



COVERED CT FIRST BIENNIAL REPORT – JANUARY 1, 2022

The Office of Health Strategy respectfully submits this first biannual report on the Covered CT program, pursuant to section 16(e) of June Special Session, Public Act 21-2.

1. BACKGROUND

The Covered CT program began on July 1, 2021. The program phases in over a two-year period, with expanded and no-cost comprehensive health care options for adult caregivers with incomes up to 175% of the federal poverty level (FPL) starting July 1, 2021, and a second expansion to tens of thousands more adults earning between 138% to 175% FPL beginning July 1, 2022. For example, on Covered CT, a caretaker relative, in a family of four, with an annual income up to \$46,000 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, 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 Access Health CT. Covered CT also builds on Medicaid coverage by ensuring the availability of dental and non-emergency medical transportation beginning in 2022.

Since 2014, the ACA has provided advanced premium tax credits (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% 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 substantially reduced those percentages and extended the availability of APTCs to households with incomes over 400% FPL. As of this writing, ARPA’s provisions are temporary, and are in effect for coverage during calendar years 2021 and 2022. Extending the subsidies is a priority of the Biden Administration and Congressional leaders. An extension until 2025 was included in Build Back Better (BBB), and will be the subject of ongoing negotiations as part of a Budget Reconciliation package when Congress reconvenes in early 2022. (More detail on the actual impact of the BBB is included later in this report.)

Household Income (% of the FPL)	Original 2021 Premium Percentage (pre-American Rescue Plan)	Updated Premium Percentage, 2021–2025
Up to 150%	2.07%–4.14%	0%
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](#)

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.

Health plans must offer 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 coverage mandates that exceed 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 standard silver plan in each county, 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 in credits 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% 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 plan. There is one plan designated as the silver CSR plan for people with incomes between 150% and 200% FPL. This income range includes the Covered CT household income range of 160% up to an including 175% FPL.

2. LEGISLATION – ADMINISTRATION AND CGA WORKING TOGETHER

The Covered CT program was created as part of the most recent budget implementer bill, specifically, as sections 16 through 19 of [June Special Session, Public Act 21-2](#).

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 start as soon as possible to ensure coverage beginning on July 1 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 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 offers no-cost healthcare coverage to caretaker relatives of HUSKY A eligible children with incomes from 160% up to and including 175% FPL and who otherwise do not have an offer of affordable employer sponsored insurance.² Coverage was also made available to unemployed individuals and Alaskan Native/Native Americans in similar situations.

The second phase of the Covered CT program will begin after July 1, 2022, and will expand 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% FPL. Alaskan Native/Native Americans who otherwise would qualify on an income basis will also be included in the program. Depending on the pending national legislation, this expansion will include coverage for individuals who became unemployed as a result of the COVID pandemic.

As stated earlier, Covered CT builds upon the ACA and ARPA. 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 the full ARPA subsidies available to them. Consumers must be enrolled the 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, on Covered CT, a caretaker relative, usually a parent in a family of 4 with income up to \$46K would get fully subsidized coverage. Covered CT will ensure access to healthcare by providing no cost coverage to tens of thousands Connecticut residents.

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 and ConnectiCare Benefits, Inc.,³ began meeting two or three times a week to discuss potential implementation of Covered CT. Despite the challenges of starting the program on time, all parties were able to implement the program on time.

The teams from the health plans and Access Health CT worked to ensure that information would be transmitted from Access Health CT 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, Access Health CT, CID and OPM.

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

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.

b. Contracts with Carriers

Covered CT program relies on the participating health plans with Access Health CT 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 system changes

Since the legislation went into effect on 7/1/21, 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 CT residents to ensure a seamless consumer experience. Development continues as teams are now focused on the implementation of Covered CT for adults without children and Non-Emergency Medical Transportation and Dental coverage.

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.

Governor Lamont held two press conferences on the program and other significant coverage expansions passed last session.⁴ The Insurance and Real Estate Committee held a public forum on Covered CT. OHS presented to the MAPOC on the status of the Covered CT program.

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

⁴ P.A. 21-176 summarized [here](#).

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Fair Haven Community Health Care

COVERED CT

Expanding Affordable Healthcare Coverage



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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.**

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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



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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

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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 Strat... · 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 Foundati... · 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 Foundati... · 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 @Healt... · 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 @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

Access Health CT undertook the following initiatives related to the Covered CT program:

- **Phase I – marketing and outreach efforts for July 1, 2021 launch:**
 - **Development of a master document** outlining key messaging and Q&A to be used by Access Health CT, carriers and the Office of Health Strategy (OHS) to market the program to our customers and stakeholder groups.
 - **Development/posting of the [blog post](#)**, pinned to the Access Health CT homepage for prominent placement.
 - **Development/posting of a [Knowledgebase article](#) (a Q&A-style article) on the new program.**
 - The Knowledgebase/Q&A-style article can be found in several ways:
 - The blog post links to the article.
 - Click on “Get Help” from the AHCT homepage and then select the first link on the right-hand sidebar that says, “Ask a Question.”
 - And many pages on the AHCT website have deep links to the Covered Connecticut Knowledgebase/Q&A-style article. For example, if you use the search bar on the homepage for “Covered Connecticut” or “Covered CT,” you will find the Covered Connecticut blog post, the toolkit, and the Open Enrollment blog post, all of which link to the Knowledgebase/Q&A-style article for more information. These deep links appear throughout the AHCT website in other relevant pages, too, including the page on Financial Help.
 - **Organic and paid social media.**
 - **Monthly direct mail** to customers immediately eligible for the program.
 - **Monthly emails** to customers immediately eligible for the program.
 - **Information shared at in-person Outreach events and with the legislative community** through a customized toolkit with information for legislative leaders to include in their communications, such as copy for email/collateral campaigns and social media posts including prepared copy and visuals for ease of use.
- **Phase II – mass-media marketing campaign in September/October 2021:**
 - **Email and direct mail campaigns** that are using historical data, reaching back 3 years of history and 10% above and below the income requirements.
 - **Print advertorials** including placement in the *Hartford Courant* and minority community newspapers.
 - **Radio DJ reads** on WNPR and WTIC, to reach both eligible customers and those that influence them (legislative audience and nonprofits that provide supports).
 - **Digital billboards** in high-transit locations to reach both eligible customers and those that influence them (legislative audience and nonprofits that provide supports).
 - **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 Connecticut Program blog post** and **Knowledgebase/Q&A style article** (note this is supported by paid media).
 - **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.
 - **Information shared at in-person Outreach events.**

- **Phase III – Open Enrollment messaging/outreach efforts in November 2021-January 2022:**
 - **Print advertorials** that will appear 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 Connecticut Program 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 blog posts 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 Connecticut hotline, dedicated exclusively to this effort.**
 - **Information shared at in-person Outreach events.**

3. CURRENT ENROLLMENT

As of December 22, 2021, 501 households are enrolled in Covered CT, representing 742 people in Connecticut.

4. FINANCIAL REPORTING ON EXPENSES FROM CARRIERS

As of October 31, 2021, OHS received invoices from the health plans totaling \$285,541.40. Invoices for the quarter ending December 31, 2021, are expected this month.

5. CURRENT CHALLENGES TO INCREASING ENROLLMENT

a. Public Health Emergency—Ongoing Coverage

The public health emergency 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 (HUSKY) has increased significantly, with monthly enrollment having increased from 826,000 in March 2020 to over 976,000 in November 2021. 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 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 health plans (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 winds down, 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 federal poverty level (FPL) – the group that is targeted to begin getting Covered CT coverage on or after 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 work with their community partners to extend outreach across community organizations. Using social media and partner email lists, OHS 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 with broadly. We will plan additional events, such as press conferences, community events, media interviews and the like to spread the word.

Access Health CT is preparing for communications needs to support the July 1, 2022, changes to the program eligibility requirements – including expanded income requirements and elimination of the child requirement.

The 2022 evolution of the program is poised to have a significantly larger pool of eligible Connecticut residents, meaning Access Health CT's direct-to-consumer acquisition targeting will be much larger. Direct mail and email communications will be to much larger lists.

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. Access Health CT 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. Work is underway on the waiver

Work began prior to legislation passing to explore an 1115 waiver opportunity. DSS and partner agencies are engaged in an active waiver development process.

c. Looking at the major expansion in 2022

We expect enrollment to steadily increase as the PHE winds down and ongoing outreach picks up. Tens of thousands of childless adults and other households will 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 We expect the vast majority of enrollees in the program to come aboard upon expansion with ongoing outreach and marketing.

d. Impacts of Build Back Better Act (BBB)

As of this writing, the Build Back Better Act passed the House of Representatives but is pending in the U.S. Senate. The BBB would extend the ARPA subsidies through 2025, ensuring a longer term Covered CT program. The extension of the ARPA subsidies is widely supported. The Urban Institute projects that families with incomes below 200% FPL would save 25% on premium and cost sharing reductions with the ARPA subsidies in place.⁶ Covered CT would eliminate any remaining premiums and cost sharing for individuals and families in this extremely price sensitive income bracket, saving individuals and families more than that 25%.

Notably ARPA subsidies would continue for higher income brackets. Some customers in households with incomes over 400% FPL are saving hundreds of dollars a month on coverage. With the ARPA subsidies in place, a family of four at 100K can pay as low as \$250 per month for coverage, saving \$980 per month because of the ARPA premium subsidies.

A family of four making \$50,000 can pay as low as \$4.00 for the monthly premium. The maximum deductible would be \$650. The family could save \$560 per month on premium because of the tax credits.

ARPA subsidies are making a dramatic difference in affordability of coverage and for those with lower incomes, who face affordability challenges with daily and monthly expenses, Covered CT removes any remaining barriers to access to comprehensive healthcare coverage.

Finally, the BBB provides for a Healthcare Affordability Fund to provide states with additional funds to make healthcare coverage more affordable. Funds may be directed to reinsurance or other options. The

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

⁶ Stacey McMorrow, et al., [Extending the American Rescue Plan Act's Enhanced Marketplace Affordability Provisions Could Benefit Nearly One Million Uninsured Children and Parents](#), Urban Institute, October 21, 2021, retrieved at [Extending the American Rescue Plan Act's Enhanced Marketplace Affordability Provisions Could Benefit Nearly One Million Uninsured Children and Parents | Urban Institute](#).

state will fully explore additional options if the bill passes and when the state is informed of the full amount of funding targeted to Connecticut.

e. Impacts of potential change to PHE

The Department of Social Services is committed to ensuring that all HUSKY members who have had coverage during the PHE are provided the opportunity to reestablish their eligibility for HUSKY or an alternative coverage option – including Covered CT – as part of the state’s PHE winddown 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 will be directly integrated into the coverage selection process to facilitate enrollment.

Governor Lamont and our partners share a commitment to enroll people in coverage. It will be critical to engage community partners and others to ensure caretaker relatives and others eligible for coverage are enrolled in coverage 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 OHS 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 Victoria Veltri at victoria.veltri@ct.gov.