

**Covered Connecticut (CoveredCT) 1115 Eligibility and Coverage Demonstration**

**Demonstration 11-W-00402/1**

**DY1 Q4 and DY2 Q1 Monitoring Report**

**December 15, 2022-March 31, 2023**

**1. Title page for the state’s eligibility and coverage demonstration or eligibility and coverage policy components of the broader demonstration**

Overall section 1115 demonstration	
<b>State</b>	Connecticut
<b>Demonstration name</b>	Covered Connecticut
<b>Approval period for section 1115 demonstration</b>	12/15/2022 – 12/31/2027
<b>Demonstration year and quarter</b>	DY1Q4 and DY2Q1
<b>Reporting period</b>	. DY1Q4: 12/15/2022-12/31/2022 DY2Q1: 1/01/2023-3/31/2023

Notes:

- 1. Eligibility and coverage demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective* date listed in the state’s STCs at time of eligibility and coverage demonstration approval. For example, if the state’s STCs at the time of eligibility and coverage demonstration approval note that the demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the demonstration. Note that that the effective date is considered to be the first day the state may begin its eligibility and coverage demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on December 15, 2020, with an effective date of January 1, 2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.
- 2. Implementation date of policy:** The date of implementation for each eligibility and coverage policy in the state’s demonstration.

## 2. Executive Summary

Demonstration year one was comprised of the last two-weeks of 2022, during which time open enrollment was underway for Connecticut and the COVID-19 Public Health Emergency (PHE) declaration remained in place. The combined effect of both events impacted enrollment during the last quarter and caused a slight fluctuation with minimal growth. Demonstration year two, quarter one, which began on January 1, 2023 was also impacted by the continued PHE and saw modest growth month over month.

The Connecticut Office of Health Strategy (OHS) was mandated by the Connecticut General Assembly in June 2021 to procure outreach, engagement and navigation services for the Covered Connecticut Demonstration for SFY 2023. The OHS Covered Connecticut outreach and engagement program kicked off in March 2023 and provides ten community and consumer focused organizations that have deep connections in their respective communities, with funds to assist in outreach, education and enrollment in CoveredCT. Geographic service areas by county include New Haven, Hartford, Fairfield, New London, Litchfield, Windham, Middlesex and Tolland. Each of the New Haven, Hartford and Fairfield County. The organizations awarded must have knowledge and experience with Medicaid, CHIP, CoveredCT, the Public Health Emergency and health insurance plans and subsidies offered through AHCT. Each agency is required to submit outcomes which is completed monthly and will begin May 1, 2023.

The Department of Social Services (DSS) launched a statewide website and media campaign called “Update Us so we can Update You” which began the first week of January of 2023 on platforms that included streaming services, social media, billboards, posters, advertisements on transit systems and in newspapers, to create awareness around the end of the PHE. The campaign, through the state website Public Health Emergency (ct.gov) provided guidance and toolkits to benefit partners to keep members informed about the steps they need to take to maintain Medicaid benefits. The campaign seeks to also create awareness around options available to members that no longer qualify for Medicaid, including information regarding eligibility and enrollment in the CoveredCT program. DSS also created a member facing website “Covered Connecticut Program” (ct.gov) that provides information about the program, eligibility requirements, how to enroll, where to get help with enrolling and information about enrollment events.

In October 2022, the DSS became aware that contracts executed with the insurance carriers by the Office of Health Strategy (OHS), the state agency initially charged with administering the program, contained financial terms tied to program utilization. As part of the contract terms with the Carriers, a fee was negotiated and is paid as a percentage of all CoveredCT premiums monthly in addition to the premium payment, to mitigate against risk from induced utilization with health insurance plans that have “0” cost share for members. The financial terms are impacting the program budget and currently there is limited data on the CoveredCT program utilization that details a full year of experience under the expanded eligibility implemented on July 1, 2022. The state and one carrier produced analysis with consistent results for utilization under CoveredCT; analysis from the second carrier contracted to serve the CoveredCT population has shown utilization to be slightly higher. Utilization is not at the level predicted by

each carrier at the program inception and DSS is confident it can reach consensus with the carriers and execute new contracts with financial terms consistent with what the data supports.

### **3. Narrative information on implementation and operations**

#### **Changes to populations served, benefits, access, delivery systems, or eligibility**

Connecticut has nothing to report for DY1 Q4 or DY2 Q1.

#### **Legislative activities and state policy changes**

The Connecticut General Assembly, through SB 978, is proposing to expand eligibility for CoveredCT up to 200% FPL beginning in SFY 2024 and would require the Commissioner of Social Services to (1) amend the Medicaid 1115 Covered Connecticut waiver to expand health care coverage to persons whose earnings do not exceed two hundred per cent of the federal poverty level, and (2) develop a second tier of such program to cover persons whose earnings are between two hundred per cent and three hundred per cent of the federal poverty level. The SFY 2024/2025 Appropriations Committee recommended budget includes funding to expand CoveredCT to 200% FPL with no cost sharing.

#### **Fiscal changes**

Connecticut has nothing to report for DY1 Q4 or DY2 Q1.

#### **Related audit or investigation activity, including findings**

Connecticut has nothing to report for Covered Connecticut for DY1 Q4 or DY2 Q1.

#### **Litigation activity**

Connecticut has nothing to report for Covered Connecticut for DY1 Q4 or DY2 Q1.

#### **Appeals**

Connecticut has nothing to report for Covered Connecticut for DY1 Q4 or DY2 Q1.

#### **Changes in key state personnel or organizational structure**

In December 2022, Governor Lamont appointed Connecticut Department of Social Services (DSS) Commissioner Deidre Gifford to lead the Connecticut Office of Health Strategy. Commissioner Gifford's role at DSS was filled by Andrea Barton-Reeves who began

leading the agency on January 1, 2023. Commissioner Gifford remains an active member of the CoveredCT Executive Committee, which is the internal leadership body that provides guidance and oversight of the program.

**Status and/or timely milestones for health plan contracts**

The contracts with the insurance carriers that currently support the CoveredCT program are owned and managed by the Connecticut Office of Health Strategy until June 30, 2023. The Department of Social Services and the Office of Health Strategy have requested a three-month extension of the contracts and an assignment of the contracts to the Department of Social Services from the carriers for the period of July 1, 2023 through September 30, 2023. The request to extend and assign allows the state to fully manage all aspects of the program while also providing the state and the Carriers more time for discussions around new contract terms that will commence on October 1, 2023. The internal DSS team, in preparation for the contract discussions, met bi-monthly to discuss and reach consensus on new contract terms, developed a detailed schedule for the end-to-end process and drafted a master contract. Contract discussions with each Carrier are scheduled to begin in May 2023.

**Enrollment**

As noted above, enrollment fluctuated in the last quarter of DY1 and the first quarter of DY2 with minimal growth month over month.

Demonstration Year and Quarter	December Enrollment	January Enrollment	February Enrollment	March Enrollment
DY1 Q4	15,872			
DY2 Q1		15,680	16,019	16,175

**Connecticut Health Insurance Exchange, Access Health CT (AHCT)**

Access Health Connecticut (AHCT) is a strong supporter of the CoveredCT program and a responsive, flexible partner. AHCT worked closely with the state to implement needed changes to the eligibility system to ensure the Covered Connecticut program was implemented on time and has continued to be responsive when called upon. AHCT has conducted marketing campaigns on behalf of the CoveredCt program and following program expansion in July 2022, AHCT launched a press release about the updated eligibility

requirements and expanded benefits. In the last two quarters of 2022, AHCT conducted a direct mail effort targeted at 44,000 Connecticut residents who at one time were enrolled in or applied for coverage on the health insurance exchange and may qualify for the Covered Connecticut program. AHCT also conducted email campaigns promoting enrollment fairs; worked with the carriers to provide language for outreach and engagement materials; conducted campaigns on open enrollment and CoveredCT on social media; and provided updates and FAQs on CoveredCT on the AHCT homepage.

AHCT also responded to requests for changes to the eligibility system for the consumer-facing screens. In December 2022, concern was raised by consumer advocates that some of the information displayed during the eligibility and enrollment process was confusing and may cause some to abandon the enrollment process. AHCT met with DSS program leads and worked to streamline some of the language to ensure there are prompts and alerts, that the language is unambiguous and will provide the consumer with necessary information to aid in decisions around enrollment; these updates are scheduled for release in August of 2023. AHCT also prepares and submits weekly reporting on enrollment stratified by age, gender, zip code and income level. This information is shared with our state partners engaged in outreach and engagement efforts, utilized for internal planning and utilized for reporting to the state legislature. Representatives from AHCT participate in monthly CoveredCT team meetings and CoveredCt Executive Committee meetings, offering subject matter expertise and further strengthening the partnership through the continued engagement.

### **Dental**

The dental benefit implemented in July 2022, is administered by BeneCare. BeneCare is a great partner and strong supporter of the CoveredCT program. BeneCare manages the distribution of the member packets for the dental and Non-Emergency Transportation benefits for the CoveredCT program for DSS. In DY2 Q1, BeneCare, at the request of the DSS updated the member packet to provide more detail on the transportation benefit. BeneCare also supports a dashboard for the CoveredCT dental program that details utilization in real time. Utilization of the dental benefit was slow to build in the initial months of the program but rose steadily in the last quarter of 2022 and remained strong in the first quarter of 2023. Utilization of dental services has been highest for preventative care, restorative care and exams.

The dental benefit was implemented utilizing existing system infrastructure and there was no report of any member issues related to enrollment or services in DY1 Q4. For DY2 Q1, only one member issue was reported and was related to enrollment in the CoveredCT dental benefit. A member reported that they were informed by a provider that they were enrolled in a pediatric dental benefit. The member received outreach from DSS staff who provided the member information detailing what should be presented for a member id at the time of service, ensured an updated member packet was sent to the member and the issue was resolved within 24-hours.

### **Non-Emergency Medical Transportation (NEMT)**

The NEMT benefit was implemented in July 2022 and is administered by VEYO. VEYO has been a strong supporter of the program and worked with DSS to ensure the benefit was implemented on time for CoveredCT members. Utilization of the benefit has been low but not unexpected. Most new CoveredCT members would not have had access to this benefit unless they were former Medicaid recipients so early on there was a lack of awareness regarding the benefit. Utilization for December was very low, with only 9 rides provided to members. Utilization has been steadily climbing month over month, increasing by 211% from the prior quarter.

### **Public Forums**

The first public forum for Covered Connecticut is scheduled for June 12, 2023.

### **Emergency situation/disaster**

Connecticut has nothing to report for Covered Connecticut for DY1 Q4 or DY2 Q1.



**4. Narrative information on implementation for any demonstration with eligibility and coverage policies**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_1 Metrics and operations for any demonstrations with eligibility and coverage policies (Any demonstration topics are applicable for reporting on the state’s broader section 1115 demonstration. In support of CMS's efforts to simplify data collection and support analysis across states, report for <u>all beneficiaries in the demonstration</u>, not only those subject to eligibility and coverage policies.)</b>			
<b>AD.Mod_1.1 Metric trends</b>			
1.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	X	AD_1-5	
1.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	X	AD_6-10	
1.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	X	AD_11-13	
1.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	X	AD_14-21	
1.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	X	AD_22	
1.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	X	AD_23-27	
1.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	X	AD_28-36	

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
1.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	X	AD_37-43	
1.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	X	AD_44	
<b>AD.Mod_1.2. Implementation update</b>			
1.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See Monitoring Report Instructions for more detail.			<p>The Connecticut General Assembly, through SB 978, is proposing to expand eligibility for CoveredCT up to 200% FPL beginning in SFY 2024 and would require the Commissioner of Social Services to (1) amend the Medicaid 1115 Covered Connecticut waiver to expand health care coverage to persons whose earnings do not exceed two hundred per cent of the federal poverty level, and (2) develop a second tier of such program to cover persons whose earnings are between two hundred per cent and three hundred per cent of the federal poverty level.</p> <p>The SFY 2024/2025 Appropriations Committee recommended budget includes funding to expand CoveredCT to 200% FPL with no cost sharing.</p>

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>AD.Mod_2. State-specific metrics</b>			
<b>AD.Mod_2.1 Metric trends</b>			
2.1.1 Discuss any data trends related to state-specific metrics. Discuss each state-specific metric trend in a separate row. Describe and explain changes (+ or -) greater than two percent.	X		

**5. Narrative information on other reporting topics**

Prompt	State has no update to report (place an X)	State response
<b>1. Budget neutrality</b>		
<b>1.1 Current status and analysis</b>		
1.1.1 Discuss the current status of budget neutrality and provide an analysis of the budget neutrality to date. If the eligibility and coverage policy component is part of a comprehensive demonstration, the state should provide an analysis of the eligibility and coverage policy related budget neutrality and an analysis of budget neutrality as a whole.		The State is working to run and submit budget neutrality reports this quarter. The State will keep CMS informed of its progress if the reports will miss the CMS deadlines. The current submission will be based on the original BN template provided by CMS in February 2023. The State would like to request an updated template reflecting the recent Technical Correction update completed in April 2023 with respect to the CAP target percentages once available.
<b>1.2 Implementation update</b>		
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	X	

Prompt	State has no update to report (place an X)	State response
<b>2. Eligibility and coverage demonstration evaluation update</b>		
<b>2.1 Narrative information</b>		
2.1.1 Provide updates on eligibility and coverage policy evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per 42 Code of Federal Regulations (CFR) § 431.428a(10) for annual [monitoring] reports. See Monitoring Report Instructions for more details.		The state contracted with a vendor to conduct the independent evaluation of the Covered Connecticut demonstration in January of 2023. The evaluation vendor provided a timeline that provides ample time for development and review prior to submission. The state has been meeting regularly to discuss and provide input and feedback into the driver diagram and evaluation measures. The evaluation design plan is currently under internal review and on target for submission to CMS by June 23, 2023.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.		The draft Evaluation Design Plan is complete. Currently no barriers to a timely submission.
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.		Draft evaluation Design Plan Due: June 23, 2023

Prompt	State has no update to report (place an X)	State response
<b>3. Other eligibility and coverage demonstration reporting</b>		
<b>3.1 General reporting requirements</b>		
3.1.1 Describe whether the state foresees the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes.		The state may, based upon the outcome of pending proposed legislation, request to update the Covered Connecticut 1115 waiver to support expanding eligibility up to 200% FPL and adding a tier above 200% with a cost share component.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, describe whether the state has formally requested any changes or whether the state expects to formally request any changes to: 3.1.2.a The schedule for completing and submitting monitoring reports	X	
3.1.2.b The content or completeness of submitted monitoring reports and or future monitoring reports	X	
3.1.3 Describe whether the state has identified any real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation.		As noted above in Section 1.1, a request has been submitted to CMS to extend the due date for the Budget Neutrality Report due on May 30, 2023 due to a delayed submission of the CMS-64 and pending finalization by CMS.
3.1.4 Provide updates on the results of beneficiary satisfaction surveys, if conducted during the reporting year, including updates on grievances and appeals from beneficiaries, per 42 CFR 431.428(a)5	X	

Prompt	State has no update to report (place an X)	State response
<b>3.2 Post-award public forum</b>		
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual monitoring report.	X	

Prompt	State has no update to report (place an X)	State response
<b>4. Notable state achievements and/or innovations</b>		
<b>4.1 Narrative information</b>		
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the eligibility and coverage policy hypotheses (or if broader demonstration, then eligibility and coverage policy related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms (e.g., number of impacted beneficiaries).	X	

\*The state should remove all example text from the table prior to submission.

Note: States must prominently display the following notice on any display of measure rates based on NCQA technical specifications for 1115 eligibility and coverage demonstration monitoring metrics:

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