



Covered Connecticut Post Award Forum

June 12, 2023 – 9 a.m.

Room 1011

Connecticut Department of Social Services

55 Farmington Avenue, Hartford, CT

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 19th to 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

- Director Woolston 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. Director Woolston furthered that Covered CT provides comprehensive, no-cost health insurance to residents who would otherwise struggle or be unable to afford health insurance on their own. To date the program has provided this vital benefit to 17,203 Connecticut residents and by the end of SFY 2025 enrollment is projected to grow to nearly 40,000 members. This program has proven critical for many residents who were uninsured or struggling to pay premiums, but it also serves as a path to stable coverage for many residents that are facing the loss of Medicaid coverage now that the PHE has ended and the state has begun to unwind from the COVID-19 Public Health Emergency (PHE) and redetermine Medicaid members who had continuous coverage during the PHE>

Program Overview and Updates

Background – Connecticut Executive Branch and State Legislature

- The Connecticut legislative and executive branches, after sustained interest in expanding comprehensive health care coverage to lower-income individuals and families in a way that would allow access to no-cost comprehensive healthcare coverage, explored two paths to expand coverage:
 - Path #1 – “Regular” Medicaid expansion: Expand eligibility to a new optional group established by the Affordable Care Act (ACA). ~Half the total cost would be born by the state.
 - Path #2 – State subsidy and an 1115 waiver for Covered CT: Existing federal funding heavily subsidizes Exchange QHP plans. Applying for an 1115 waiver to receive federal match to “top up” Exchange subsidies further reduces costs as only half of incremental costs would be born by the state.
- Path #2 was pursued since this option more efficiently uses state dollars and the state is only covering half of incremental costs, rather than total costs.
- Covered CT was created through Public Act 21-2, on June 17, 2021



- Office of Health Strategy(OHS) initially provided administrative authority over the program.
- Department of Social Services (DSS) mandated to apply for a Medicaid waiver under Section 1115 of the Social Security Act to support program goals.

- On May 7, 2022, the Connecticut General Assembly, through Public Act 22-118, transferred full administration of the Covered CT Program to the Department of Social Services while maintaining the obligation of OHS to reimburse the insurance carriers through June 30, 2023.

State Partnerships

- While legislation was pending to create Covered CT, executive branch agencies, Access Health CT (AHCT) and participating health insurance carriers met to discuss program requirements and potential implementation to ensure, should the legislation pass that all areas of readiness were addressed and the program could begin on time. This included:
 - Eligibility system readiness including changes to the eligibility system to accommodate the program, ensuring efficient file transfer to participating carriers from Access Health CT and timely distribution of health insurance cards;
 - Ensuring contracts between the carriers and OHS were completed for a July 1, 2021 start date;
- In preparation for program expansion in 2022, all entities worked to ensure members could access the expanded benefits including system readiness and member id cards for the dental and NEMT services.

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**

- Enrollment in the program at the end of year one was 11,222.
- With program expansion, by the end of calendar year 2022 enrollment had grown to 14, 568.
- The continued Public Health Emergency (PHE) impacted program growth, but enrollment projections at program inception of 40,000 members by SFY 2025, remain on track.
- The PHE unwind began in March 2023 and members no longer eligible for Medicaid and qualified for Covered CT are enrolling in Covered CT furthering the goal of “ensuring stable coverage”

	Jan	Feb	Mar	Apr	May
Total Enrollment	15,519	15,766	15,906	16,244	16,974
PHE Unwind Enrollment				253	349

- **Budget**

- Actual enrollment is in line with projected enrollment
- Enrollment expected to increase over time as outreach efforts continue
- PHE unwind also expected to further increase enrollment in Q4 and into SFY 2024
- As of April 2023, total spend is \$17.4M
- Total spend for SFY 2023 expected to be \$19.1M, or \$1.8M above allotment. \$7.2M carry over from prior year will cover this amount.
- DSS filed for federal match beginning 12/15/2022. This allows the State to be reimbursed 50% of the cost for Covered CT. Prior to 12/15/2022 the state covered 100% of the cost.
- DSS is currently in negotiations with carriers on new contract terms for Covered CT.

- **Dental**

- The Connecticut Dental Health Partnership and BeneCare, the administrator of the Medicaid Dental Plan worked with state partners to ensure members are able to access services beginning July 1, 2022 when expanded benefits were implemented.
- BeneCare was able to produce and mail Member “ Welcome Packets” including member id cards and program information for the Covered CT dental benefit and the NEMT benefits were available. These packets are mailed to members upon enrollment. They also implemented a member facing website specifically for the Covered CT dental program.
- Utilization was slow to build in the first half of SFY 2023 but increased month over month and remained strong through the first quarter of 2023.
- 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/VEYO. MTM/VEYO has been a strong supporter of the program and worked with DSS to ensure the benefit was implemented on time for Covered CT members when the benefit was implemented on July 1, 2022
- Utilization of the benefit has been low but not unexpected. Despite low numbers, utilization has been climbing steadily month over month.



Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022
50	70	77	58	66	39	10	14	28	46	59

- **Connecticut Health Insurance Exchange - Access Health CT**
 - Access Health Connecticut (AHCT) is a strong supporter of the Covered CT program and a responsive, flexible partner.
 - AHCT has continued to respond to requests as needed since program inception including requested updates to screens and messaging scheduled for release in August 2023.
 - AHCT provides weekly reporting on program metrics that are utilized for outreach and engagement efforts and reporting to state and federal entities.
 - AHCT participates in monthly meetings to support program management and oversight, offering subject matter expertise and further strengthening the partnership.

- **Office of Health Strategy (OHS)**
 - OHS has been a strong advocate and supporter of the program goals and worked with DSS in year two to ensure operations were seamless.
 - OHS continued to manage the carrier contracts through SFY 2023 and is working closely with DSS to ensure seamless transition of full administrative authority to DSS by July 1, 2023.
 - 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).
 - **DSS** ensured information about Covered CT was included in the statewide PHE unwind campaign; launched an updated member facing website "[Covered CT Program](http://ct.gov)" (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** kicked off the community focused outreach and engagement initiative in March 2023 which has to date conducted 57 outreach events in communities around Connecticut providing residents with information about health insurance access and assisting 407 residents with enrollment, 27 residents were qualified and enrolled in Covered CT.

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



healthcare for Demonstration enrollees		
Public Comment and State Response		
Public Comment:		
<ul style="list-style-type: none">• <i>Is there some sort of streamlined/universal application that simplifies the application process for individuals/families for multiple services? Cumbersome applications may prevent families from applying for services.</i><ul style="list-style-type: none">• Deputy Commissioner Hadler responded that Access Health CT supports the online application process and program eligibility determinations are completed through Access Health Connecticut for Medicaid and the State Health Insurance Marketplace where Covered CT eligibility and plan options are offered.		