



CoveredCT Bi-Annual Report
December 31, 2022

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The Department of Social Services, in partnership with the Office of Health Strategy, the Connecticut Insurance Department, and the Connecticut Health Insurance Exchange dba Access Health CT, respectfully submits this bi-annual report on the Covered CT program, pursuant to subsection (e) of Section 19a-754c of the Connecticut General Statutes, as amended by Section 252 of Public Act 22-118.

1. BACKGROUND

The Covered CT program began on July 1, 2021. Pursuant to Public Act 21-2, June Special Session, the program provides no-cost health insurance coverage through the Connecticut’s Health Insurance Exchange, with all out-of-pocket costs to be covered by a planned Medicaid benefit in 2022, pending federal approval. The program phases in over a two-year period, with no-cost comprehensive health care options for adult caregivers with household incomes up to 175% of the federal poverty level (FPL) starting July 1, 2021, and coverage for thousands more adults earning up to 175% of the FPL beginning July 1, 2022. For example, for Plan Year 2022 on Covered CT, a caretaker/relative, in a family of four, with an annual income up to \$48,563 would get fully subsidized coverage--no premium, no cost sharing.

Covered CT builds on the Affordable Care Act (ACA) and the American Rescue Plan Act (ARPA) and utilizes Access Health CT (AHCT), Connecticut’s Health Insurance Exchange or marketplace, the legally designated state- based marketplace under the ACA. Individuals and families can enroll in HUSKY A, B or D or the commercial health plans via AHCT. Covered CT also builds on Medicaid coverage by ensuring the availability of dental and non-emergency medical transportation that started on July 1, 2022.

Since 2014, the ACA has provided advanced payments of the premium tax credit (APTCs), often called premium subsidies, to individuals and families who are ineligible for HUSKY A or B or D and with incomes up to 400% of the FPL. APTCs are available only through enrollment in plans offered at Access Health CT.¹ Under the ACA, premium tax credits available to a household were tied to a percentage of income presumed to be affordable—see chart below.

The passage of ARPA in 2021 and the Inflation Reduction Act (IRA) in 2022 substantially reduced those percentages and extended the availability of APTCs to households with incomes over 400% of the FPL.)

Household Income (%of the FPL)	Original 2021 Premium Percentage (pre-ARPA)	Updated Premium Percentage 2021-2025
Up to 150%	2.07%-4.14%	0%

¹ Access Health CT also offers small employer coverage through its small business marketplace. Individuals and small businesses can buy coverage off-exchange, but APTCs and cost sharing reductions (CSRs) are available only through plans offered at Access Health CT.

150%-200%	4.14%-6.52%	0%-2%
200%-250%	6.52%-8.33%	2%-4%
250%-300%	8.33%-9.83%	4%-6%
300%-400%	9.83%	6%-8.5%
Over 400%	No Subsidies	8.5%

*Source: Manatt Health: [Build Back Better: All Eyes on the Senate - Manatt, Phelps & Phillips, LLP](#)

Health plans must offer coverage for a package of benefits called “Essential Health Benefits” or “EHBs.” APTCs are applied to the EHBs offered by the plans. Federal funds are not provided for State of Connecticut coverage mandates that exceeds the EHB package of benefits or for other benefits above EHB.

Consistent with federal law, plans offered at Access Health CT are designated by metal level or platinum, gold, silver, and bronze, based on “actuarial value” or “AV,” a reference to the percentage of the costs of the plan that are paid by the health plan and how much is paid by the household. Bronze, silver, gold and platinum metal plans are designated as 60% AV, 70% AV, 80% AV and 90% AV, respectively. (A 60% AV plan means that the health plan pays an average of 60% of the costs and the household pays 40% of the costs.) A household’s premium for a plan, no matter the metal level or whether the plan is standard or non-standard, can vary by county and age. While APTCs are calculated based on the second-lowest cost silver plan for the county in which the consumer resides, APTCs can be used to purchase a plan at any metal level. For example, if a household is eligible for \$500 in APTCs, it may use that \$500 credit to purchase a bronze plan, a silver plan, a gold plan or a platinum plan.

The ACA also provides cost sharing reductions or “CSRs” to households with incomes below 250% of the FPL. Cost-sharing reductions apply to co-payments, co-insurance, and deductibles. Importantly, cost-sharing reductions are available only at the silver level. This is critical because a consumer eligible for cost-sharing reductions may choose to use APTCs to move to a less expensive premium bronze plan but would lose their CSRs if they did so. Fortunately, the passage of ARPA has led to substantial reduction in silver level premiums for households, making migration between metal levels less likely for individuals eligible for CSRs.

The Covered CT program is tied to the silver level CSR plans. There are three silver level CSR plans offered through AHCT to people with incomes between 150% and 250% of the FPL. This income range includes the Covered CT household income range of over the Medicaid eligibility thresholds up to and including 175% of the FPL.

2. LEGISLATION – ADMINISTRATION AND CGA WORKING TOGETHER

The Covered CT program was created as part of the budget implementer bill, specifically, sections 16 through 19 of [Public Act 21-2, June Special Session](#). The program was subsequently updated by sections [252 and 253 of Public Act 22-118](#).

After sustained interest in expanding comprehensive health care coverage to lower-income individuals and families in a manner that would allow access to no-cost comprehensive healthcare coverage, the legislative and executive branches explored opportunities to capitalize on the availability of the comprehensive premium supports from ARPA (described above) for households eligible for health plans offered by Access Health CT.

Legislative leaders wanted to ensure that the scope of benefits of coverage was comparable to Medicaid and that the program could start as soon as possible to ensure coverage beginning on July 1, 2021, for the first phase of the program. Executive branch agencies, including the Office of the Governor (OTG), the Office of Policy and Management (OPM), the Office of Health Strategy (OHS), the Department of Social Services (DSS), and the Insurance Department (CID), explored the requirements for comprehensive coverage and the potential opportunity to gain financial support via Medicaid matching funds.

After a series of discussions, the legislative and executive branches agreed to create the Covered CT program. The legislation passed on June 17, 2021, was signed by the Governor on June 23, 2021, and the program began on time, on July 1, 2021.

The first phase of the Covered CT program offered no-cost healthcare coverage to parents and caretaker relatives of HUSKY A eligible children with incomes above the Medicaid income eligibility threshold (160% of FPL) up to 175% of the FPL, who otherwise do not have an offer of affordable employer sponsored insurance.² Coverage was also made available to unemployed individuals and Alaska Native/American Indians in similar situations.

The second phase of the Covered CT program began on July 1, 2022, and expanded healthcare coverage to all adults, including childless adults, who do not otherwise qualify for HUSKY or have an offer of affordable employer sponsored insurance, in households with incomes up to 175% of the FPL. Alaska Native/American Indians who otherwise would qualify on an income basis will also be included in the program.

As stated earlier, Covered CT builds upon the ACA and ARPA, and now the continuation of enhanced subsidies through the Inflation Reduction Act (IRA). Covered CT provides no-cost coverage by eliminating any remaining premium obligation or cost sharing obligation for consumers who enroll in the program. Importantly, besides income eligibility requirements, households must use the entire APTC available to them and Consumers must be enrolled in a silver plan. These threshold requirements ensure that the state builds upon the maximum federal funds available for coverage for households. These requirements are transparent to households utilizing the Access Health CT website for enrollment and to brokers assisting households in enrollment.

For example, for Plan Year 2023 on Covered CT, a caretaker relative, usually a parent in a family of 4 with income up to \$48,563 would get fully subsidized coverage. Covered CT will ensure expanded access to healthcare by providing no cost coverage to tens of thousands Connecticut residents.

² Under the ACA, an offer of affordable coverage from an employer bars enrollment on the exchange.

a. All entities are working together

While legislation was pending, executive branch agencies, Access Health CT, and the participating health plans, Anthem Blue Cross and Blue Shield, ConnectiCare Insurance Company, Inc and ConnectiCare Benefits, Inc.,³ began meeting two or three times a week to discuss potential implementation of Covered CT. Despite the challenges, all parties were able to implement the program on time.

The teams from the health plans and AHCT worked to ensure that information would be transmitted from AHCT to each health plan immediately to ensure Covered CT program eligible participants were immediately part of the program.

The health plans were able to offer health insurance cards to Covered CT members that reflect no cost sharing or deductibles, a significant action to ensure that providers would not inadvertently charge any cost sharing to a member who seeks care under the program.

DSS' Enterprise Project Management Office supports weekly governance meetings and implementation project meetings that include OHS, AHCT, CID and OPM.

b. Contracts with Carriers

Covered CT relies on the participating health plans with AHCT to cover the remaining cost sharing and premium obligations of Covered CT members and then to seek reimbursement from OHS for those costs on a quarterly basis. To operationalize this, OHS and the health plans entered into contracts in time for July 1, 2021.

c. Access Health CT and DSS system changes

Since the legislation went into effect on July 1, 2021, AHCT has quickly developed and implemented significant changes into the AccessHealthCT.com website to accommodate the new Covered CT program. This includes automatically enrolling and transitioning all existing enrollees who meet the program's eligibility requirements and updating several customer application screens and business rules to accommodate new enrollment. Between July and October of 2021, several phases of development were implemented to fully automate the program for Connecticut residents to ensure a seamless consumer experience. Development continues as teams at AHCT and DSS are now focused on the implementation of Covered CT for adults without children non-emergency medical transportation and dental coverage. Multiple system functionality across the AHCT/DSS shared platform and other DSS systems needed to support the expanded Phase II coverage was operationalized in mid-June 2022.

d. Outreach

Outreach to eligible customers of Covered CT began with multiple press events, press releases, social media posts and earned media. The teams developed a [FAQ document](#) and [blog post](#) shared on the Access Health CT website, with legislative partners, certified application counselors (CACs), and brokers. Access Health CT held trainings for the CACs and brokers specifically for the Covered CT Program.

³ ConnectiCare Insurance Company, Inc. ("CICI") is now a participating health plan with Access Health CT for CY 2022 health care coverage for individual coverage.

Governor Lamont held two press conferences on the program and other significant coverage expansions passed in the 2021 legislative session.⁴⁴ The Insurance and Real Estate Committee held a public forum on Covered CT. OHS presented to the Medical Assistance Program Oversight Council (MAPOC) on the status of the Covered CT program, and DSS has continued to provide regular updates to MAPOC regarding the program status.

Some examples of social media engagement are included on the next page.

⁴ P.A. 21-176 summarized [here](#).

Fair Haven Community Health Care

COVERED CT

Expanding Affordable Healthcare Coverage

govnedlamont Fair Haven Community Health Care

2/5

COVERED CT

expands access to market plans on Access Health CT by maximizing federal funding.

By going through the market instead of Medicaid, we can **COVER MORE FAMILIES** at a **LOWER COST TO CT TAXPAYERS.**

govnedlamont Fair Haven Community Health Care

3/5

HOW MANY MORE? PEOPLE GET COVERED?

40,000 PEOPLE

Roughly the size of Pratt & Whitney Stadium at Rentschler Field

govnedlamont Fair Haven Community Health Care

4/5

HERE ARE THE OTHER BENEFITS

FOR YOU

Should lower healthcare costs on Access Health CT plans by adding more premium payers to the market

FOR PATIENTS

Provides a broader specialist network than Medicaid

govnedlamont Fair Haven Community Health Care

FOR DOCTORS

Higher reimbursement rate than Medicaid

FOR MOTHERS

Extends postpartum coverage for women on HUKSY to 12 months instead of just 2 months

FOR SOCIETY

The healthier we are as individuals, the healthier we are as a community, as a state, and as a country

Access Health CT @... · 17 Nov

Certain eligible CT residents pay \$0 for their health insurance coverage through Access Health CT, thanks to the Covered Connecticut Program created by the State of CT.

Find out if you qualify by calling our Covered Connecticut hotline 860-241-8478, 9am-4pm, Monday-Friday.

Call our Covered Connecticut Program hotline 860-241-8478 to find out if you qualify!

OHS

CT Office of Health Services · 44m

Reminder: Your health insurance coverage may be available at NO cost to you as part of the [#CoveredConnecticut](#) Program. Don't delay-contact [@AccessHealthCT](#) to before January 16, 2022 to find out if you are eligible! [#health](#) [#healthinsurance](#) [@AccessHealthCT](#)

Access Health CT @A... · 5d

Thanks to the Covered Connecticut Program, the State of Connecticut will pay your portion of the monthly premium directly to your insu...

Show this thread

You may still be eligible for \$0 health insurance with the Covered Connecticut program!

CT Health Foundation · 22 Nov

Covered Connecticut is a new [@AccessHealthCT](#) program that offers a health insurance plan with a \$0 monthly cost and \$0 out-of-pocket expenses for those who qualify.

What is Covered Connecticut?

Covered Connecticut is a new health insurance option through Access Health CT. People who qualify and sign up will have free health coverage.

For more about Covered Connecticut, visit: [help.accesshealthct.com/en_US/covered-connecticut-program](#)

1 5 8

CT Health Foundation · 22 Nov

Learn more about eligibility for Covered Connecticut here: [help.accesshealthct.com/en_US/covered-...](#)

How do I qualify for Covered Connecticut?

Right now, the program is offered to parents and caregivers with a child under the age of 19 with certain incomes. For a family of four, income must be between \$41,920 and...

Health Equity CT @HealthEquityCT · 6d

Are you wondering what options exist for health insurance? Access Health CT offers many options for coverage, including the new Covered Connecticut program for those who are eligible. To learn more about your options, visit [ow.ly/XE2I50GYk9](#) [#HealthEquity](#)

OHS CT Office of Health Strategy @OHS_CT

Great discussion with leaders from the Insurance & Human Services Committee during the Informational Forum on Health Insurance Exchange reminding you to enroll in the [#CoveredCT](#) program before 8/15

Since the last semi-annual report was submitted on January 1, 2022, AHCT undertook the following initiatives related to the Covered CT program:

- **Phase I – Open Enrollment messaging/outreach efforts in November 2021-January 2022:**
 - **Print advertorials** that appeared in 8 minority newspapers in English, Spanish and Polish.
 - **Search Engine Marketing** for branded terms including “Covered Connecticut” and “Covered CT” (note this is supported by paid media).
 - **Digital advertising** driving to the **Covered CT blog post** and **Knowledgebase/Q&A-style article** (note this is supported by paid media).
 - The blog post continues to have prominent placement, as one of the three blogposts pinned to the AHCT website homepage.
 - **Organic and paid social media** to reach those that follow Access Health CT social media and those that do not follow Access Health CT social media but live in the state.
 - **Significant mentions throughout the Open Enrollment toolkit** (available at AccessHealthCT.com/toolkit/), including talking points about the program, suggested social media posts and visuals, quick links to helpful information on the AHCT website, along with downloadable flyers and brochures among other resources.
 - These materials were distributed via newsletters to brokers, certified application counselors (CACs), navigators and community partners to make it easier for them to help us get the word out to their audiences.
 - **Continued mentions in press releases and press conferences**, including recent press events with Governor Lamont, Senator Blumenthal, and Senator Murphy.
 - **Creation of a Covered CT hotline, dedicated exclusively to this effort.**
 - **Information shared at in-person outreach events.**

- **Phase I – Post Open-Enrollment messaging from January 15-June 30, 2022:**
 - **Website updates** – including more prominent placement of language about the Covered CT Program in the “About Us” section, front and center on the Access Health CT homepage, as well as more prominent placement in the “I want to...” section of the homepage, instructing customers to find more information about the program and how to find out if they are eligible and how to enroll.
 - **Blog** – continued placement of the Covered CT blog as one of three featured blog posts on the Access Health CT homepage
 - **Paid and organic social media** – helping those that follow Access Health CT social media handles to become aware of the program, and those that live in CT but do not follow Access Health CT on social media to become aware of the program.
 - **Designed one-pager collateral** – for distribution at in-person and virtual outreach events, shared via the online toolkit, with legislative advocates for the program, CACs, brokers, navigators and community partners through email newsletters.
 - **Email newsletter** – features in our newsletters to brokers, CACs and community partners.
 - **Knowledgebase article and digital toolkit** – remained in place to help customers and other stakeholders find detailed information about the program online and sharable content (one-pager, suggested social media posts, talking points).
 - **Inclusion in outreach events** – both in-person and virtual events, including regional planning meetings held across the state with brokers, CACs, community partners and

carriers present.

- **Coordination and participation with bi-weekly townhall meetings in May/June 2022**
– to help all stakeholders become educated and organized about Phase II. Presented Knowledgebase article and one-pager/distributed to meeting participants on June 16, 2022, ahead of the Phase II program launch.
- **Phase II Materials developed for July 1, 2022 Launch:**
 - **Press release** – distributed Tuesday, June 28 to prep the media about the launch.
 - **Secondary press release**, partnering with DSS, OHS and the Office of the Governor.
 - **Updated Knowledgebase/Q&A-style article** with updated information about new eligibility requirements, dental and non-emergency medical transportation (NEMT) information.
 - **Updated blog post** – that remains pinned to the Access Health CT homepage.
 - **Updated one-pager collateral** – for Access Health CT and other stakeholders to share and create consistent messaging.
 - **Updated digital toolkit** – with one-pager, suggested social media posts and talking points.
 - **New emails to brokers, CACs and community partners** to have them help share the news.
 - **Organic social media.**
 - **Updated website content** – including content about types of financial help available through Access Health CT.
 - **Outreach events identified** – for the purposes of handing out collateral and making connections out in the community while talking about Covered CT.
 - **Updated customer notices** – Introducing the program and new benefits
 - **Planning for direct mail, email and SMS (texting) campaign to support Phase II Launch.**
- **Phase III July 1, 2022 – 2023**
 - **AHCT**
 - AHCT pulled customer data from the past three years and identified 44,000 individuals who filled out an application and, at the time, met the criteria to be enrolled in the Covered CT program. Direct mail, email, and SMS (text messaging) was sent to the entire audience of 44,000 individuals.
 - AHCT has updated one-pager collateral in English and Spanish, as well as the website, FAQ article, blog post and social media content to reflect a new Federal Poverty Level (FPL) chart that will be effective for coverage starting January 1, 2023.
 - **OHS**
 - The Office of Health Strategy (OHS) released an open solicitation Request for Proposal on July 15, 2022, seeking community-based organizations with expertise in outreach and engagement, for the Covered CT program. OHS' review committee chose 10 organizations representing target communities identified in partnership with DSS and AHCT. OHS is in the process of contracting and will release the names of the organizations once contracts are executed.
 - Chosen community organizations will conduct outreach and engagement including but not limited to the following communities (alphabetically listed):
Ansonia, Bloomfield, Bridgeport, Bristol, Clinton, Danbury, East Hartford, East Haven, East Windsor, Enfield, Greater New Haven, Hamden, Hartford, Lower

Fairfield, Manchester, Meriden, Middlesex, New Haven, Newington, New Britain, New London, North Haven, Plainville, Stratford, Tolland, Torrington, West Haven, Windham.

3. CURRENT ENROLLMENT

As of December 26, 2022, 14,415 individuals are enrolled in Covered CT, representing 11,777 households. This represents 3,470 enrollees who became eligible through the parent / caretaker relative coverage and 10,743 enrollees gaining coverage through the childless adult population.

Enrollment by Income Band as of December 2022

FPL Tier	Enrollees
<138	5,120
138-150	3,451
150-160	1,926
161-175	3,851
175+	67
Grand Total	14,415

*FPL Tier <138 is comprised of members that have immigration statuses that qualify for QHPs but not Medicaid (57%); individuals who qualify for QHPs but not Medicaid due to different ways income is calculated (41%); and individuals that age out of Medicaid but do not have enough work credits to qualify for Medicare (1%). FPL >175 Tier is comprised of members that have multiple plan qualifications e.g.: children are eligible for HUSKY A or B and parents qualify for a QHP with Advanced Premium Tax Credits (APTCs).

4. FINANCIAL UPDATE:

Federal approval of the 1115 Waiver Demonstration by the Centers for Medicare and Medicaid Services (CMS) was received on December 15, 2022, and is effective December 15, 2022 through December 31, 2027. Delays to federal approval however, have increased the anticipated state share of costs under the program in SFY 2023. While additional costs may place the program extremely close to the level of the available appropriations, including \$7.2 million of carryforward funding from SFY 2022, the program is expected to have sufficient funding to cover the expenses resulting from the approval delay and other increases in costs for the remainder of the fiscal year. The following overall program funding and expenditures are summarized below:

SFY 2023 Appropriation	\$17.3 m*
SFY 2022 Carryforward	\$ 7.2 m
Total Available Funding	\$24.5 m
Estimated State Share of Program Costs	\$23.1 m
Net Difference	\$ 1.4 m

*Includes \$15.6 m appropriate to OHS: \$1.7 m to DSS

Expenditures incurred by the program for the quarter ending September 30, 2022 are summarized below:

Carrier invoices for the quarter ending Sept 30, 2022	\$4,367,799.64
Dental claim payments through Sept 30, 2022	\$197,355
NEMT payments through Sept 30, 2022	\$162,758
Total payments for the quarter ending Sept 30, 2022	\$4,509,488

It should be noted that the above expenditures represent the full cost of claims/invoices received for the July to September period. Upon federal approval, this cost will be shared between the state and the federal government at the appropriate Medicaid program federal reimbursement level. For quarters in which the federal Public Health Emergency (PHE) is active, the federal reimbursement will be at the 56.2% level. It will return to the normal 50% federal reimbursement level in the quarter immediately following the quarter in which the PHE expires.

5. CURRENT CHALLENGES TO INCREASING ENROLLMENT

The federal public health emergency declaration is slowing enrollment in Covered CT – but it is a good thing because many potentially eligible individuals are still covered by HUSKY.

As part of the response to the COVID-19 public health emergency (PHE) and pursuant to federal guidance from the Centers for Medicare & Medicaid Services (CMS), Connecticut opted to provide continuous coverage for all Medicaid members who were eligible for Medicaid as of March 2020 or who became eligible for Medicaid thereafter. This extension of coverage during the PHE has successfully ensured that state residents have had access to vital medical services during the health emergency.

As a result of this policy, enrollment in Medicaid has increased significantly, with monthly enrollment having increased from 826,000 in March 2020 to nearly 1,025,000 in October 2022. Individuals who have reported changes in circumstances that may have made them ineligible under non-pandemic rules – including, but not limited to, increases in income – have generally continued to receive Medicaid during the PHE. DSS anticipates that a significant number of individuals will have their Medicaid coverage closed when the PHE ends and that these individuals will often be eligible for marketplace-based qualified healthplans (QHPs) subsidized by advance premium tax credits (APTCs), including many individuals in the income bands that are part of the Covered CT program.

When the PHE ends and federal authorization for extended Medicaid eligibility unwinds, the Covered CT program will be a critical safety net to ensure that state residents continue to have access to affordable health coverage. Until the PHE ends, however, enrollment in the Covered CT program is likely to be comparatively small and gradual given that a significant number of potential Covered CT enrollees continue to be covered by HUSKY.

We anticipate that Covered CT will be particularly meaningful to the population of childless adults aged 19-64 with income above the HUSKY D eligibility threshold but below 175% of the FPL –the group that began getting Covered CT coverage starting July 1, 2022. The parent/caretaker population who appear to be income-eligible for Covered CT may see a more delayed benefit, as those who experienced an increase in income during the PHE are still covered by HUSKY A. Furthermore, those parents/caretakers with increased earnings may receive up to one more year of extended HUSKY coverage after the end of the

PHE through the Transitional Medical Assistance (TMA) program.

6. LOOKING AHEAD

a. Ongoing marketing/outreach

All parties will continue to work with their community partners to extend outreach across community organizations. Using social media and partner email lists, DSS and partner agencies will also spread the word. Additional materials will be developed to share with legislators, partner agencies, community organizations, and provider groups to share broadly. We will plan additional events, such as press conferences, community events, media interviews and the like to spread the word.

Due to the anticipated end of the public health emergency and some current Medicaid enrollees expected to no longer be eligible for Medicaid due to an increase in income, the 2023 evolution of the program is poised to potentially see a larger pool of Connecticut residents eligible for Covered CT. Consequently, AHCT's direct-to-consumer acquisition targeting through mail and email will be substantially larger. The state partners are also reviewing opportunities to ensure as many community partners as possible, including hospitals and provider sites, have direct access to an enrollment partner. AHCT continues to be engaged in direct outreach to eligible and potentially eligible customers. We are exploring additional policy initiatives that may lead to additional direct interface with eligible customers. And we are working collaboratively to ensure that individuals who lose Medicaid coverage at the end of the PHE will maintain health coverage through Covered CT or other coverage options via Access Health CT.

b. The 1115 Demonstration Waiver Application is under federal review

On April 1, 2022, DSS, after significant development work in consultation with the other Covered CT partners, submitted an 1115 demonstration waiver application to CMS. The waiver application went through a full public notice and comment period and was approved by CMS on December 15, 2022. The approval letter and the Special Terms and Conditions (STCs) of the 1115 waiver are available at: <https://portal.ct.gov/DSS/Health-And-Home-Care/Covered-Connecticut-Demonstration-Program>.

c. Looking at continued expansion in 2023

As expected, enrollment jumped as Phase 2 commenced on July 1, 2022, and it is anticipated that it will steadily increase as the PHE unwinds and ongoing outreach picks up. Tens of thousands of childless adults and other households are projected to be eligible for Covered CT. Statistics continue to show that the population targeted by Covered CT's expansion find coverage affordability a major challenge.⁵ It is the expectation that the majority of enrollees in the program will come aboard once the PHE unwinding commences, in conjunction with ongoing outreach and marketing.

d. The Inflation Reduction Act of 2022

The American Rescue Plan Act of 2021 ("ARPA") significantly increased premium subsidies for qualified health plans offered through state and federal healthcare exchanges, facilitating growth in marketplace enrollment and healthcare coverage during the pandemic. These enhanced subsidies reduced average household premium costs by \$67 per person per month. These enhanced premiums were set to expire

⁵ [The 2019 Self-Sufficiency Standard Report](#), Office of Health Strategy and Office of the State Comptroller, October 2019.

and revert to previous levels at the end of 2022. The Inflation Reduction Act of 2022 extended the enhanced premium subsidies for qualified health plans offered through state healthcare exchanges by an additional three years. This extension is projected to help preserve affordable healthcare coverage for 2 million people nationally. The federally funded premium subsidies will help to maintain lower state costs in the Covered Connecticut program. All Covered Connecticut members are required to maximize the use of federal subsidies as a condition of enrollment.

e. Impacts of potential change to PHE

DSS, in coordination with AHCT, is committed to ensuring that all HUSKY members who have had coverage during the PHE are provided the opportunity to re-establish their eligibility for HUSKY or an alternative coverage option – including Covered CT – as part of the state’s PHE unwinding operations. Connecticut’s state-based health insurance marketplace provides a one-stop shop for residents backed by an integrated Medicaid/QHP eligibility system that allows the state to evaluate for a continuum of health coverage options in a single interaction. Applicants who are determined ineligible for HUSKY are provided an immediate option to enroll in a QHP. The Covered CT option is directly integrated into the coverage selection process to facilitate enrollment.

Governor Lamont and our partners share a commitment to enroll people in healthcare coverage. It will be critical to engage community partners and others to ensure that state residents eligible for coverage are enrolled and transition to Covered CT if eligible. This will take an all-hands-on-deck approach. The state is committed to ensuring that every avenue of outreach and technological supports are put into place to maintain coverage.

7. CONCLUSION

On behalf of DSS and partners in the Covered CT program, we thank the Connecticut General Assembly for its support and its commitment to the success of the program.

Please direct any questions about this report to [Jennifer Marsocci at DSS: jennifer.marsocci@ct.gov](mailto:jennifer.marsocci@ct.gov).