Board of Directors Regular Meeting

Meeting Minutes

Thursday, September 17, 2026
Remote

Members Present:
Charles Klippel (Chair); Paul Philpott (Vice-Chair); Grant Ritter; Deidre Gifford; Steven Hernandez; Matthew Brokman; Thomas McNeill; Dina Berlyn; 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 June 18, 2026 Regular Meeting Minutes and June 26, 2026 Special Meeting Minutes. Motion was made by Paul Philpott and was seconded by Grant Ritter. Roll call vote was taken. **Motion passed unanimously.**

Susan Rich-Bye, Director of Legal and Governmental Affairs, introduced a request regarding waiving accrued interest and late fees for an insurance carrier's late payment of the assessment in certain circumstances.

At the June 2026 meeting, the Board discussed the late payment of assessment fees by ConnectiCare and the applicable interest and late fee provisions under AHCT's operating policy, Procedure: Exchange Assessment and Fees . Since that meeting, two dental carriers likewise paid assessments past the due date and have incurred small amounts of interest and late fees due to confusion or missed assessment invoices following corporate acquisitions. The carriers have since paid their assessments and the interest and late fees total $247 for one carrier and $1.72 for the other. Ms. Rich Bye suggested that the Board consider delegating authority to the CEO to waive de minimis interest and late fee amounts when there is good cause, with the CEO notifying the Board of any waivers and the amounts involved. The Board also discussed establishing a threshold for such waivers to avoid presenting minor amounts before the Board for individual approval.

Further discussion ensued in terms of delegating authority to the CEO to waive interest and late fees of $10,000 or less when there is good cause. Members emphasized that before a waiver is granted, extenuating circumstances should be considered, not solely the amount, and that the CEO should exercise judgment and report each waiver to the Board. The delegation of authority to the CEO would be an internal administrative tool and would not be communicated to carriers as an appeal process. The delegated authority would be established through a recorded Board vote and would apply to the CEO rather than an individual by name, with the Board retaining the ability to review or reverse a waiver.

Chair Charles Klippel requested a motion for the Board to delegate authority to the CEO of Access Health CT to waive interest and late fees for late payments of carrier assessments as required by AHCT's operating policy, Procedure: Exchange Assessments and Fees, for good cause, when the interest and late fee amounts are deemed *de minimus* but not to exceed $10,000 per calendar; and the CEO of Access Health CT will notify the Board when any such waiver occurs. Motion was made by Grant Ritter and was seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed unanimously.**

D. CEO Report

James Michel presented the CEO report. Mr. Michel provided an overview of key projects underway in collaboration with state agencies, including system changes to support federal requirements, implementation and communication of a new state small business tax credit, enhanced real-time verification of residency and identity for enrollment, and a new state subsidy for eligible early childhood educators for 2027 coverage. Mr. Michel also reported continued progress on the modernization of the eligibility and enrollment system and outlined this Board meeting's agenda. Mr. Michel emphasized that Open Enrollment (OE) begins on October 23, 2026, and ends on January 15, 2027.

E. Connecticut Insurance Department Presentation: 2027 Rate Review

Tricia Dave, Director of Life and Health Division at the Connecticut Insurance Department (CID) presented the 2027 Rate Review. She provided information on the CID review of five filings from four health insurers, representing approximately 220,000 Connecticut enrollees. Medical and pharmacy cost trends remained the primary drivers of requested rate increases, with pharmacy costs continuing to grow faster than medical costs and representing a larger share of overall health care costs. Experience adjustments, including claims experience, risk adjustment, and changes in federal and state premium assistance, also affected the proposed rates.

Ms. Dave noted that for individual coverage, insurers requested an average rate increase of approximately 16%, while the CID approved an average rate increase of approximately 11%, with approved increases varying by carrier. Ms. Dave pointed out that for small group coverage, the two insurers requested rate increases ranging from 17% to 19%, with an average request of approximately 17.8%; the CID approved an average increase of slightly more than 15%. Ms. Dave noted that small group enrollment continues to decline as employers increasingly consider self-insured and level-funded alternatives.

Further discussion ensued around a variety of topics. The Board discussed the continued growth in prescription drug costs, including the significant impact of GLP-1 medications and other high-cost drugs, as well as increased utilization and the introduction of new brand-name medications without generic equivalents. Members also discussed the need to balance access to necessary medications with cost management. Existing plan controls, including step therapy and financial incentives for use of lower-cost generic drugs when appropriate, were discussed. The potential impact of pharmaceutical rebates and other reimbursement mechanisms on overall costs and the value of obtaining additional data on the factors driving pharmacy spending were included in the discussion.

Differences in approved individual market rate increases among carriers was observed, noting that risk adjustment and differences in recent claims experience contributed to the variation. Finally, Members discussed the operational impact of carrier plan consolidation on automatic renewals for 2027. Efforts are underway to map members to comparable plans where permitted, minimize disruption, and conduct targeted outreach to members who may otherwise need to actively select new coverage.

F. Project Updates

Marquese Davis, Director of Information Technology (IT) provided the 10 Clicks update. Mr. Davis informed the Board of including the project timeline, milestones, and budget. The project remains on schedule and within the approved implementation budget, with system design and build completion targeted for November 19, 2026, and Go-Live targeted for August 22, 2027, followed by vendor post-go-live support.

Mr. Davis conveyed to the Board that the project includes integration, testing, security and performance validation, CMS certification, and deployment readiness. The modernization is intended to simplify the enrollment experience, improve application completeness, reduce follow-up and processing time, and provide greater flexibility and cost efficiency for future state and federal changes. Mr. Davis informed the Members that a Board training session will be scheduled approximately midway through implementation Mr. Michel added that the training, outreach, and change management strategy will include robust communication and engagement with brokers and community partners who regularly use the system to assist consumers with enrollment.

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided information on the Department of Revenue Services' (DRS) implementation of the new small business Individual Coverage Health Reimbursement Arrangement (ICHRA) tax credit as well as state residency and ID verification, and the new Early Childhood Educators (ECE) subsidy implementation.

Ms. Rich-Bye highlighted the potential combined benefit of the ICHRA tax credit and ECE subsidy for eligible early childhood employers and employees. Outreach and communications efforts are underway for both programs, and the ICHRA tax credit registration form is available through the DRS website with a link being incorporated into the AHCT application through the BusinessPlus platform. Ms. Rich-Bye also noted that the enhanced verification tools are intended to simplify enrollment and improve the consumer experience. This work will implemented with the Department of Motor Vehicles (DMV) and other state agencies.

John Carbone, Director of SHOP, Broker Support and Product Development, provided an update on ICHRA. Mr. Carbon emphasized that AHCT launched its new small business health plan portal within the BusinessPlus platform, assuming full management of the

technology service experience. AHCT is developing a statewide campaign to promote the small business ICHRA tax credit, while continuing targeted outreach and broker engagement. More than 850 brokers have been trained, with over 500 group quotes currently in the process. These efforts support AHCT's three- to five-year strategy to expand BusinessPlus and ICHRA enrollment across Connecticut.

Due to time constraints, Agenda Items G (Federal Changes and AHCT Response) as well as I. – Human Resources Update were postponed to the October Meeting of the AHCT Board of Directors. Agenda item I. (Future Agenda Items) was not discussed.

H. Open Enrollment 14 Readiness Update

Andrea Sereny, Senior Project Manager, provided the Open Enrollment (OE) 14 readiness update regarding technology, marketing and outreach. Ms. Sereny noted that OE readiness is on track for October 23, 2026 through January 15, 2027 with the October 2, 2026 technology release incorporating H.R. 1 eligibility changes and the new ECE subsidy. Ms. Sereny noted that eligibility projection notices will be issued in October 2026, auto-renewals in November 2026, and plan window shopping will begin October 16, 2026. The "Stay Covered and Connected" marketing campaign will use targeted communications, traditional media, and partner outreach, supported by statewide in-person and virtual enrollment assistance, Healthy Chats, and the October 7, 2026 Community Conference.

J. Adjournment

Chair Charles Klippel requested a motion to adjourn. Motion was made by Deidre Gifford and was seconded by Thomas McNeill.

Before the roll call vote for adjournment was ordered, at Claudio Gualtieri's request, the Board recognized Commissioner Andrea Barton Reeves for receiving the NAACP Constance Baker Motley Trailblazer Award. The Board acknowledged her contributions to the organization, including her work in the commercial healthcare space and her commitment to the mission of DSS, and extended congratulations on the honor.

Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:02 a.m.