



Covered CT Waiver Public Forum

June 04, 2024



Agenda

1. Welcome and Opening Remarks
2. Meeting Information and Requests
3. Introductions
4. Public Forum Information
5. Covered CT Program Background and Overview
6. Covered Program Updates
7. Covered CT Waiver Evaluation
8. Public Comment
9. Adjourn



Meeting Information and Requests

- Please enter your name and agency/organization in the chat.
- Please make sure you are muted during the meeting.
- Please raise your hand if you would like to comment.



Presenters

Department of Social Services

- Commissioner Barton Reeves
- Bill Halsey – Acting Medicaid Director
- Jennifer Marsocci – Covered CT Program Manger
- Trishan Lakha – Budget and Finance Lead, Covered CT Program
- Donna Balaski, DMD – Dental Lead
- Yvonne Pallotto – NEMT Lead

Office of Health Strategy

- Leslie Greer - Covered CT Program, Project Lead

Access Health CT

- Rebekah McLearn - Director, Technical Operations and Analytics (TOA)

Mercer Government Solutions

- Tonya Aultman-Bettridge



Public Forum Information

- Annually, as a requirement of the 1115 Covered CT waiver, the state must hold a public forum to provide an opportunity for program stakeholders to give input and feedback on the demonstration.
- Public comment received today will be documented in the meeting minutes and responses will be posted to the DSS "[Covered CT Demonstration](#)" page on ct.gov.
- Members of the public can provide written comment by June 19th to jennifer.marsocci@ct.gov.



Covered CT Program Background and Overview



Background

- Covered CT was created through Public Act 21-2, June special session, with the goal of expanding coverage to lower-income individuals in a way that would allow access to no-cost comprehensive healthcare coverage
 - The Office of Health Strategy(OHS) initially had administrative authority over the program and currently maintains responsibility for program outreach.
 - The Department of Social Services (DSS) was mandated to apply for a Medicaid waiver under Section 1115 of the Social Security Act to support program goals and maximize federal reimbursement.
 - In May 2022, the Connecticut General Assembly, through Public Act 22-118, transferred full administration of the Covered CT program to DSS while maintaining the obligation of OHS to reimburse the insurance carriers through June 30, 2023.



Program Goals

- I. **Promote healthcare coverage**, measured by the number of people who enroll in the in Covered CT;
- II. **Ensure stable coverage**, measured by the number of people who lose Medicaid coverage and enroll in the Covered CT without a break in coverage, including but not limited to those whose income increased during the COVID public health emergency period; and
- III. **Reduce the statewide uninsured rate**, measured by the Census Bureau's Current Population Survey.



Program Eligibility

Phase I – Implemented July 1, 2021

- No cost health insurance coverage for adult caretaker relatives and eligible parents with dependent children and at least one child in Connecticut's Medicaid program (HUSKY A)

Phase II – Implemented July 1, 2022

- Eligibility was expanded to include all parents, needy caretaker relatives and (nonpregnant) low-income adults. To qualify, residents must:
 - be between the ages of 19-64
 - have a household income up to and including 175% of the federal poverty level and be ineligible for HUSKY Health/Medicaid due to income
 - be eligible for financial help to purchase health insurance on Connecticut's health insurance exchange, dba Access Health CT (AHCT), using 100% of available Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs)
 - enroll in a silver-level plan on AHCT
- Eligibility is determined through AHCT's existing application process.



Covered CT 1115 Medicaid Waiver

What is an 1115 Medicaid Waiver

- Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to allow states to pursue innovative and flexible program designs to improve existing programs, implement new programs, improve service delivery and quality of care and evaluate state-specific policy initiatives. The Centers for Medicare and Medicaid Services (CMS) is the governing body with oversight and management of 1115 Medicaid waivers.
- The Covered CT Waiver Application was submitted April 4, 2022 and approved on December 15, 2022!!!
- Waiver approval allows Connecticut to receive federal match, which means that for every program dollar spent on Covered CT, both the federal and state government contribute fifty cents.



Covered CT Program Updates



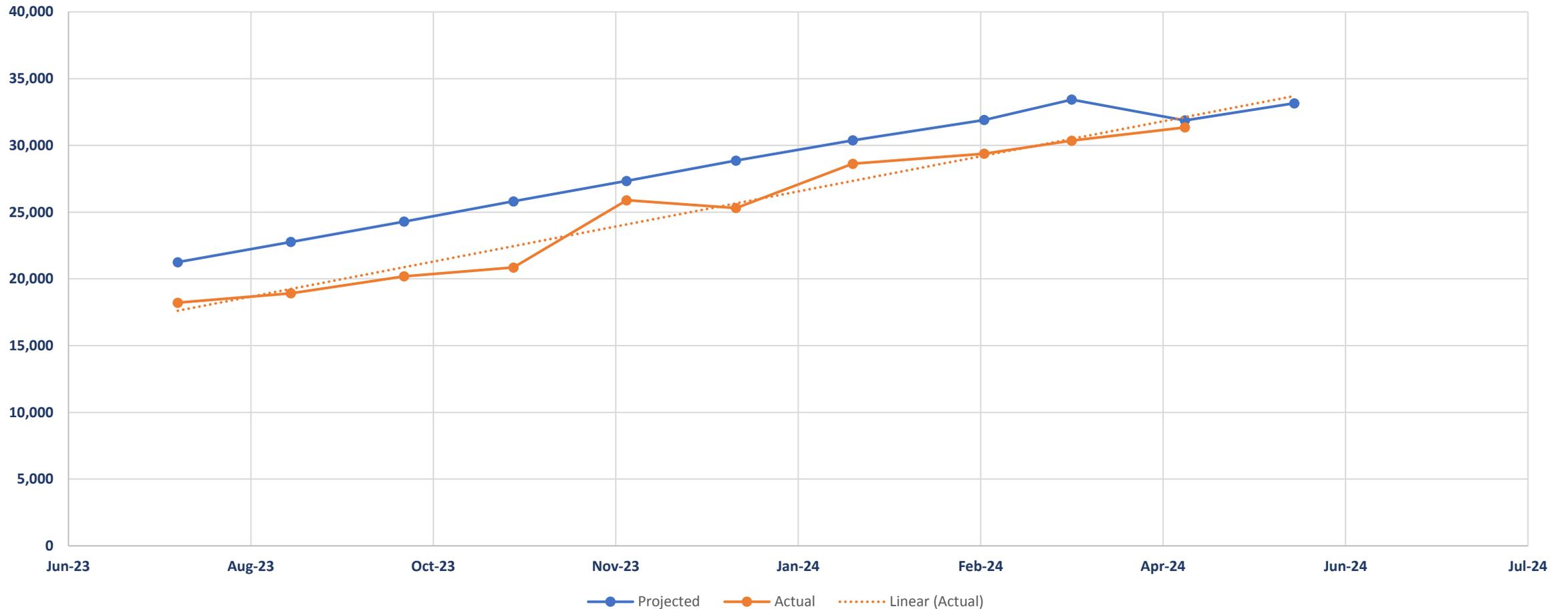
Enrollment

- Covered CT was implemented July 1, 2021, with a limited eligibility group that included caretaker relatives and parents with at least one child in HUSKY A. At the end of 2021, 11,222 members were enrolled in the program. Eligibility was expanded in July 2022 to all parents, needy caretaker relatives and (nonpregnant) low-income adults. Enrollment grew to 14,568 members by the end of 2022.
- The continued Public Health Emergency (PHE) impacted program growth, but enrollment projections at program inception of 40,000 members by the end of SFY 2025, remain on track.
- The PHE unwind began in March 2023 and marked the beginning of a yearlong process to re-start the monthly Medicaid re-determination process that was paused during the PHE. From March 2023 through March 2024, Medicaid members were redetermined for eligibility in the program. Some members no longer eligible for Medicaid were eligible for Covered CT furthering the goal of ensuring stable coverage.

Enrollment	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
PHE Unwind Enrollment		253	349	422	732	514	384	414	359	372	573	377	632
Non-Unwind Enrollment	15,906	15,991	16,644	17,610	18,181	19,334	19,937	20,989	20,943	25,170	27967	29470	30643
Total Enrollment	15,906	16,244	16,993	18,032	18,913	19,948	20,321	21,403	21,302	25,542	28540	29847	31275



Actual vs. Projected Enrollment





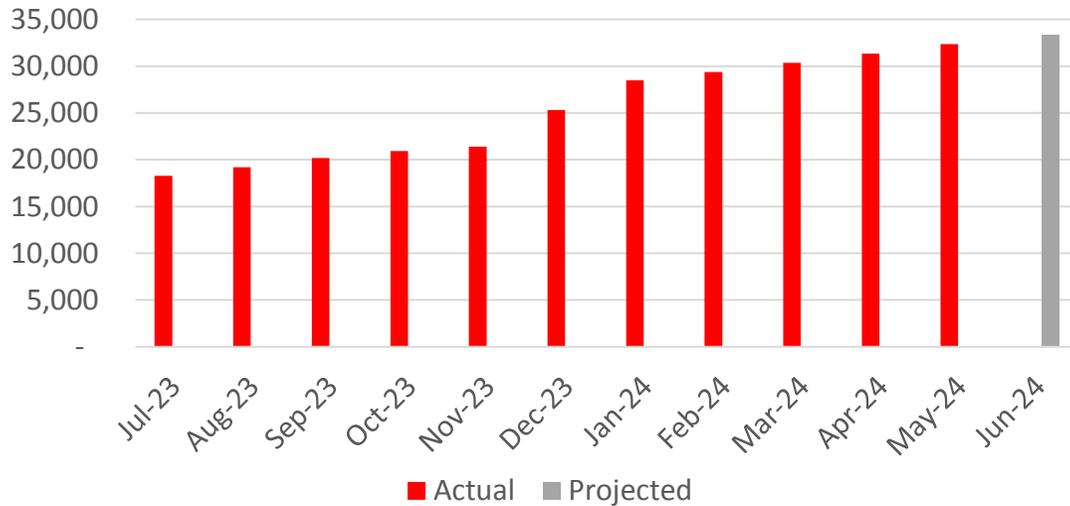
Connecticut Health Insurance Exchange - Access Health CT

- Eligibility system enhancements supported by AHCT in 2023 and 2024 included:
 - Streamlining language on consumer-facing screens to ensure there are prompts and alerts, that the language is unambiguous and provides the necessary information to aid in decisions around enrollment; these updates were implemented in August 2023.
 - AHCT worked with DSS staff to develop requirements to implement auto-enrollment for members to opt-in to or decline Covered CT during the subsidized application flow. Newly eligible consumers can opt-in to Covered CT and will be auto-enrolled into their pre-selected Covered CT plan if they are losing HUSKY coverage (unless they are losing coverage because they failed to complete the Medicaid renewal). Phase I of the auto-enrollment was implemented in October 2023. Phase II which expanded the auto-enrollment process to non-Medicaid individuals that are newly eligible for Covered CT was implemented in February 2024.
- AHCT provides weekly reporting on program metrics that are utilized for outreach and engagement efforts and reporting to state and federal entities and participates in monthly meetings to support program management and oversight, offering subject matter expertise and further strengthening the partnership.



Budget

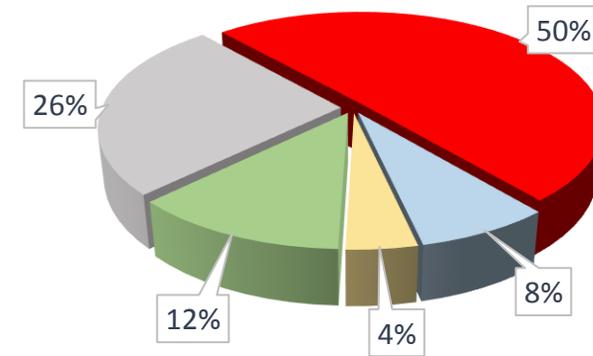
Actual & Projected Enrollment



- Enrollment has had a sharp increase in the months of Access Health CT's open enrollment, 7% month over month
- The membership growth rate is expected to decrease to 3% month over month toward the end of the PHE unwind
- SFY 2024 is projected to end with a total enrollment of 34,000 members
- The recent reduction to HUSKY A FPL eligibility for parents and caretakers will result in increased membership to Covered CT. It is expected the program will grow by over 14,000 members in SFY 2026.

SFY 2024: \$28.3M State Allotment

Total State Spend 7/1/2023 – 3/31/2024



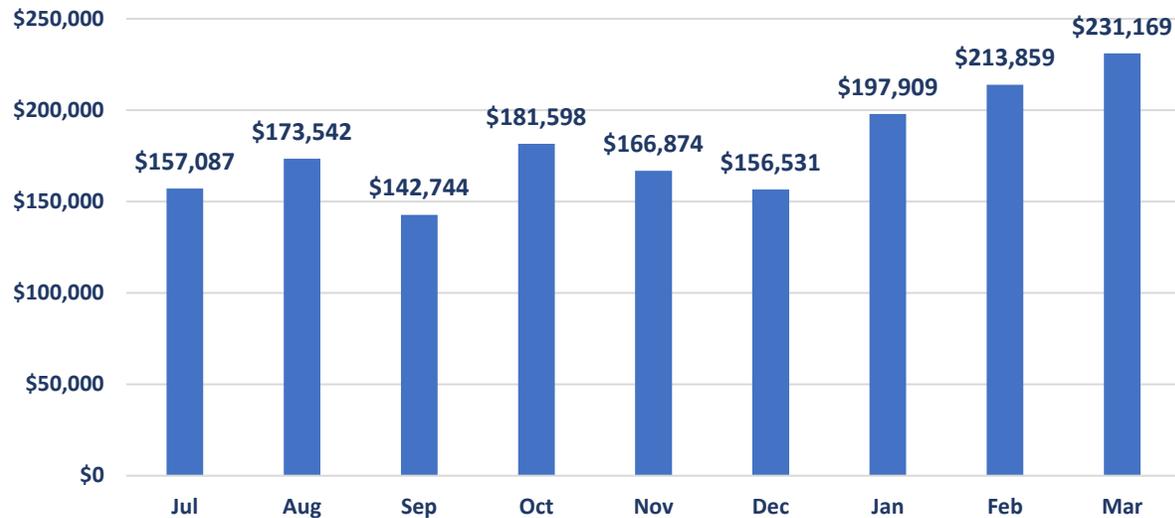
- Dental, \$0.9M
- NEMT, \$0.5M
- Premium, \$1.4M
- Program Charge, \$3.1M
- Cost Sharing, \$6M

- Total gross spend for SFY 2024 as of 3/31 is **\$24.5M**. (state share **\$12M**).
- Components of Program Cost average PMPM (Gross):
 - **Total: \$109 PMPM**
 - Premium: **\$16**
 - Program Charge: **\$31**
 - Cost Sharing: **\$49**
 - Dental: **\$9**
 - NEMT: **\$4**
- Total gross spend for SFY 2024 is estimated to be **\$36.3M**, (state share **\$17.9M**).



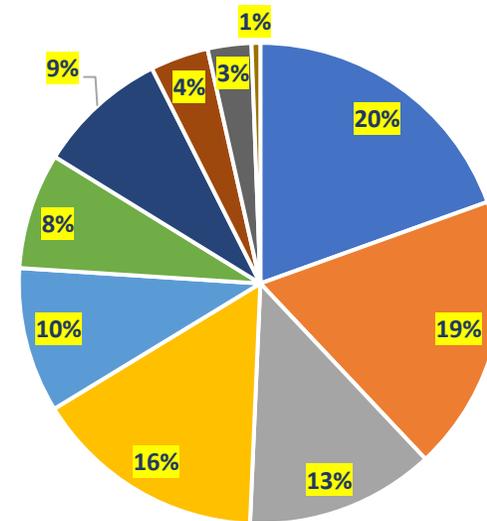
Dental Program

Dental Claims July 1, 2023 through March 31, 2024



- Utilization has increased steadily month over month and has remained strong through the first three quarters of SFY 2024.
- BeneCare produces and mails Member “Welcome Packets” including member id cards and program information for the Covered CT dental benefit and the NEMT benefits. They also administer a member facing website specifically for the Covered CT dental program and an internal dashboard for DSS on program metrics.

Dental Utilization by Service Type: July 1, 2023 through March 31, 2024



- Exams
- Restorative fillings
- Endodontics
- Restorative Crowns
- Prevention
- Oral Surgery
- Prosthetic
- Urgent Dental
- Adjunctive Services
- Orthodontics

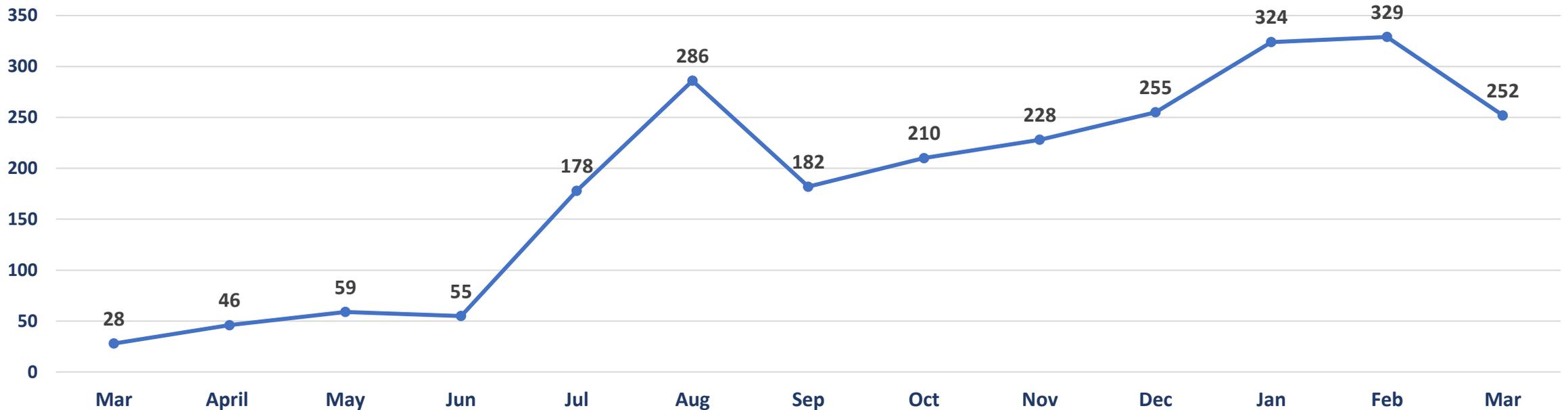
Utilization of dental services has been highest for exams, preventative care and restorative care.



Non-Emergency Medical Transportation (NEMT)

- The NEMT benefit was implemented in July 2022 and is administered by MTM. MTM is a strong supporter of the program and works closely with DSS to manage program operations and reporting on utilization.
- Utilization of the benefit has been low but not unexpected. Despite low numbers, in general, utilization climbed month-over-month from June 2023 through March 31, 2024.

Utilization March 2023-March 2024





Office of Health Strategy (OHS)

- OHS continued to have authority over the carrier contracts through the end of SFY 2023. OHS and DSS worked to implement amendments to the contracts and assign them to DSS while DSS worked with the carriers to define new contract terms following the transition of administrative authority from OHS to DSS.
- OHS provides monthly reporting on outreach and engagement efforts for reporting to state and federal entities.
- OHS participates in monthly meetings to support program management and oversight, offering subject matter expertise and further strengthening the partnership.



Outreach and Engagement

- **Access Health CT** 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/). Outreach efforts also included in-person fairs in targeted locations, monthly presentations for consumers to learn about Covered CT, monthly meetings for community partners to learn about the program, and in-person educational sessions for community partners, certified application counselors, and brokers to keep them updated.
- **DSS** launched and continues to support a member facing website “Covered CT 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. DSS also worked with OHS and the Department of Education to outreach, engage and inform paraeducators on the Covered CT program and eligibility requirements.



Outreach and Engagement

- **OHS** continues to manage community-focused outreach and engagement and provide community and consumer-focused organizations that have deep connections in their respective communities with funds to assist in outreach, education and enrollment in Covered CT.
 - Geographic service areas by county: New Haven, Hartford, Fairfield, New London, Litchfield, Windham, Middlesex and Tolland.
 - Total number enrolled since 2023 has been 695.
 - Outreach activities included:
 - Facebook Live events
 - Community events across the state
 - Providing information at farmers markets, libraries, vaccination clinics, community centers, malls, wellness events, YMCA open house and festivals, barbershops and beauty salons
 - Hosted phone bank events and texting campaigns
 - Provided information at Stamford Health Department Government Affairs



Covered CT 1115 Medicaid Waiver Updates

- Quarterly and annually Connecticut must provide reporting on program implementation and operations to CMS through a monitoring report.
 - Connecticut has submitted all required reporting and posted to the Covered CT Demonstration page.
 - CMS requires that the state report on metrics that include enrollment, access, quality and outcomes for members enrolled in Covered CT. The state will be submitting to CMS a monitoring protocol that details what metrics the state will be reporting and the schedule for such reporting to CMS by June 30, 2024.
- Connecticut must also conduct an independent evaluation of the Covered CT Demonstration. The Evaluation Design Plan is awaiting CMS final approval. Once approved, the independent evaluation team will begin to work on gathering data for the first evaluation report.



Evaluation Design Summary

The evaluation of the Covered CT 1115 Waiver Demonstration will utilize a mixed-methods evaluation design with three main goals:

1. Describe the progress made on specific Demonstration-supported activities (process/implementation evaluation).
2. Demonstrate change/accomplishments in each of the Demonstration drivers (short-term outcomes).
3. Demonstrate progress in meeting the overall project goals.

Analytic Methods

- Multiple analytic techniques will be used, depending on the type of data for the measure and the use of the measure in the evaluation design.
- Descriptive, content analysis will be used to present data related to process evaluation measures gathered from document reviews, key informant interviews, as well as document reviews of plan features and cost reductions, policy guides, and outreach materials.
- Analysis will identify common themes across interviews and documents. These data will be summarized in order to describe the activities undertaken for each project milestone, including highlighting specific successes and challenges.



Evaluation Design Summary

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



Public Comment



Stay Connected

- For information on the Covered CT 1115 Medicaid waiver and to sign up for alerts and updates please go to [Covered CT Demonstration](#).
- For information about the program, eligibility, enrollment, benefits and events please go to [Covered CT Program](#) and [Access Health CT - CT's Official Health Insurance Marketplace](#).