

COVERED CT PUBLIC FORUM

June 5, 2025



Department of Social Services

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

Office of Health Strategy

- ❖ Elisa Neira – Senior Director, Health Equity and Social Determinants of Health
- ❖ Wendy Fuchs – Director of Communications

Access Health CT

- ❖ Rebekah McLearn – Director, Technical Operations and Analytics

Mercer Government

- ❖ Faye Miller – Consultant

1. Welcome and Opening Remarks
2. Meeting Information and Requests
3. Public Forum Objectives
4. Covered CT Background, Goals, Eligibility and Benefits
5. Program Updates
6. Covered CT 1115 Demonstration Evaluation
7. Public Comment



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.



Participants may leave comments in the chat for response during public comment.

- ❖ Annually, as a requirement of the 1115 Covered CT waiver demonstration's [Special Terms and Conditions](#), the Connecticut Department of Social Services (DSS) must hold a public forum to provide an opportunity for program stakeholders to provide input and comment on the progress of 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 by July 3, 2025.
- ❖ Members of the public can provide written comment by June 13, 2025, to jennifer.marsocci@ct.gov.

Covered CT Background, Goals, Eligibility, and Benefits

- ❖ 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.

Demonstration Year (DY)

- ❖ **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

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** 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

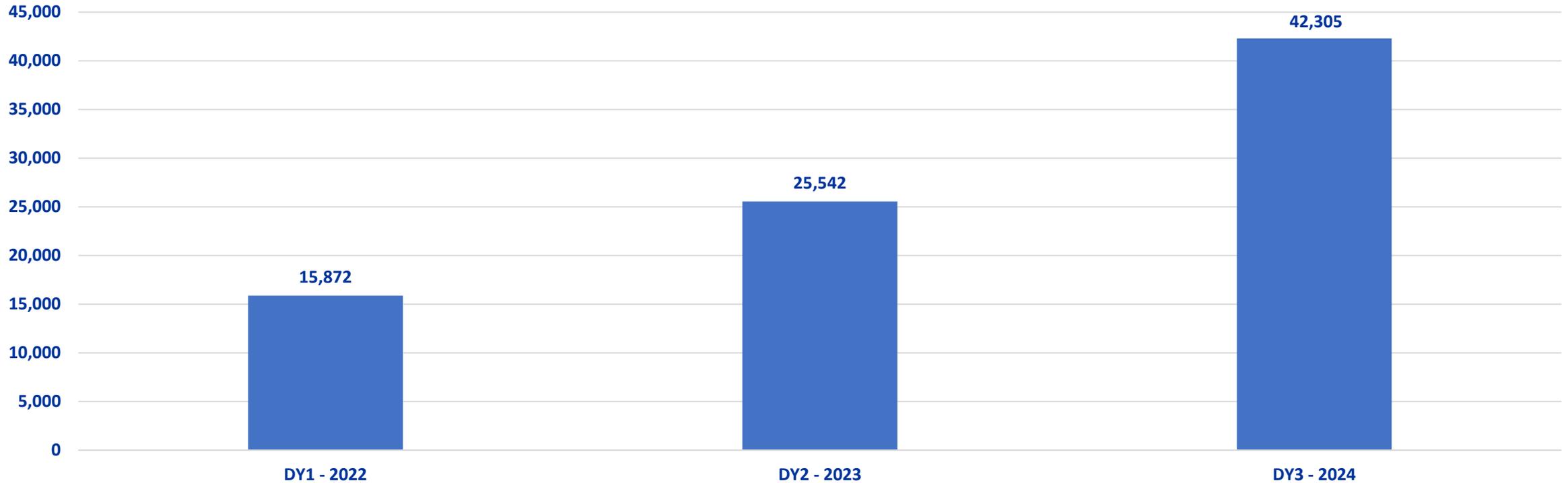
- ❖ Covered CT members have access to a fully subsidized qualified health plan that includes:
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Pregnancy, maternity, and newborn care
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Mental Health and Substance Use Disorder Services
 - Preventive and wellness services and chronic disease management
 - Outpatient Diagnostic Services

- ❖ Comprehensive Dental benefits

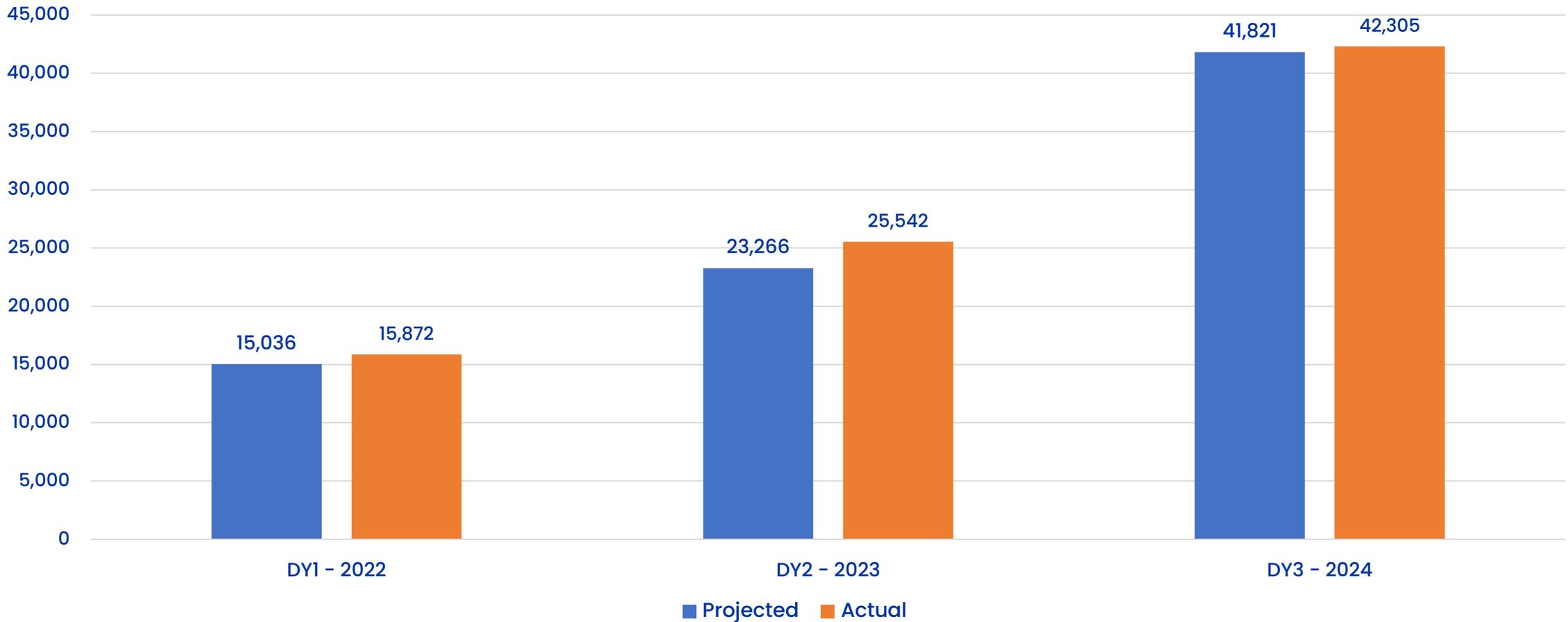
- ❖ Non-Emergency Medical Transportation (NEMT) that provides transportation to and/or from medical appointments.

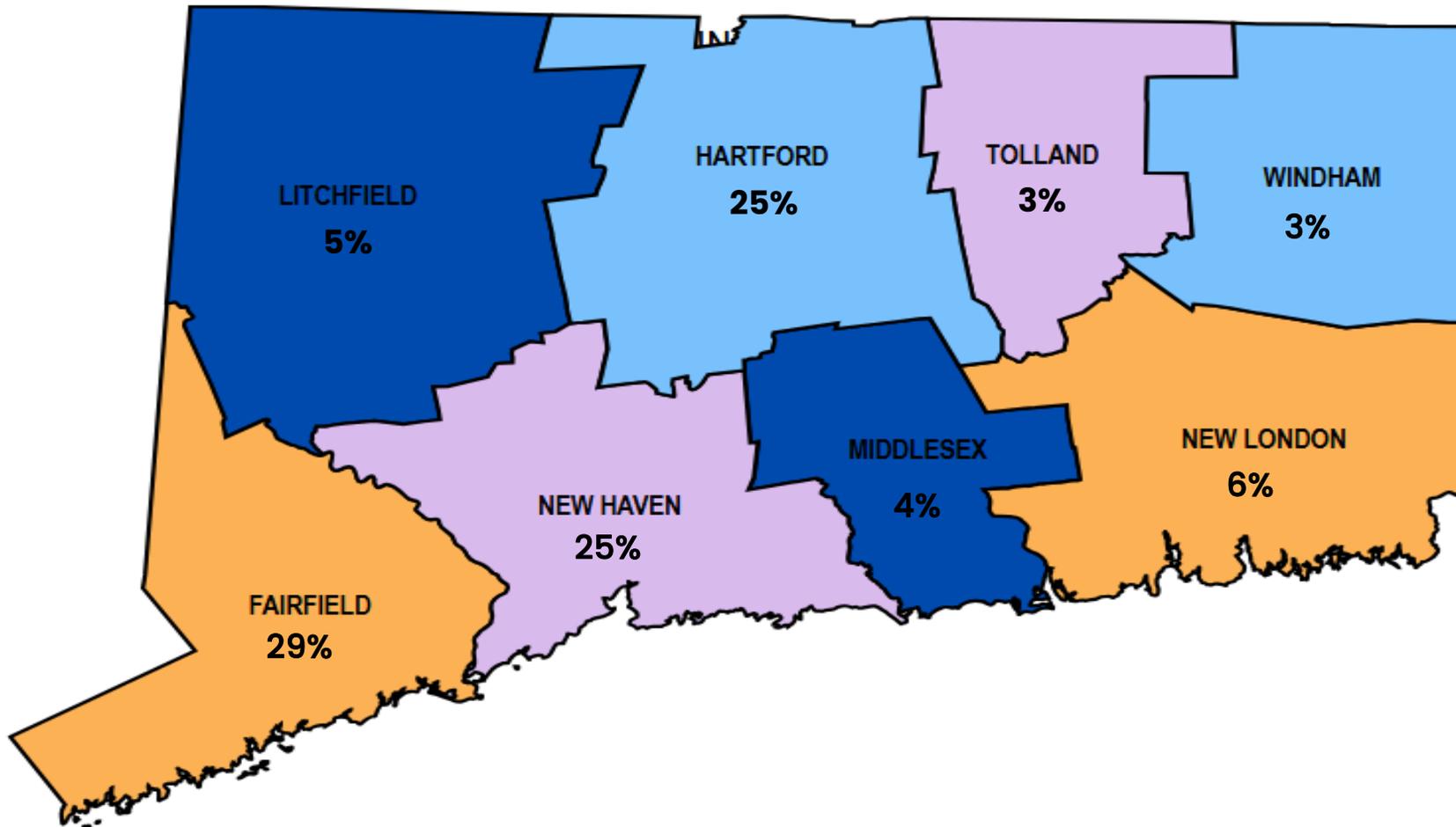
Program Updates

- ❖ Enrollment 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**



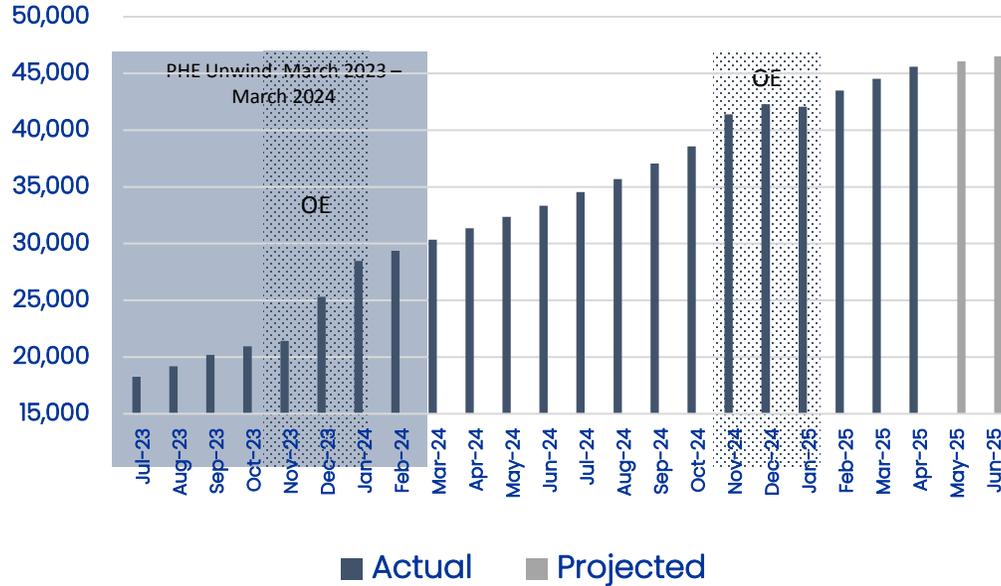
- ❖ Projections year-over-year have trended slightly lower than actuals, with higher actuals due to the public health emergency (PHE) unwind and changes to HUSKY A eligibility at the end of 2024.





- ❖ Enrollment breakout by county has been consistent throughout the duration of the Demonstration.
- ❖ Covered CT enrollment breakout by county aligns with the larger health insurance exchange enrollment by county.

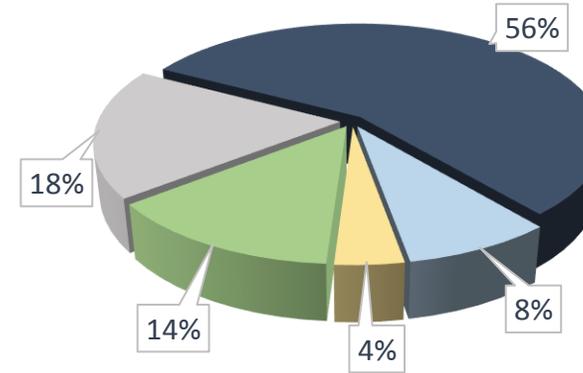
Actual & Projected Enrollment



- During the PHE unwind the Covered CT program added over **13,000 members**
- The program also had significant growth during the AHCT open enrollment periods, November through January of each year (dotted background above)
- Membership growth has increased 3% month over month since the end of the PHE unwind.
- The program reached 40,000 members in November 2024
- Enrollment is currently over 45,000 members

Total Spend 7/1/2024 – 3/31/2025

\$39.9M Gross



- Dental, \$3.3M
- Premium, \$5.4M
- NEMT, \$1.5M
- Program Charge, \$7.3M

Gross PMPM: \$111

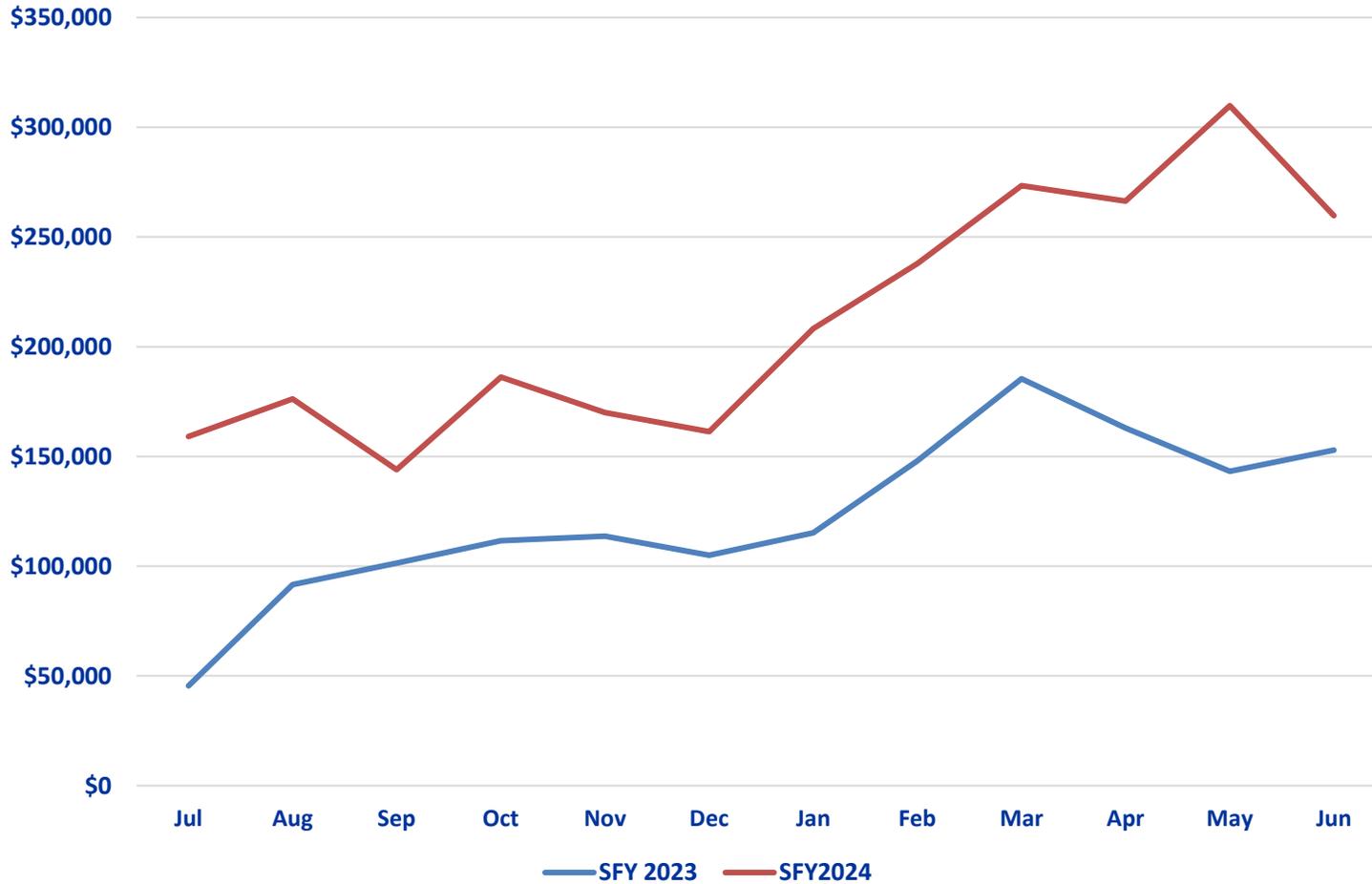
- Premium: \$15
- Program Charge: \$20
- Cost Sharing: \$63
- Dental: \$9
- NEMT: \$4

Governors Proposed Budget

	SFY 2026	SFY 2027
Gross Cost	\$95.3M	\$130M
State Cost	\$47.7M	\$65M

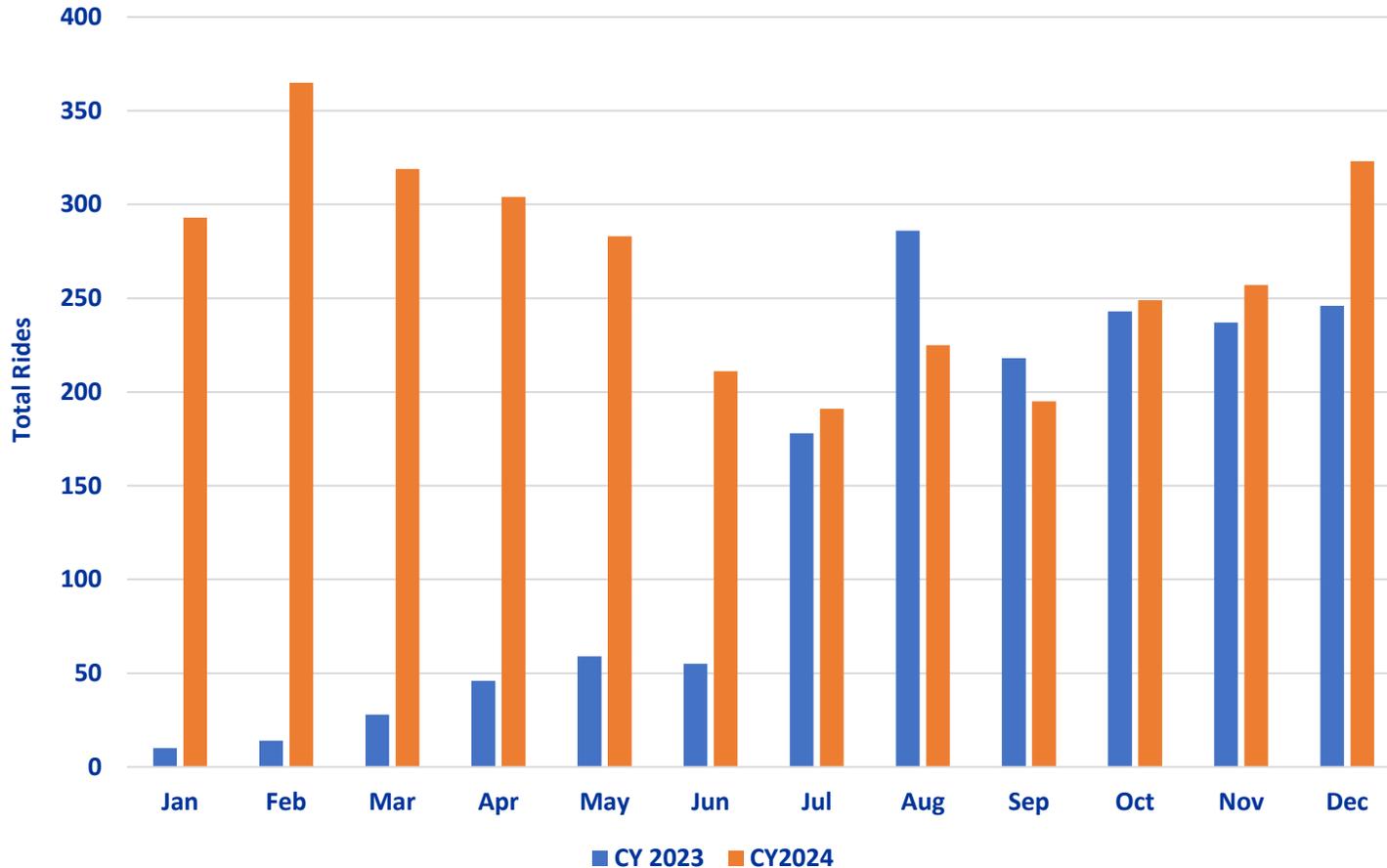
- Covered CT is part of the larger Medicaid budget. The proposed budget assumes the program agreements and assumptions continue as is with regard to membership increases, program charges, ACA subsidies and premium increases

SFY 2023 and SFY 2024 Dental Claims Dollars



- ❖ 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 was \$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.

SFY 2023 and SFY 2024 NEMT Utilization



- ❖ 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 keys areas for improvement.
 - ❖ Use data collection, analysis and reporting to inform policy decisions

Access Health CT

- ❖ AHCT participates 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.
- ❖ AHCT supports 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.
- ❖ AHCT 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.
- ❖ During 2024, AHCT 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/).
- ❖ AHCT's annual open enrollment period 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

Outreach & Marketing

Community Health Center Association of Connecticut (CHC/ACT)

- Seven (7) Community Health Workers provide outreach and enrollment assistance
- Prioritize key populations and access points
- Multilingual team capacity



Office of Health Strategy

Stay covered.
Stay confident.
Stay healthy.

You may qualify for
No Cost Coverage
with Covered CT



access health CT 

Key Motivations

Messaging Approach

Zero premium health insurance, bilingual outreach, coverage for her family.

"You shouldn't have to choose between your health and your budget. With Covered CT, you may be eligible for no cost premiums and **bilingual healthcare coverage** designed for hardworking families like yours—ensuring peace of mind for you and your loved ones."

Reliable, family health coverage, ease of enrollment.

"Your family's health comes first, and Covered CT makes that possible. **You may be eligible for \$0 premium coverage** that includes doctor visits, prescriptions, and dental for you and your kids."

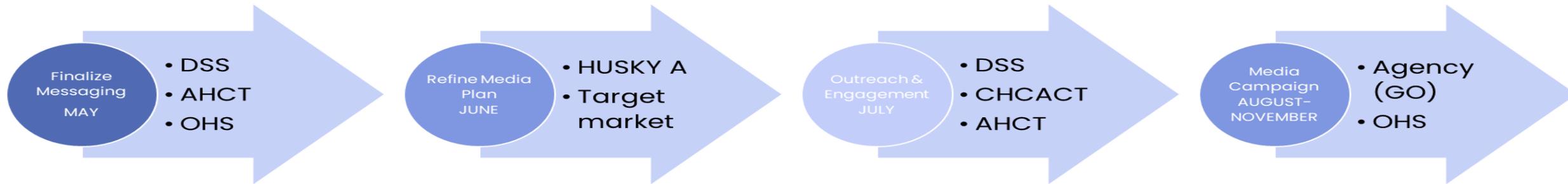
Temporary security, smooth transition, financial relief.

"Changing jobs? Don't let health insurance be another stressor. With **Covered CT, you may be eligible no cost, temporary coverage** to keep you protected while you land your next opportunity."

Financial stability, flexible coverage, and low/no-cost options.

"When your work is unpredictable, your health coverage shouldn't be. With **Covered CT, you may be eligible for \$0 premium insurance** so you can focus on your next ride, gig, or client—without worrying about medical bills."

Office of Health Strategy



Covered CT 1115 Demonstration Monitoring and Evaluation

Quarterly and Annual Reporting

- ❖ Connecticut is required to submit quarterly and annual monitoring reports to CMS on program implementation, operations and metrics that track outcomes related to Demonstration goals.
 - ❖ 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.
 - ❖ CMS responded on March 13, 2025, with a request for the state to review CMS response and make requested updates. DSS submitted the revised Monitoring Protocol to CMS on May 12, 2025.
 - ❖ Connecticut is awaiting approval from CMS and will begin reporting metrics according to the approved schedule in 2026.

Demonstration Evaluation

- ❖ 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.

Demonstration Goals	Primary Drivers	Secondary Drivers
Goal 1: Reduce the overall CT statewide uninsured rate	<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
Goal 2: Improve the oral health of Demonstration enrollees	<ul style="list-style-type: none"> • Increase the number of Demonstration enrollees' who receive routine and preventative dental care 	<ul style="list-style-type: none"> • Provide free dental care to Covered CT-eligible individuals
Goal 3: Reduce transportation-related barriers to accessing healthcare for Demonstration enrollees	<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

Interim Evaluation Timeline

Date of Activity	Evaluation Design Activity
Summer 2025 through Spring 2026	<ul style="list-style-type: none"> • Mercer to conduct document review, identify possible interviewees/focus group participants, and other evaluation activities
May and June 2026	<ul style="list-style-type: none"> • Mercer to outreach and schedule interviews and focus groups with interviewees
Summer 2026	<ul style="list-style-type: none"> • Mercer to conduct qualitative data collection (interviews, focus groups, and/or surveys) and quantitative data analysis
December 31, 2026	<ul style="list-style-type: none"> • Interim Evaluation Report due to CMS

Public Comment

- 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](#).