



## **Board of Directors Regular Meeting**

### **Draft Meeting Minutes**

Thursday, April 16, 2026

Remote

#### **Members Present:**

Charles Klippel (Chair); Paul Philpott (Vice Chair); Grant Ritter; Deidre Gifford; Steven Hernandez; Matthew Brokman; Thomas McNeill; Dina Berlyn; Kathleen Holt, Office of the Healthcare Advocate (OHA); Claudio Gualtieri on behalf of Secretary-Designate Joshua Wojcik, Office of Policy and Management (OPM); Tricia Dave, Designee for Interim Commissioner Joshua Hershman, Connecticut Insurance Department (CID); Carleen Zambetti on behalf of Commissioner Nancy Navarretta, Department of Mental and Health Addiction Services (DHMAS); Commissioner Andrea Barton Reeves, Department of Social Services (DSS); Commissioner Manisha Juthani, Department of Public Health (DPH)

#### **Other Participants:**

Access Health CT (AHCT or Exchange) staff: James Michel; Jeanna Walsh; Holly Zwick; Susan Rich-Bye; Elaine Mann; John Carbone; Glenn Jurgen; Marquese Davis; Marcin Olechowski

Wakely Consulting, LLC: Ren Zhong

#### **A. Call to Order and Introductions**

The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors (Board) 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 January 15, 2026 Regular Meeting minutes. Motion was made by Deidre Gifford and was seconded by Paul Philpott. Roll call vote was taken. Charles Klippel abstained. **Motion passed.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, explained the need to add a member to the Health Equity, Outreach and Consumer Experience Advisory Committee (HEO Committee). Ms. Rich-Bye pointed out that that the candidate, Ayesha Clarke, brings a wealth of knowledge in the consumer space and would be a valuable addition to the HEO Committee. Claudio Gualtieri, Andrea Barton Reeves and Steven Hernandez endorsed her candidacy.

Chair Charles Klippel requested a motion to appoint Ayesha Clarke to the HEO Committee. Motion was made by Andrea Barton Reeves and was seconded by Claudio Gualtieri. Roll call vote was ordered. **Motion passed unanimously.**

#### **D. CEO Report**

James Michel, Chief Executive Officer (CEO), presented the CEO Report. Mr. Michel welcomed Ms. Clarke as a new member of the HEO Committee, noting her longstanding relationship with the organization.

Mr. Michel also announced the hiring of Elaine Mann as Director of Marketing, highlighting her extensive experience.

An update was provided for the ongoing customer survey targeting individuals who did not renew coverage for Plan Year (PY) 2026, with outreach to 20,000 customers and a goal of at least 800 responses to better understand non-renewal reasons. Results will be shared later in the spring.

Additionally, Mr. Michel reviewed the federal law change eliminating repayment caps for lower income consumers on excess Advance Premium Tax Credits (APTCs), emphasizing the increased financial risk to customers who underestimate household income. The Exchange is actively communicating this change through multiple channels and is encouraging customers to keep their account information current to avoid unexpected costs.

Mr. Michel, responding to Chair Charles Klippel's inquiry, noted that the organization was recognized for its efforts to address health disparities through the Broker Academy Program, an initiative launched in 2022 to recruit and support individuals from underserved communities in becoming licensed health insurance brokers. AHCT was recently recognized as a 2026 Modern Healthcare Innovator Awards recipient for its Broker Academy Program. The Program was developed in response to findings that

communities of color, which experience higher uninsured rates, often lack access to culturally competent guidance and local broker representation. The Program aims to improve access to information, reduce uninsured rates, and advance the organization's core mission. The Program's recognition highlights its innovative approach to tackling persistent challenges in the healthcare system.

## **E. Finance Update**

Holly Zwick, Director of Finance, provided the Finance department update. Ms. Zwick noted that the Finance Committee voted unanimously to approve both the Third Quarter Fiscal Year (FY) 2026 Budget Report as well as the Proposed FY 2027 Budget.

Ms. Zwick indicated that as of March 31, 2026, the organization is approximately \$258,000 under budget for the third quarter, largely due to timing differences. Revenue is exceeding projections, driven by stable interest rates and higher-than-expected assessment revenue, while expense savings are primarily attributed to the timing of staff hiring, project implementation, and invoicing. Year-to-date revenue is projected to be approximately \$467,000 over budget, with excess funds planned to be allocated to the organization's reserves, supported by increased interest income and stronger assessment collections.

Expenses remain on track, with savings in salaries and temporary staffing due to position conversions, as well as adjustments reallocating some contractual and maintenance costs toward Information Technology (IT) enhancements, including support for key initiatives. No changes are anticipated to the FY 2026 Operating Budget or the shared cost budget with DSS.

The chairman of the Finance Committee, Claudio Gualteri, expressed his support for the Exchange's investment to operationalize Connecticut's Temporary Premium Assistance program, and thanked the Exchange, DSS, and the Office of Policy and Management for their collaboration.

Chair Charles Klippel requested a motion to approve Third Quarter FY 2026 Budget Report – Operating as presented by Exchange staff. Motion was made by Deidre Gifford and was seconded by Kathleen Holt. Roll call vote was ordered. **Motion passed unanimously.**

Ms. Zwick presented the FY 2027 Proposed Operating Budget. Ms. Zwick informed the Board that the proposed FY 2027 Operating Budget reflects a strategic focus on technology investments, outreach, and addressing health disparities, with a total increase of approximately \$5.0 million, largely driven by the development of the Exchange's new integrated eligibility and enrollment platform. Shared costs with DSS are projected to decrease by \$450,000 due to the completion of a one-time actuarial study for the Covered CT Program.

Revenue projections include flat year-over-year grant income, a slight annual decline in interest and other income, and a significant annual increase in marketplace assessment revenue tied to prior enrollment growth, with a portion allocated to capital development for system implementation. On the expense side, year-over-year increases are anticipated in salaries and fringe benefits due to merit adjustments and rising health insurance costs, as well as in contractual services driven by expanded marketing and outreach efforts. IT enhancements represent a major area of expense growth to support system implementation, while most other administrative costs remain stable or will be slightly less compared to FY 2026 equivalents. No further changes are expected to the shared cost budget with DSS.

Deidre Gifford expressed a concern about a large year-over-year increase in the IT budget, driven primarily by the “10 Clicks” initiative to replace the Exchange’s integrated eligibility and enrollment system, and asked whether the Board had reviewed the full scope and cost of the project.

Mr. Michel stated that the initiative will replace the current eligibility and enrollment system, which was originally built over a decade ago at a cost exceeding \$100 million. The new system is expected to cost less than 10% of that original investment and will be designed using extensive data and stakeholder input gathered over the past 12 years.

Ms. Zwick added that the FY 2026 surplus is projected to be at least \$467,000; however, AHCT anticipates it to be closer to \$1 million due to increased operational efficiencies. AHCT expects to end FY 2026 with approximately \$20.7 million in reserves which equates to about 5.3 months of operating expenses.

Mr. Michel emphasized that the “10 Clicks” project is on track, with a targeted go-live in mid-2027, and is expected to improve efficiency, reduce operational costs (including call center and staffing needs), and generate at least \$1 million in annual savings. The effort is described as a comprehensive transformation affecting not just IT, but customer experience, service delivery, and overall operations. It also includes coordination with external partners, including Medicaid systems, to avoid duplication and ensure alignment.

Some Board members expressed concern about approving the 10 Clicks investment during this meeting. As a result, the Board agreed to postpone the FY 2027 budget vote until after a dedicated Board training in June 2026, where a detailed review of the project will be provided.

Chair Charles Klippel expressed support for tabling the item, clarifying that the request was not intended as a vote of no confidence in the budget, but rather reflects the significance of the expenditure as the largest undertaken by the organization in the past decade and a desire for additional review. Chair Klippel recommended revisiting the item following the upcoming Board training.

## **F. Investment Report**

Ms. Zwick presented the Investment Report. AHCT continues to prioritize capital preservation, liquidity, and competitive returns through its investment in the State Treasurer's Short-Term Investment Fund, with year-to-date earnings of approximately \$920,800 and sufficient liquidity to meet expenditures for the next nine months.

## **G. Qualified Health Plan Certification Requirements for 2027 Plan Year**

Susan Rich-Bye and Kelly Cote, Plan Management Manager, provided a brief overview of the Qualified Health Plan (QHP) certification requirements and the Standard Stand Alone Dental Plan (SADP) recommendations by the Health Plan Benefits and Qualifications (HPBQ) Advisory Committee. Ms. Rich-Bye expressed her words of appreciation to all members of the Committee, participating carriers, and Wakely Consulting, LLC (Wakely).

Ms. Cote informed the Board that the HBBQ Advisory Committee, comprised of diverse stakeholders, presented recommendations for 2027 standardized QHP and SADP plans, developed under an accelerated timeline due to delayed federal guidance. The process involved multiple iterations to ensure compliance with actuarial value and regulatory requirements. Key recommendations include adding a Bronze Lite Plan to improve affordability in the individual market, while maintaining existing structures for SADPs and the Small Business Health Options Program, with final approval pending and subject to potential regulatory updates.

Ms. Cote reported that the HPBQ Advisory Committee recommended to leave the current SADP design in place and make no changes for PY 2027.

Ren Zhong, an actuary from Wakely, provided information on the HPBQ Advisory Committee's recommendations for the standard plan designs for PY 2027 as part of the QHP certification process, which incorporated new federal regulatory requirements, updates to the Actuarial Value Calculator (AVC), Internal Revenue Service (IRS) rules for High Deductible Health Plans (HDHP), and issuer validation processes such as actuarial testing and Mental Health Parity (MHP) compliance.

Ms. Zhong noted that key regulatory updates for 2027 include an increase in the Maximum Out-Of-Pocket (MOOP) limit to \$12,000 for individual coverage, while updated actuarial value calculations—based on more recent claims data and adjusted demographic weights—resulted in existing plan designs exceeding allowable ranges. As a result, revised plan options were developed to bring actuarial values back into compliance.

Ms. Zhong also clarified assumptions used in plan comparisons, including in-network cost sharing, embedded deductibles, and consistent coverage of preventive and mental health services. Multiple design options were evaluated across all metal tiers and cost-sharing

reduction variants, with the HPBQ Advisory Committee selecting specific options for each category, including Gold, Silver, Silver Cost-Sharing Reduction (CSR) variants, and Bronze Plans. The Committee also approved a new Bronze Lite Plan. Ms. Zhong noted that while Connecticut mandates require certain caps for diabetes coverage, high-deductible health plans (HDHPs) must align with federal IRS guidance, resulting in only certain diabetes services being covered pre-deductible.

Chair Charles Klippel requested a motion to approve option 2 as the standard individual market Gold Plan for PY 2027, as presented by Wakely on behalf of Exchange staff. Motion was made by Grant Ritter and was seconded by Deidre Gifford. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve option 4 as the standard individual market Silver Plan for PY 2027, as presented by Wakely on behalf of Exchange staff. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the Standard Silver 73% Plan option 2, Standard Silver 87% Plan option 1, and the Standard Silver 94% Plan option 1 as the Standard Silver CSR tier plans for PY 2027, as presented by Wakely on behalf of Exchange staff. Motion was made by Grant Ritter and was seconded by Paul Philpott. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve option 2 as the Standard Bronze Plan for PY 2027, as presented by Wakely on behalf of Exchange staff. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve option 1 as the Standard Bronze HDHP Plan for PY 2027, as presented by Wakely on behalf of Exchange staff. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve option 1 as the Standard Bronze Lite Plan, as presented by Wakely on behalf of Exchange staff. Motion was made by Grant Ritter and was seconded by Deidre Gifford. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the current 2026 Standard SADP presented by Exchange staff as the Standard SADP for 2027. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

## **H. Affordable Care Act (ACA) Policy/Legal Update**

Susan Rich-Bye provided a brief ACA Policy/Legal update. Ms. Rich-Bye pointed out that final Notice of Benefit and Payment Parameters (NBPP) for PY 2027 is still pending from Centers for Medicare and Medicaid Services (CMS) following a late February 2026 release and a 30-day comment period. The proposed rule includes several proposed changes, including updates to network adequacy requirements, significant modifications to Bronze and Catastrophic Plans, and the implementation of the state exchange improper payment measurement program, which stakeholders have requested be delayed until 2028 due to the volume of upcoming changes. Additionally, CMS is seeking input on pre-enrollment verification requirements anticipated for PY 2028. Ms. Rich-Bye indicated that a memorandum will be provided to the Board once the rule is finalized summarizing the adopted provisions.

## **I. Future Agenda Items**

Mr. Michel briefly discussed future agenda items.

## **H. Adjournment**

Chair Charles Klippel requested a motion to adjourn. Motion was made by Claudio Gualtieri and was seconded by Deidre Gifford. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:32 a.m.