holly Zwick; Kelly Cote; Marcin Olechowski

A. Call to Order and Introductions

Chair Sean King called the meeting to order at 10:00 a.m. Roll call for attendance was taken.

B. Public Comment

No public comment was submitted.

C. Review and Approval of Minutes

Chair Sean King requested to approve the December 4, 2025, Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting Minutes. Motion was made by Deborah Polun and seconded by Elisa Neira. 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 a highly successful year, with continued growth in demand for in-person enrollment services statewide. During the first full Open Enrollment (OE) period with the Mobile Enrollment & Outreach Team, more than 2,000 consumers were served across 40 towns through 164 enrollment events. Six Navigator locations assisted over 1,600 consumers, providing both enrollment support and access to additional community resources. Ms. Hendricks added that in order to improve efficiency and reduce waiting times, a new online scheduling tool was launched in October 2025, generating over 16,000 page visits and 892 appointments, nearly 90% of which were filled by November

2025. The general enrollment events webpage also experienced significant engagement, with more than 11,500 visitors.

Ms. Hendricks pointed out that community partnerships expanded significantly, with 2,965 partner contacts statewide, up from 2,500 at the start of the year. The team participated in over 400 events, conducted 427 site visits, and hosted 94 virtual presentations, including monthly Healthy Chats and partner updates. Team-hosted events generated nearly 2,400 RSVPs, reflecting strong community engagement.

Ms. Hendricks stated that the Certified Application Counselor (CAC) Program continues to grow, with 209 CACs across approximately 38 organizations, and efforts are underway to increase hospital participation. The Broker Academy Program is entering its fifth year, following its most successful class to date in 2025, with 29 students passing the state licensing exam. Planning for year five is in progress, with applications opening next week, nearly 80 prospective leads identified, and 2 anticipated class locations in the Hartford and New Haven areas pending final confirmation.

Deborah Polun noted that this year's CAC recertification process was smooth and efficient, with no issues experienced. In contrast to prior years, when there were occasional delays and portal access challenges, the process worked seamlessly. Ms. Polun expressed appreciation to the team for their efforts.

Due to time constraints of James Michel, Chief Executive Officer, agenda item H., Strategic Initiatives, was moved to immediately follow the discussion on agenda item D.

H. Strategic Initiatives

Mr. Michel reported on two major initiatives currently underway. The first is the "10 Clicks" project to modernize and replace the existing enrollment system, which has been in place since 2013 and is complex and costly to maintain. Following extensive stakeholder research and feedback, a Request for Proposals (RFP) was issued, and vendor selection is expected by mid-March, with a new system targeted for launch by July 2027. The redesigned platform aims to significantly streamline the enrollment process, improve efficiency, and create tailored portal access for partners assisting consumers.

The second initiative is the BusinessPlus platform, launched July 1, 2025, which enables employers to provide their employees access to several coverage options through AHCT. Outreach efforts are ongoing, with a current focus on small nonprofits employing lower-wage workers who may qualify for subsidized coverage.

E. Open Enrollment 13 Summary

Kathryn Hearn, Associate Director of the Enterprise Project Management Office (EPMO), presented the OE 13 summary. Ms. Hearn reported that Qualified Health Plan (QHP) enrollments exceeded prior year enrollments despite market headwinds, totaling 157,175 compared to 151,152 the previous OE period, representing an increase of more than 8 percent. Enrollment without financial assistance rose significantly to 32,847, a 116 percent increase year over year, reflecting the expiration of federal enhanced subsidies

(ePTCs). Enrollment with financial assistance, including the Covered Connecticut Program, declined by approximately 8.5 percent to 124,328; however, Covered Connecticut Program enrollments alone increased by more than 25 percent to 51,629. These figures do not reflect the State's 2026 Temporary Premium Assistance program.

Ms. Hearn pointed out that Stand-Alone Dental Plan enrollments also grew by approximately 13.5 percent to 19,416.

Discussion ensued around the record number of enrollments and reasons behind those unexpected increases given the expiration of the ePTCs. Mr. Michel explained that the primary driver of enrollment growth was the 23 percent average increase in premium cost for the second lowest-cost Silver Plan across all counties, which significantly increased the amount of the Premium Tax Credit (PTC) available to eligible consumers, as the federal subsidies are tied to that benchmark. As a result, many consumers received more financial assistance, and some experienced lower net premiums despite overall premium increases. The Covered Connecticut Program also contributed to enrollment gains. In addition, extensive statewide outreach and marketing efforts, including broker engagement, supported retention and new enrollments. Approximately 14,000 individuals did not re-enroll, and a survey is planned to better understand the reasons.

Among various topics discussed were the outreach efforts to consumers impacted by the expiration of ePTCs as well as carriers' billing cycles and tax reconciliation of PTC amounts. Elisa Neira noted that Covered Connecticut Program enrollments increased by 25 percent, reflecting targeted outreach and engagement efforts by the Office of Health Strategies (OHS), which complemented AHCT's efforts and focused on populations likely eligible for but not enrolled in health insurance, including childcare workers, personal care assistants, per diem school staff, and low- to moderate-income parents and caregivers. A focused marketing campaign conducted from September through year-end, along with extensive statewide outreach by community health workers, contributed to this growth, and appreciation was expressed for the team's efforts.

F. Policy Updates and G. 2027 Plan Year Planning/Update

Kelly Cote, AHCT's Plan Management Manager, provided updates following the expiration of the federal enhanced subsidies on December 31, 2025. Individuals between 100 and 400 percent of the Federal Poverty Level (FPL) remain eligible for the PTC at original contribution levels, while those above 400 percent are no longer eligible for the PTC in 2026. However, increases in benchmark Silver Plan premiums resulted in higher PTC amounts for many consumers, positively impacting enrollment.

Ms. Cote noted that the State's Temporary Premium Assistance program supports individuals between 100 and 200 percent of the FPL who are not enrolled in the Covered Connecticut Program, replacing 100 percent of their expired ePTC, as well as those between 400 and 500 percent of the FPL, replacing 50 percent of their expired federal enhanced subsidy. Premium adjustments are retroactive to January 1, 2026 for eligible enrollees, and a Special Enrollment Period (SEP) has been established. Implementation

is currently being handled through manual processes, with system functionality expected in March 2026.

Ms. Cote continued with information regarding Plan Year 2027 planning. One Health Plan Benefits and Qualifications Advisory Committee meeting has been held. The Centers for Medicare and Medicaid Services (CMS) has released its proposed Notice of Benefit and Payment Parameters for 2027, but the Actuarial Value Calculator (AVC) has not yet been issued, delaying further planning discussions. Cost mitigation remains a primary focus.

I. Adjournment

Chair Sean King requested a motion to adjourn. Motion was made by Deborah Polun and seconded by Sean King. Roll call was ordered. **Motion passed unanimously.** Meeting adjourned at 10:49 a.m.