



## Covered Connecticut Post Award Forum

June 04, 2024 – 10 a.m.

As a requirement of the Covered CT 1115 Medicaid Waiver, Connecticut must hold a public forum annually to provide an opportunity for program stakeholders to give input and feedback on the program. The first public forum must be held within six months of waiver approval and then annually thereafter. Public comment was received during the meeting and could also be submitted via email by June 18<sup>th</sup> to [jennifer.marsocci@ct.gov](mailto:jennifer.marsocci@ct.gov).

The public forum had broad attendance across stakeholders and included DSS, AHCT, OHS, the Connecticut Dental Health Partnership, representatives from the carriers, the Connecticut Health Foundation, BeneCare, Health Equity Solutions and Robinson & Cole.

### Minutes and Public Comment

#### Welcome and Introductions

- Commissioner Reeves opened the meeting, thanked everyone for joining and shared that the Covered CT program was created and implemented in June of 2021 with the goal of reducing the uninsured rate in Connecticut and expanding access..

#### Program Overview and Updates

##### Background – Connecticut Executive Branch and State Legislature

- Covered CT was created through Public Act 21-2, June special session, with the goal of expanding coverage to lower-income individuals in a way that would allow access to no-cost comprehensive healthcare coverage
- The Office of Health Strategy (OHS) initially had administrative authority over the program and currently maintains responsibility for program outreach.
- The Department of Social Services (DSS) was mandated to apply for a Medicaid waiver under Section 1115 of the Social Security Act to support program goals and maximize federal reimbursement.
- In May 2022, the Connecticut General Assembly, through Public Act 22-118, transferred full administration of the Covered CT program to DSS while maintaining the obligation of OHS to reimburse the insurance carriers through June 30, 2023.

##### Program Goals

1. Promote healthcare coverage, measured by the number of people who enroll in the Demonstration;
2. Ensure stable coverage, measured by the number of people who lose Medicaid coverage and enroll in the Demonstration without a break in coverage, including but not limited to those whose income increased during the COVID Public Health Emergency period; and
3. Reduce the statewide uninsured rate, measured by Census Bureau’s Current Population Survey.

##### Program Eligibility

- Phase I – Implemented July 1, 2021
  - No cost health insurance coverage for adult caretaker relatives and eligible parents with dependent children and at least one child in Connecticut's Medicaid program (HUSKY A)
- Phase II – Implemented July 1, 2022
  - Eligibility was expanded to include all parents, needy caretaker relatives and (nonpregnant) low-income adults. To qualify, residents must:
    - be between the ages of 19-64



- have a household income up to and including 175% of the Federal Poverty Level and be ineligible for HUSKY Health/Medicaid due to income
- be eligible for financial help to purchase health insurance on the Connecticut Health Insurance Exchange, dba Access Health CT, using 100% of available Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs)
- enroll in a Silver-Level Plan on the Connecticut Health Insurance Exchange, Access Health CT
- Eligibility is determined through the existing application process on the Connecticut Health Insurance Exchange, dba Access Health CT.

**Covered CT Medicaid Waiver**

- What is a Medicaid Waiver
  - Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to allow states to pursue innovative and flexible program designs to pursue innovative and flexible program designs to improve existing programs, implement new programs, improve service delivery and quality of care and evaluate state-specific policy initiatives. The Centers for Medicare and Medicaid Services (CMS) is the governing body with oversight and management of 1115 Medicaid waivers.
  - Covered CT waiver was submitted on April 4, 2022 and approved on December 15, 2022.
  - Waiver approval allows Connecticut to receive federal match, which means that for every dollar the state spends on Covered CT, the federal government contributes one dollar.

**Program Updates**

- Enrollment
  - Covered CT was implemented July 1, 2021, with a limited eligibility group that included caretaker relatives and parents with at least one child in HUSKY A. At the end of 2021, 11,222 members were enrolled in the program. Eligibility was expanded in July 2022 to all parents, needy caretaker relatives and (nonpregnant) low-income adults. Enrollment grew to 14,568 members by the end of 2022.
  - The continued Public Health Emergency (PHE) impacted program growth, but enrollment projections at program inception of 40,000 members by the end of SFY 2025, remain on track.
  - The PHE unwind began in March 2023 and marked the beginning of a yearlong process to re-start the monthly Medicaid re-determination process that was paused during the PHE. From March 2023 through March 2024, Medicaid members were redetermined for eligibility in the program. Some members no longer eligible for Medicaid were eligible for Covered CT furthering the goal of ensuring stable coverage.

Enrollment	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
PHE Unwind		253	349	422	732	514	384	414	359	372	573	377	632
Non-Unwind	15,906	15,991	16,644	17,610	18,181	19,334	19,937	20,989	20,943	25,170	27,967	29,470	
<b>Total</b>	<b>15,906</b>	<b>16,244</b>	<b>16,993</b>	<b>18,032</b>	<b>18,913</b>	<b>19,948</b>	<b>20,321</b>	<b>21,403</b>	<b>21,302</b>	<b>25,542</b>	<b>28,540</b>	<b>29,847</b>	<b>31,275</b>

- **Connecticut Health Insurance Exchange - Access Health CT**
  - Eligibility system enhancements supported by AHCT in 2023 and 2024 included:
  - Streamlining language on consumer-facing screens to ensure there are prompts and alerts, that the language is unambiguous and provides the necessary information to aid in decisions around enrollment; these updates were implemented in August 2023.
  - AHCT worked with DSS staff to develop requirements to implement auto-enrollment for members to opt-in to or decline Covered CT during the subsidized application flow. Newly eligible consumers can opt-in to Covered CT and will be auto enrolled into their pre-selected



Covered CT plan if they are losing HUSKY coverage (unless they are losing coverage because they failed to complete the Medicaid renewal). Phase I of the auto-enrollment was implemented in October 2023. Phase II which expanded the auto-enrollment process to non-Medicaid individuals that are newly eligible for Covered CT was implemented in February 2024.

- AHCT provides weekly reporting on program metrics that are utilized for outreach and engagement efforts and reporting to state and federal entities and participates in monthly meetings to support program management and oversight, offering subject matter expertise and further strengthening the partnership.

- **Budget**

- Enrollment has had a sharp increase in the months of Access Health CT’s open enrollment, 7% month over month
- The membership growth rate is expected to decrease to 3% month over month toward the end of the PHE unwind
- SFY 2024 is projected to end with a total enrollment of 34,000 members
- The recent reduction to HUSKY A FPL eligibility for parents and caretakers will result in increased membership to Covered CT. It is expected the program will grow by over 14,000 members in SFY 2026.
- Total gross spend for SFY 2024 as of 3/31 is \$24.5M. (state share \$12M).
- Components of Program Cost average PMPM (Gross):
- Total: \$109 PMPM
- Premium: \$16
- Program Charge: \$31
- Cost Sharing: \$49
- Dental: \$9
- NEMT: \$4
- Total gross spend for SFY 2024 is estimated to be \$36.3M, (state share \$17.9M).

- **Dental**

- Utilization has increased steadily month over month and has remained strong through the first three quarters of SFY 2024.
- BeneCare produces and mails Member “Welcome Packets” including member id cards and program information for the Covered CT dental benefit and the NEMT benefits. They also administer a member facing website specifically for the Covered CT dental program and an internal dashboard for DSS on program metrics.
- Utilization of dental services has been highest for exams, preventative care and restorative care.

- **NEMT**

- The NEMT benefit was implemented in July 2022 and is administered by MTM. MTM is a strong supporter of the program and works closely with DSS to manage program operations and reporting on utilization.
- Utilization of the benefit has been low but not unexpected. Despite low numbers, in general, utilization climbed month-over-month from June 2023 through March 31, 2024.

Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2020	Jan 2023	Feb 2023	Mar 2023
28	46	59	55	178	286	182	210	228	255	324	329	252



- **Office of Health Strategy (OHS)** continued to have authority over the carrier contracts through the end of SFY 2023. OHS and DSS worked to implement amendments to the contracts and assign them to DSS while DSS worked with the carriers to define new contract terms following the transition of administrative authority from OHS to DSS. OHS provides monthly reporting on outreach and engagement efforts for reporting to state and federal entities. OHS participates in monthly meetings to support program management and oversight, offering subject matter expertise and further strengthening the partnership.
- **Outreach and Engagement**
  - **Access Health** conducted outreach and engagement through direct-to-consumer communications with a direct mail campaign in the fall of 2022 to 44,000 CT residents, followed by email and SMS (text message campaign); provided marketing support via press releases, geo-targeted email campaigns and promoted Covered CT at enrollment fairs; collaborated with Carriers and the UConn Health Provider Network on collateral for patient networks to support outreach efforts; supported social media coverage and ensured the AHCT homepage content had current program information for consumers as well as a digital toolkit for community partners ([www.AccessHealthCT.com/Toolkit](http://www.AccessHealthCT.com/Toolkit)).
  - **DSS** ensured information about Covered CT was included in the statewide PHE unwind campaign; launched an updated member facing website “**Covered CT Program**” ([ct.gov](http://ct.gov)) that provides details on the program, eligibility requirements and enrollment; and provided content to the State Department of Education for schools to include in their National School Lunch Program about the Covered CT program and information on eligibility and enrollment.
  - **OHS** continues to manage community-focused outreach and engagement and provide community and consumer-focused organizations that have deep connections in their respective communities with funds to assist in outreach, education and enrollment in Covered CT. Geographic service areas by county: New Haven, Hartford, Fairfield, New London, Litchfield, Windham, Middlesex and Tolland.
    - Total number enrolled since 2023 has been 695.
    - Outreach activities included:
      - Facebook Live events
      - Community events across the state
      - Providing information at farmers markets, libraries, vaccination clinics, community centers, malls, wellness events, YMCA open house and festivals, barbershops and beauty salons
      - Hosted phone bank events and texting campaigns
      - Provided information at Stamford Health Department Government Affairs.
- **Covered CT 1115 Medicaid Waiver Updates**
  - Quarterly and annually Connecticut must provide reporting on program implementation and operations in the form of a Monitoring Report. The first quarterly Monitoring Report and Budget Neutrality Report was submitted to CMS on May 30, 2023.
  - Connecticut must also conduct an independent evaluation (noted earlier) and will submit the Evaluation Design Plan to CMS on June 23, 2023.
  - CMS also requires a Monitoring Protocol, which is the roadmap and technical guidance for the reporting of metrics and the schedule for reporting metrics to CMS. This is due on August 31, 2023 to CMS.



- **Evaluation Design Summary**
  - The evaluation of the Covered CT 1115 Waiver Demonstration will utilize a mixed-methods Evaluation Design with three main goals:
    - Describe the progress made on specific Demonstration-supported activities (process/implementation evaluation).
    - Demonstrate change/accomplishments in each of the Demonstration drivers (short-term outcomes).
    - Demonstrate progress in meeting the overall project goals.
- **Analytic Methods**
  - Multiple analytic techniques will be used, depending on the type of data for the measure and the use of the measure in the Evaluation Design.
  - Descriptive, content analysis will be used to present data related to process evaluation measures gathered from document reviews, key informant interviews, as well as document reviews of plan features and cost reductions, policy guides, and outreach materials.
  - Analysis will identify common themes across interviews and documents. These data will be summarized in order to describe the activities undertaken for each project milestone, including highlighting specific successes and challenges.
- **Research Questions and Hypotheses**
  - Select performance measures will be used to demonstrate observed changes in outcomes, using a interrupted time-series (ITS) design when sufficient pre-demonstration data is available, or with pre-post comparisons or comparisons to national benchmarks where sufficient pre-demonstration data is not available.
  - Additional performance measures will be collected to monitor progress on meeting the activities and project goals. These performance measures are grouped and described under the related primary drivers.

Demonstration Goals	Primary Drivers	Secondary Drivers
<b>Goal 1:</b> Reduce the overall CT statewide uninsured rate	<ul style="list-style-type: none"> <li>• Promote health insurance coverage</li> <li>• Ensure stability in coverage</li> <li>• Reduce racial and ethnic disparities in insurance coverage rates</li> </ul>	<ul style="list-style-type: none"> <li>• Improve affordability of Qualified Health Plan (QHP) coverage available through Access Health CT</li> <li>• Eliminate out of pocket costs for deductibles, copays, and coinsurance</li> <li>• Conduct outreach to underserved communities and develop public awareness of availability and eligibility for QHP</li> </ul>
<b>Goal 2:</b> Improve the oral health of Demonstration enrollees	<ul style="list-style-type: none"> <li>• Increase the number of Demonstration enrollees' people who receive routine and preventative dental care</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free dental care to Covered CT-eligible individuals</li> </ul>
<b>Goal 3:</b> Reduce transportation-related barriers to accessing healthcare for Demonstration enrollees	<ul style="list-style-type: none"> <li>• Enable access to medical appointments for Demonstration enrollees</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free non-emergent medical transportation to Covered CT-eligible individuals</li> </ul>

**Public Comment and State Response**

**Public Comment:**



CONNECTICUT  
Office of Health Strategy

access health CT

- *No public comment was received during the meeting or via written response.*