



## Covered Connecticut Post 1115 Waiver Demonstration Public Forum

June 05, 2025 – 9:30 a.m. – 11:00 a.m.

As a requirement of the Covered CT 1115 Medicaid Waiver, Connecticut must hold an annual public forum to provide an opportunity for program stakeholders to comment on the progress of the demonstration. Public comment was received during the meeting and could also be submitted via email by June 13<sup>th</sup> to [jennifer.marsocci@ct.gov](mailto:jennifer.marsocci@ct.gov).

The public forum had broad attendance and included the Department of Social Services (DSS), Access Health CT (AHCT), the Office of Health Strategy (OHS), the Connecticut Dental Health Partnership, representatives from Anthem, Connecticare, Molina Health.

### Minutes and Public Comment

#### Welcome and Introductions

- Commissioner Reeves provided welcoming remarks and shared how critical Covered CT is to the residents of Connecticut that rely upon it for health care.

#### Program Overview and Updates

##### Background

- Covered CT was created through Public Act 21-2, June 2021 special session, with the goal of closing the health insurance affordability gap in a cost-effective manner for individuals who do not qualify for Medicaid and expand coverage in a way that would allow access to no-cost comprehensive healthcare coverage.
- Covered CT leverages existing federal funding that heavily subsidizes Qualified Health Plans (QHPs) available on the state health insurance marketplace, d.b.a. Access Health CT (AHCT) and an 1115 Medicaid waiver to receive federal match to “top up” health insurance exchange subsidies to support program costs and allow for greater access.
- DSS applied for a Medicaid Waiver on April 1, 2022, and received approval from the Centers for Medicare & Medicaid Services (CMS) on December 15, 2022.
- Pursuant to Public Act 22-118, DSS assumed administrative authority through in July 2022 and was required to apply for a Medicaid waiver under Section 1115 of the Social Security Act to support program goals and maximize federal reimbursement.
- The Office of Health Strategy (OHS) initially had administrative authority over the program and retains responsibility for program outreach.

##### Program Demonstration Years

- **DY1:** December 15, 2022-December 31, 2022
- **DY2:** January 1, 2023-December 31, 2023
- **DY3:** January 1, 2024-December 31, 2024
- **DY4:** January 1, 2025-December 31, 2025
- **DY5:** January 1, 2026-December 31, 2026
- **DY6:** January 1, 2027-December 31, 2027

##### Demonstration Goals

- Improve affordability of health insurance coverage
- Promote healthcare coverage



- **Ensure stable coverage**
- **Reduce the statewide uninsured rate**
- **Improve oral health**
- **Enable access to medical appointments**

#### **Program Eligibility**

- Eligibility is determined through the Connecticut health insurance marketplace Access Health CT (AHCT) existing application process.
- **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 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 AHCT, using 100% of available Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs)
    - enroll in a silver-level plan on AHCT

#### **Covered CT Benefits**

- Covered CT members have access to a fully subsidized qualified health plan that includes:
  - Ambulatory patient services
  - Emergency services
  - Hospitalization
  - Pregnancy, maternity, and newborn care
  - Prescription drugs
  - Rehabilitative and habilitative services and devices
  - Laboratory services
  - Mental Health and Substance Use Disorder Services
  - Preventive and wellness services and chronic disease management
  - Outpatient Diagnostic Services
- Comprehensive Dental benefits
- Non-Emergency Medical Transportation (NEMT) that provides transportation to and/or from medical appointments.

#### **Program Updates**

- **Enrollment**
  - Enrollment year-over-year increased an average of **68%** from DY1 to DY3
  - Covered CT members account for 30% of the total marketplace population.
  - DY4 Enrollment on May 31, 2025, was **47,045**
  - Projections year-over-year have trended slightly lower than actuals, with higher actuals due to the public health emergency (PHE) unwind and changes to HUSKY A eligibility at the end of 2024.
- **Budget**
  - The Demonstration saw higher growth during the PHE unwinding and the open enrollment period



- The gross spend from July 2024 through March 2025 was \$39.9 million. The gross PMPM is \$111
- The estimated State cost in 2026 is \$47.7 million and in 2027 the estimated state cost is \$65.0 million

- **Dental**

- The dental benefit is administered by DSS through their Dental ASO BeneCare, who assists with outreach and engagement as well as reporting on dental utilization that supports state and federal requirements and aids in informing policy decisions.
- Total claim expenditures for SFY 2024 were \$2,553,858 an increase of 76% over SFY 2023.
- Claims volume increased 69% between SFY 2023 and SFY 2024, with 33% of members utilizing dental benefits in SFY 2024, an increase of 8% over SFY 2023.
- Utilization in SFY 2023 and SFY 2024 was the highest for preventive services which includes examinations, cleanings and fluoride application followed by restorative care.

- **NEMT**

- Utilization of NEMT increased 265% in DY3 (2024) over DY2 (2023) and followed similar seasonal trends year over year.
- NEMT services includes public transit reimbursement, sedan, wheelchair accessible vehicle and mileage reimbursement.
- NEMT utilization has been consistently low when compared to enrollment but not inconsistent with use by the larger Medicaid population.
- NEMT Outreach Goals:
  - Increase stakeholder engagement and knowledge of NEMT services.
  - Increase member access to NEMT services.
  - Improve high quality service delivery and member satisfaction.
  - Identify key areas for improvement.
  - Use data collection, analysis and reporting to inform policy decisions

- **Access Health CT**

- During DY3, AHCT:
  - Continued to participate in monthly Covered CT team meetings, Covered CT Executive Committee meetings, and Covered CT reporting meetings, offering subject matter expertise, strengthening the partnership through continued engagement.
  - Supported weekly reporting, providing information on enrollment stratified by age, gender, zip code and income level. This information is shared with our state partners involved in outreach and engagement efforts; utilized for internal planning and reporting to the state legislature.
  - Worked in collaboration with DSS staff to develop requirements to implement auto-enrollment for members to opt-in to or decline Covered CT auto enrollment and Covered CT plan selections during the subsidized application flow.
  - Provided additional marketing support in the form of press releases, geo-targeted email campaigns and promoted Covered CT at enrollment fairs. In addition, AHCT collaborated with carriers and the UConn Health Provider Network on collateral for patient networks and 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 ([AccessHealthCT.com/toolkit/](https://AccessHealthCT.com/toolkit/)).
  - During the annual open enrollment period, AHCT supported additional outreach campaigns with targeted messaging to encourage consumers to take action to ensure they remain covered for the upcoming plan year. Individuals whose HUSKY coverage has



ended and based on known information, may be eligible for Covered CT, are included in this activity.

- **Office of Health Strategy (OHS)**

- During DY3 OHS supported outreach and engagement efforts including providing direct outreach in the community via an engagement with the Community Health Center Association of Connecticut (CHC/ACT) that provided seven (7) Community Health Workers provide outreach and enrollment assistance.
- Developed an RFP to support a marketing campaign for the Covered CT program that will launch in August 2025.

- **Covered CT 1115 Medicaid Waiver Updates**

- **Quarterly and Annual Reporting**

- Connecticut has submitted all required reporting to date and approved reports are posted to the [Covered CT Demonstration page](#).
- CMS requires that the state, through the CMS Monitoring Protocol, report on program outcomes that include metrics on enrollment, access, quality and health outcomes for members enrolled in Covered CT.
- The state submitted the monitoring protocol that details Demonstration metrics the state will report and the state reporting schedule on January 13, 2025.
- Connecticut is awaiting approval from CMS and will begin reporting metrics according to the approved schedule in 2026.

- **Evaluation Design Summary**

- Connecticut is required to conduct an independent evaluation of the Covered CT Demonstration to assess progress on waiver goals at two points during the Demonstration. The evaluations are guided by the Evaluation Design Plan which was approved by CMS on May 31, 2024.
- The Interim Evaluation, due to CMS on December 31, 2026, will provide an update on demonstration progress and present findings to date in alignment with the approved Evaluation Design Plan. The report will be posted to the Covered CT Demonstration page for public comment with the Covered CT application for a waiver extension in December 2026.
- The evaluation of the Covered CT 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.
- Analysis will identify common themes across interviews and documents. These data will be summarized to describe the activities undertaken for each project milestone, including highlighting specific successes and challenges.

- **Interim Evaluation Timeline:**

- **Summer 2025-Spring 2026:** Document review, evaluation activities and focus group scheduling.
- **Summer 2026:** Qualitative and Quantitative data collection and analysis.
- **December 31, 2026:** Interim Evaluation due to CMS



- **Research Questions and Hypotheses**

- Select performance measures will be used to demonstrate observed changes in outcomes, using an interrupted time-series (ITS) design when sufficient pre-demonstration data is available, or with pre-post comparisons or comparisons to national benchmarks where sufficient pre-demonstration data is not available.
- Additional performance measures will be collected to monitor progress on meeting the activities and project goals. These performance measures are grouped and described under the related primary drivers.

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

#### Public Comment and State Response

##### Public Comment:

- One comment was received during the meeting from a representative of Molina Healthcare who inquired about program sustainability when the enhanced premium tax credits expire at the end of the year and the impact that change will have on program funding.
  - Commissioner Barton Reeves responded that this is a challenging question to answer. The Commissioner further opined that the State is discussing all the impacts related to funding changes at the federal level (which impact SNAP and Medicaid). When the State has more information to share, they will be sure to share it with stakeholders.