# Board of Directors Regular Meeting

## Meeting Minutes

Thursday, June 18, 2026
Remote

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

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

### 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 April 16, 2026 Regular Meeting minutes. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was taken. **Motion passed unanimously.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, introduced a request for AHCT to waive accrued interest and penalty fees for an insurance carrier's late payment of the assessment. ConnectiCare Benefits, Inc., ConnectiCare Insurance Company, Inc. and ConnectiCare, Inc. (collectively, ConnectiCare) requested a waiver of interest and penalty fees associated with a late payment of the First Quarter 2026 assessment. The payment was received by AHCT approximately two (2) months after the due date due to delays related to the acquisition of ConnectiCare's parent company by Molina Healthcare, Inc. (Molina) and subsequent staff transitions. Assessment fees are ordinarily subject to interest and penalties pursuant to Exchange policy, but the Board may waive fees for good cause or when an amount due is *de minimis*. It was added that ConnectiCare's late payment was the first instance of a late assessment payment by ConnectiCare, that the Exchange has received the next installment payments on time, and that no future issues are anticipated.

James Michel, Chief Executive Officer (CEO), reiterated the Exchange's support for the fee waiver. Claudio Gualtieri discussed the precedent-setting nature of the waiver request and noted the extraordinary circumstances related to the Molina acquisition that resulted in invoice processing delays and miscommunication. Mr. Gualtieri acknowledged ConnectiCare's transparency, commitment to corrective actions, and implementation of new training and invoice approval processes. Mr. Gualtieri expressed his support for granting ConnectiCare's waiver request.

Chair Charles Klippel requested a motion to approve a waiver of the accrued interest and penalty fees for good cause pursuant to the Board-approved Operating Procedure: Exchange Assessments and Fees. Motion was made by Paul Philpott and was seconded by Steven Hernandez. Roll call vote was ordered. **Motion passed unanimously.**

## D. CEO Report

James Michel presented the CEO report. Mr. Michel thanked members of the Board for attending the recent Board training and highlighted the opportunity to learn about organizational updates and connect with staff. Mr. Michel outlined this meeting's agenda.

## E. Finance Update

Holly Zwick, Director of Finance, presented the Fiscal Year (FY) 2027 proposed operating budget and shared cost budget with DSS, noting that the figures remained unchanged since the April 2026 Board meeting. The proposed budget reflects continued investment in technology, outreach, and health equity initiatives, including the '10 Clicks' project. The operating budget is proposed to increase by approximately five million

dollars ($5,000,000), while the shared cost budget with DSS is expected to decrease by four hundred fifty thousand dollars ($450,000) due to completion of a Covered Connecticut Program actuarial study.

Chair Charles Klippel discussed the long-term budgetary impact of the '10 Clicks' project, following questions raised at the prior Board meeting regarding the visibility of costs beyond the FY27 budget. Management presented a three-year estimate, reflecting the anticipated development period, with cumulative expenditures not to exceed nine million dollars ($9,000,000) over the next three (3) fiscal years. The proposed budget approach would include approval of the full three-year commitment rather than a single-year line item. Chair Charles Klippel noted that the Board requested ongoing updates on project expenditures, milestones, and progress metrics to ensure continued oversight of this significant technology investment.

Claudio Gualtieri acknowledged the importance of conducting due diligence before approving the '10 Clicks' investment, including evaluating the financial impact of House Resolution 1 (H.R. 1) requirements and potential Medicaid system integration requirements. Mr. Gualtieri noted that AHCT leadership confirmed that federal grant matching was explored with DSS and the Centers for Medicare and Medicaid Services (CMS), but Exchange-related investments are not expected to qualify for federal funding. Mr. Gualtieri emphasized the importance of performance-based contracting, defined milestones, and accountability measures throughout implementation of the '10 Clicks' project.

Matthew Brokman asked for more information about the '10 Clicks' Request for Proposals (RFP) process that was conducted by AHCT.

Susan Rich-Bye confirmed that the '10 Clicks' procurement followed the Board-approved procurement policy and all applicable state procurement requirements. The RFP process included the establishment of an evaluation plan prescribing objective scoring criteria and evaluation standards, an opportunity for the submission of written vendor questions and responses by AHCT, vendor presentations, and a comprehensive substantive evaluation process involving around thirty (30) AHCT and DSS evaluators.

Ms. Rich-Bye stated that all evaluation criteria and standards were established prior to evaluation of proposals and that the procurement process was conducted in accordance with established policies and applicable laws. Mr. Brokman inquired about the process.

Mr. Michel emphasized that AHCT meticulously followed all applicable laws, policies and procedures and that documentation demonstrating adherence would be provided to the Board.
The Board also discussed system ownership considerations, including differences between *software-as-a-service* and *owned-code* models. The Exchange's senior

leadership team confirmed that the current system code is owned by AHCT, with portions developed through federal funding subject to federal licensing provisions, and that ownership and interoperability considerations are part of the evaluation for the future system.

Chair Charles Klippel requested a motion to approve the multi-year budget of nine million dollars ($9,000,000) for the '10 Clicks' project for fiscal years 2026, 2027, and 2028, contingent upon establishment of appropriate performance metrics and milestones for the project, incorporation of adequate protections for the Exchange in any vendor agreement related to satisfactory achievement of those milestones and metrics, and regular reporting to the Board on milestones and performance progress, as well as regular budget updates. Motion was made by Matthew Brokman and was seconded by Claudio Gualtieri. Roll call vote was ordered. **Motion passed unanimously.**

Chair Charles Klippel requested a motion to approve the FY27 proposed operating budget presented by Exchange staff. Motion was made by Deidre Gifford and was seconded by Claudio Gualteri. Roll call vote was ordered. **Motion passed unanimously.**

## F. Audit Status Update

Susan Rich-Bye provided the audit status update. AHCT is required by the Affordable Care Act (ACA) to complete annual independent financial and programmatic audits, and is also required to complete an annual independent financial audit pursuant to state requirements.. AHCT engaged Whittlesey PC to perform the FY26 audits, with the information presented to the Audit Committee on June 11, 2026. The presentation covered audit objectives, scope, timing, responsibilities, fraud risk considerations, and applicable Governmental Accounting Standards Board (GASB) updates.

Ms. Rich-Bye also provided an update on the State-Based Marketplace Annual Reporting Tool (SMART), an annual ACA-required reporting process that consolidates marketplace operational, financial, programmatic, eligibility, enrollment, and compliance reporting requirements. Due to CMS updates to the SMART questions and a delayed release schedule, the submission deadline was changed from the usual June 1, 2026 to July 1, 2026. Ms. Rich-Bye reported that work is underway and anticipated timely submission of AHCT's report.

Additionally, it was noted that the FY24-FY25 biennial audit by the Connecticut Auditors of Public Accounts is in progress, with document requests being exchanged and no issues anticipated at this time.

## G. Leaver Survey

Rebekah McLear, Director of Technical Operations and Analytics, provided information on the findings from a 2026 leaver survey conducted in partnership with the University of Connecticut Health Disparities Institute. The survey targeted households with individuals previously enrolled in Qualfied Health Plans (QHPs) and the HUSKY Health program who were not actively enrolled in either as of March 1, 2026. Preliminary findings were based on three hundred forty-two (342) respondents who indicated they did not retain coverage. Ms. McLear provided statistical data that was obtained from the study.

The leading reasons for not renewing coverage included gaining eligibility for Medicare or obtaining employer-sponsored health insurance. Additional survey questions were used to better understand affordability concerns and other factors influencing decisions not to renew coverage through the Exchange. A full survey report will be provided to the Board in the coming weeks.

James Michel noted that the annual survey results are used across the organization to inform community outreach strategies, marketing plans, and future plan design decisions. The Health Equity and Outreach department will use the findings to tailor engagement efforts, while the Marketing department will incorporate the results into communication strategies. The Plan Management department will also use the feedback to inform future plan requirements and designs.

Deidre Gifford left the meeting at 9:58 a.m.

Mr. Michel emphasized that the detailed final survey report provides valuable insights into customer experiences, including reasons individuals did not re-enroll in marketplace coverage, such as affordability concerns or a lack of understanding of plan options. These findings help shape outreach approaches, customer communications, and strategies to address barriers to coverage in future years.

## H. Small Business Update

John Carbone, Director of Small Business Health Options Program (SHOP), Broker Support and Product Development, provided the small business update.

Mr. Carbone provided an update on the 4th annual Connecticut Small Business Summit, which brought together more than two hundred fifteen (215) attendees, including small business owners, entrepreneurs, policymakers, resource partners, vendors, and industry leaders. The event featured sessions on access to capital, marketing, social media, artificial intelligence, and technology, along with remarks from state and community leaders. AHCT highlighted health care solutions available through AHCT's BusinessPlus platform for small businesses. The Summit featured twenty (20) speakers and received positive feedback from attendees, with all survey respondents indicating the event provided valuable information for their businesses and opportunities for professional development.

Mr. Carbone also shared that AHCT participated in an Individual Coverage Health Reimbursement Arrangement (ICHRA) roundtable discussion at George Washington University Law School, joining national health policy leaders, marketplace experts, employers, and industry representatives to discuss ICHRAs. AHCT presented on its BusinessPlus platform and its continued efforts to support small businesses through innovative health coverage options.

Brief discussion ensued around how AHCT supports small businesses by offering ICHRA through BusinessPlus and traditional small group health insurance options through the SHOP.

Tammy Hendricks, Director of Health Equity and Outreach, provided a Broker Academy Program update. This year's class included sixty-five (65) students from twenty-eight (28) towns across five (5) counties, with 71% of participants identifying as female. Two (2) in-person training sessions were recently held in Hartford and New Haven, with fifty-four (54) students passing the class exam and 90% scheduled to take the state licensing exam.

Ms. Hendricks highlighted continued Program support, including provision of textbooks, laptops, Kaplan training resources, and state exam vouchers to Program participants. A mentorship program with experienced brokers is expected to begin on July 8, 2026. Students who successfully complete the Program will graduate on October 23, 2026 and be prepared to support outreach and mobile enrollment efforts during the upcoming Open Enrollment Period.

## I. Future Agenda Items

Mr. Michel briefly discussed future agenda items.

## J. Adjournment

Chair Charles Klippel requested a motion to adjourn. Motion was made by Claudio Gualtieri and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:14 a.m.