Access Health Connecticut

2022 Virtual Broker Training

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Thanks for joining us today!

Please remain muted until we begin our session in just 5 minutes!

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Welcome

- **Microphone**
  - **Mute or unmute yourself in clicking on the participants feature or if you are calling in press *6.**
  - If you are having issue with audio, dial in +1-646-558-8656 (Meeting ID: 965 7088 2739)

- **Participation**
  - We want to hear from you! Please feel free to ask questions in the chat box or directly to us!
  - Please keep your video on- this facilitates communication and helps for better conversation!

- **Please rename yourself to your Full Name, City**

- **For technical assistance you can text Gigi Garcia at 860-830-9530**

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Agenda

- Team Introductions
- Call Center Updates
- Policy Changes
- Medicaid Extension
- New Carrier for 2022
- Small Business & Dental
- OE 9 & 2022 Certification
- Marketing & Outreach Updates
- Broker 101

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Broker Support Team

Introductions

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Debra Eastman

- Enrollment Manager
  - Manages the Broker & CAC Support Team
  - Manages Call Center Relationship

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Broker & CAC Support Supervisors

Team Lead

Barton Graham

Team Supervisor

Glorivee Garcia

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Support Representatives

Darwin Jurado

Stephany Manzueta

Alexandra Rivera

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Call Center Updates

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Call Center Staff

Call Center Statistics

- 392,000 calls were handled in Q1-Q2 2021.
- 91% of consumers were satisfied with the service they received in the Call Center
- 90% of CCR's continue to work from home
- In-office locations in Bristol, CT and Hampton, VA

Strategic & Process Improvement Initiatives

- Weekly coaching and training sessions with the CCR's.
- Vistio
  - Password reset process changed to enhance security
  - Continue to build and add new workflows for ARP
- Co-Browse tool planned for OE9

Open Enrollment Preparedness

- Currently recruiting, hiring, and training new hires for OE9.
- Ramp of 315 agents in 7 classes
- Extended call center hours for OE
- Annual recertification of CCR’s and Supervisors

September 2021

Changes in the Individual Market: Plan Year 2022

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AHCT: Connecticut's Health Insurance Exchange

- At AHCT, individuals and families can shop, compare and enroll in quality healthcare plans from brand-name insurance companies
  - It is the only place in Connecticut where someone can qualify for financial help to lower the costs for health insurance
- In order to offer Qualified Health Plans (QHPs) in the Individual Market through AHCT, insurance companies must agree to offer "standardized" plans
  - In a standardized plan, AHCT specifies the cost sharing (plan deductible, copays and coinsurance) for certain plan features and services
  - AHCT has historically designed plans that are "patient-centered" to help improve predictability of and keep out-of-pocket costs low for high-value services, including Primary Care and in some plans, a separate deductible for prescription drug coverage that is waived for generic (tier 1) drugs
  - Standardized plan designs promote transparency, ease, and simplicity for comparison shopping by consumers
  - In these plans, cost-sharing for a key set of benefits is uniform across the carriers and consumers can differentiate the plan through its premium, provider network, drug formulary and features such as mail order drug coverage
- Insurance companies are permitted to submit non-standard plans, which provide for additional consumer choice through the offering of options such as 'in-network' only and 'tiered' network plans or plans with a narrower network of primary care providers

2022 QHPs: Plans Submitted to AHCT

Individual Market	*'On-Exchange' Permitted Number of Plans per Carrier*		'On-Exchange' Submitted Plans			
Metal Level	*Standardized (Required)*	*Non-Standard (Optional)*	**Anthem Health Plans**	**ConnectiCare Benefits, Inc.**	**ConnectiCare Insurance Company, Inc.**	**Total**
Catastrophic	*N/A*	*1*	**1**	**1**	**0**	**2**
Bronze	*2*	*3*	**4**	**5**	**2**	**11**
Silver	*1*	*0*	**1**	**1**	**1**	**3**
Gold	*1*	*3*	**4**	**4**	**2**	**10**
Platinum	*N/A*	*2*	**0**	**0**	**1**	**1**
Total	*4*	*Up to 9*	**10**	**11**	**6**	**27**

Catastrophic plans:

- Generally available only to those who are under 30 years old at the time of enrollment;
- Enrollees do not qualify for Premium Tax Credits

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2022 QHP Offerings – 'On-Exchange' Individual Market Submissions

Topic	Anthem Health Plans Inc. (Anthem)	ConnectiCare Benefits Inc. (CBI)	ConnectiCare Insurance Company Inc. (CICI)
CID Rate Change Decisions*	-0.55% to +15.61%	-0.6% to +14.8%	+0.8% to +4.4% *['On-Exchange': Not Applicable]*
Plans to be offered through AHCT	10	11	6
New Plans	1	0	6
Plan Crosswalk	9 plans offered in 2021 are renewing	11 plans offered in 2021 are renewing	Not Applicable

*Connecticut Insurance Department (CID) rate decisions were released on September 10, 2021

Rate information obtained from CID website: https://www.catalog.state.ct.us/cid/portalApps/HCfiling2022.aspx

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2022 QHPs: What's Changing?

'On-Exchange' Individual Market Submitted Plans			
Metal Level (Nbr)	Anthem Health Plans	ConnectiCare Benefits, Inc.	ConnectiCare Insurance Company, Inc.
Catastrophic (2)	1 plan renewed	1 plan renewed	N/A
Bronze (11)	4 plans renewed	5 plans renewed	2 new plans
Silver (3)	1 plan renewed	1 plan renewed	1 new plan
Gold (10)	3 plans renewed; 1 new plan	4 plans renewed	2 new plans
Platinum (1)	N/A	N/A	1 new plan

Net Change vs 2021:

- 2 more Bronze plans
- 1 more Silver plan
- 3 more Gold plans
- 1 Platinum plan

Current enrollees are notified by their insurance company about cost sharing changes for renewing plans.

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2022 QHP Offerings – Summary of 'On-Exchange' Individual Market Standardized Plan Changes*

Topic	AHCT Standardized Plans: High Level In-Network Cost Sharing Changes
Deductible	Increased for HSA Bronze plan
Maximum Out-of-Pocket	Increased for all standardized plans except Gold and Silver 94% (in-network)
Laboratory Services	Standardized non-HSA Bronze and Silver 70%, 73% and 87% plans: adjusted cost sharing so that annual deductible would not apply to lab services / increased copay for all but Silver 87%
State legislation pertaining to coverage for diabetes	An enrollee's coinsurance, copayments, deductibles and other out-of-pocket expenses may not exceed: • $25 for each thirty-day supply of medically necessary covered insulin drugs • $25 for each thirty-day supply of medically necessary covered non-insulin drugs • $100 for a thirty-day supply of all medically necessary covered diabetes devices and diabetic ketoacidosis devices that are included in an insured's diabetes treatment plan The legislation applies to High Deductible Health Plans to the maximum extent permitted by federal law and when it does not also disqualify an enrollee that has an associated Health Savings Account from tax deductions allowed for that account per the IRC.

**Offsets in plan cost sharing required to maintain compliance with federal actuarial value (AV) requirements*

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2022 Connecticut Individual Market Landscape

Carrier	Exchange Status	EPO	HMO	POS	PPO	Total
Anthem	Off		7			7
Anthem	**On**		**6**		**4**	**10**
CBI	**On**			**11**		**11**
CICI	**On**	**1**		**5**		**6**
CICI	Off			5		5
CCI	Off		4	2		6
Grand Total		1	17	23	4	45

60% of plans filed in the Individual Market to be offered through AHCT

Carrier	Exchange Status	Platinum	Gold	Silver	Bronze	Catastrophic	Total
Anthem	Off		2	2	2	1	7
Anthem	**On**		**4**	**1**	**4**	**1**	**10**
CBI	**On**		**4**	**1**	**5**	**1**	**11**
CICI	**On**	**1**	**2**	**1**	**2**		**6**
CICI	Off		1	4			5
CCI	Off		1	2	3		6
Grand Total		1	14	11	16	3	45

More plans filed [illegible] Bronze metal level (vs any single metal level in the Individual Market)

Information obtained from CID website: https://www.catalog.state.ct.us/cid/portalApps/HCfiling2022.aspx

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Individual Market Bronze Plan Changes for 2022
High Level Benefit Information (In-Network)

Plan	2022 Standard Bronze (non-HSA)	2021 Standard Bronze (non-HSA)
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Deductible: Individual (medical)	$6,550	$6,550
Deductible: Individual (prescription)	Included in Medical	Included in Medical
Out-of-Pocket Maximum: Individual	**$8,700**	$8,550
Provider Office Visits		
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	$50 copayment per visit	$50 copayment per visit
Specialist Office Visits	$70 copayment per visit after INET deductible	$70 copayment per visit after INET deductible
Prescription Drugs - Retail Pharmacy (up to 30-day supply per script)		
Tier 1	$20 copayment per prescription	$20 copayment per prescription
Tier 2	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after INET deductible
Tier 3	50% coinsurance per prescription after INET deductible	50% coinsurance per prescription after INET deductible
Tier 4	50% coinsurance up to a maximum of $500 per prescription after INET deductible	50% coinsurance up to a maximum of $500 per prescription after INET deductible

State legislation pertaining to diabetes incorporated in plan;
AHCT standardized plan designs available at: https://agency.accesshealthct.com/healthplaninformation

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Individual Market Bronze Plan Changes for 2022
High Level Benefit Information (In-Network)

Plan	2022 Standard Bronze (non-HSA)	2021 Standard Bronze (non-HSA)
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Other Services		
Laboratory Services	**$20 copayment per service**	$10 copayment per service after INET deductible
Outpatient Services (in a hospital or ambulatory facility)	$500 copayment after INET deductible (Outpatient Hospital Facility) / $300 copayment after INET deductible (Ambulatory Surgery Center)	$500 copayment after INET deductible (Outpatient Hospital Facility) / $300 copayment after INET deductible (Ambulatory Surgery Center)
Hospital Services		
Inpatient Hospital	$500 copayment per day to a maximum of $1,000 per admission after INET deductible	$500 copayment per day to a maximum of $1,000 per admission after INET deductible
Emergency and Urgent Care		
Emergency Room	$450 copayment per visit after INET deductible	$450 copayment per visit after INET deductible
Urgent Care Center or Facility	$75 copayment per visit	$75 copayment per visit

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Individual Market Bronze Plan Changes for 2022
High Level Benefit Information (In-Network)

Plan	2022 Standard Bronze HSA	2021 Standard Bronze HSA
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Deductible: Individual (medical)	**$6,500**	$6,350
Deductible: Individual (prescription)	Included in Medical	Included in Medical
Out-of-Pocket Maximum: Individual	**$7,000**	$6,900
Provider Office Visits		
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	20% coinsurance per visit after INET deductible	20% coinsurance per visit after INET deductible
Specialist Office Visits	20% coinsurance per visit after INET deductible	20% coinsurance per visit after INET deductible
Prescription Drugs - Retail Pharmacy (up to 30-day supply per script)		
Tier 1	20% coinsurance per prescription after INET deductible	20% coinsurance per prescription after INET deductible
Tier 2	25% coinsurance per prescription after INET deductible	25% coinsurance per prescription after INET deductible
Tier 3	30% coinsurance per prescription after INET deductible	30% coinsurance per prescription after INET deductible
Tier 4	30% coinsurance up to a maximum of $500 per prescription after INET deductible	30% coinsurance up to a maximum of $500 per prescription after INET deductible

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Individual Market Bronze Plan Changes for 2022
High Level Benefit Information (In-Network)

Plan	2022 Standard Bronze HSA	2021 Standard Bronze HSA
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Other Services		
Laboratory Services	20% coinsurance per service after INET deductible	20% coinsurance per service after INET deductible
Outpatient Services (in a hospital or ambulatory facility)	20% coinsurance per visit after INET deductible	20% coinsurance per visit after INET deductible
Hospital Services		
Inpatient Hospital	20% coinsurance per admission after INET deductible	20% coinsurance per admission after INET deductible
Emergency and Urgent Care		
Emergency Room	20% coinsurance per service after INET deductible	20% coinsurance per service after INET deductible
Urgent Care Center or Facility	20% coinsurance per service after INET deductible	20% coinsurance per service after INET deductible

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Individual Market Silver Plan Changes for 2022
High Level Benefit Information (In-Network)

	2022 Standard Silver	2021 Standard Silver	2022 Standard Silver	2021 Standard Silver
Plan Level	**70%**	**70%**	**73% CSR (200%-250% FPL)**	**73% CSR (200%-250% FPL)**
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Deductible: Individual (medical)	$4,300	$4,300	$3,950	$3,950
Deductible: Individual (prescription)	$250	$250	$250	$250
Out-of-Pocket Maximum: Individual	**$8,600**	$8,150	**$6,800**	$6,500
Provider Office Visits				
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	$40 copayment per visit	$40 copayment per visit	$40 copayment per visit	$40 copayment per visit
Specialist Office Visits	$60 copayment per visit	$60 copayment per visit	$60 copayment per visit	$60 copayment per visit
Prescription Drugs - Retail Pharmacy (up to 30-day supply per script)				
Tier 1	$10 copayment per script	$10 copayment per script	$10 copayment per script	$10 copayment per script
Tier 2	$45 copayment per script after INET Rx deductible	$45 copayment per script after INET Rx deductible	$45 copayment per script after INET Rx deductible	$45 copayment per script after INET Rx deductible
Tier 3	$70 copayment per script after INET Rx deductible	$70 copayment per script after INET Rx deductible	$70 copayment per script after INET Rx deductible	$70 copayment per script after INET Rx deductible
Tier 4	20% coinsurance up to a maximum of $200 per script after INET Rx deductible	20% coinsurance up to a maximum of $100 per script after INET Rx deductible	20% coinsurance up to a maximum of $100 per script after INET Rx deductible	20% coinsurance up to a maximum of $100 per script after INET Rx deductible

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Individual Market Silver Plan Changes for 2022
High Level Benefit Information (In-Network)

	2022 Standard Silver	2021 Standard Silver	2022 Standard Silver	2021 Standard Silver
Plan Level	**70%**	**70%**	**73% CSR (200%-250% FPL)**	**73% CSR (200%-250% FPL)**
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Other Services				
Laboratory Services	**$20 copayment per service**	$10 copayment per service after INET deductible	**$20 copayment per service**	$10 copayment per service after INET deductible
Outpatient Services (in a hospital or ambulatory facility)	$500 copayment per visit after INET deductible (OP Hosp) / $300 copayment per visit after INET deductible (Freestanding Facility)	$500 copayment per visit after INET deductible (OP Hosp) / $300 copayment per visit after INET deductible (Freestanding Facility)	$500 copayment per visit after INET deductible (OP Hosp) / $300 copayment per visit after INET deductible (Freestanding Facility)	$500 copayment per visit after INET deductible (OP Hosp) / $300 copayment per visit after INET deductible (Freestanding Facility)
Hospital Services				
Inpatient Hospital	$500 copayment per day to a maximum of $2,000 per admission after INET deductible	$500 copayment per day to a maximum of $2,000 per admission after INET deductible	$500 copayment per day to a maximum of $2,000 per admission after INET deductible	$500 copayment per day to a maximum of $2,000 per admission after INET deductible
Emergency and Urgent Care				
Emergency Room	$450 copayment per visit after INET medical deductible	$450 copayment per visit after INET medical deductible	$450 copayment per visit after INET medical deductible	$450 copayment per visit after INET medical deductible
Urgent Care Center or Facility	$75 copayment per visit	$75 copayment per visit	$75 copayment per visit	$75 copayment per visit

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Individual Market Silver Plan Changes for 2022
High Level Benefit Information (In-Network)

	2022 Standard Silver	2021 Standard Silver	2022 Standard Silver	2021 Standard Silver
Plan Level	**87% CSR (150%-200% FPL)**	**87% CSR (150%-200% FPL)**	**94% CSR (138%-150% FPL)**	**94% CSR (138%-150% FPL)**
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Deductible: Individual (medical)	$650	$650	$0	$0
Deductible: Individual (prescription)	$50	$50	$0	$0
Out-of-Pocket Maximum: Individual	**$2,725**	$2,500	$900	$900
Provider Office Visits				
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	$20 copayment per visit	$20 copayment per visit	$10 copayment per visit	$10 copayment per visit
Specialist Office Visits	$45 copayment per visit	$45 copayment per visit	$30 copayment per visit	$30 copayment per visit
Prescription Drugs - Retail Pharmacy (up to 30-day supply per script)				
Tier 1	$10 copayment per script	$10 copayment per script	$5 copayment per script	$5 copayment per script
Tier 2	$25 copayment per script	$25 copayment per script	$10 copayment per script	$10 copayment per script
Tier 3	$40 copayment per script after INET Rx deductible	$40 copayment per script after INET Rx deductible	$30 copayment per script	$30 copayment per script
Tier 4	20% coinsurance up to a maximum of $60 per script after INET Rx deductible	20% coinsurance up to a maximum of $60 per script after INET Rx deductible	20% coinsurance up to a maximum of $60 per script	20% coinsurance up to a maximum of $60 per script

State legislation pertaining to diabetes incorporated in plan;
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Individual Market Silver Plan Changes for 2022
High Level Benefit Information (In-Network)

	2022 Standard Silver	2021 Standard Silver	2022 Standard Silver	2021 Standard Silver
Plan Level	**87% CSR (150%-200% FPL)**	**87% CSR (150%-200% FPL)**	**94% CSR (138%-150% FPL)**	**94% CSR (138%-150% FPL)**
Plan Overview	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**	**In-Network (INET) Member Pays**
Other Services				
Laboratory Services	**$10 copayment per service**	$10 copayment per service after INET deductible	$10 copayment per service	$10 copayment per service
Outpatient Services (in a hospital or ambulatory facility)	$100 copayment per visit after INET deductible (OP Hosp) / $60 copayment per visit after INET deductible (Freestanding Facility)	$100 copayment per visit after INET deductible (OP Hosp) / $60 copayment per visit after INET deductible (Freestanding Facility)	$75 copayment per visit (OP Hosp) / $45 copayment per visit (Freestanding Facility)	$75 copayment per visit (OP Hosp) / $45 copayment per visit (Freestanding Facility)
Hospital Services				
Inpatient Hospital	$100 copayment per day to a maximum of $400 per admission after INET deductible	$100 copayment per day to a maximum of $400 per admission after INET deductible	$75 copayment per day to a maximum of $300 per admission	$75 copayment per day to a maximum of $300 per admission
Emergency and Urgent Care				
Emergency Room	$150 copayment per visit after INET medical deductible	$150 copayment per visit after INET medical deductible	$50 copayment per visit	$50 copayment per visit
Urgent Care Center or Facility	$35 copayment per visit	$35 copayment per visit	$25 copayment per visit	$25 copayment per visit

State legislation pertaining to diabetes incorporated in plan;
AHCT standardized plan designs available at: https://agency.accesshealthct.com/healthplaninformation

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2022 QHPs: Individual Market Gold Plan
High Level Benefit Information (In-Network)

Plan	2022 Standard Gold
Plan Overview	**In-Network (INET) Member Pays**
Deductible: Individual (medical)	$1,300
Deductible: Individual (prescription)	$50
Out-of-Pocket Maximum: Individual	$5,250
Provider Office Visits	
Provider Office Visits (Primary Care, Mental & Behavioral Health, Substance Abuse)	$20 copayment per visit
Specialist Office Visits	$40 copayment per visit
Prescription Drugs - Retail Pharmacy (up to 30-day supply per script)	
Tier 1	$5 copayment per script
Tier 2	$35 copayment per script
Tier 3	$60 copayment per script
Tier 4	20% coinsurance up to a maximum of $100 per script after INET Rx deductible

No changes to plan cost sharing illustrated above from 2021 Plan Year except state legislation pertaining to diabetes has been incorporated;
AHCT standardized plan designs available at: https://agency.accesshealthct.com/healthplaninformation

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2022 QHPs: Individual Market Gold Plan
High Level Benefit Information (In-Network)

Plan	2022 Standard Gold
Plan Overview	**In-Network (INET) Member Pays**
Other Services	
Lab Services	$10 copayment per service after INET deductible
Outpatient Services (in a hospital or ambulatory facility)	$500 copayment per visit after INET deductible (OP Hosp) / $300 copayment per visit after INET deductible (Freestanding Facility)
Hospital Services	
Inpatient Hospital	$500 copayment per day to a maximum of $1,000 per admission after INET deductible
Emergency and Urgent Care	
Emergency Room	$400 copayment per visit
Urgent Care Center or Facility	$50 copayment per visit

No changes to plan cost sharing illustrated above from 2021 Plan Year except state legislation pertaining to diabetes has been incorporated; AHCT standardized plan designs available at: https://agency.accesshealthct.com/healthplaninformation

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CID Rate Chart – 2022 Rate Filings

Individual (IND) Market						
COMPANY	**AVERAGE REQUEST**	**RANGE**	**APPROVED AVG.**	**APPROVED AVG. RANGE**	**COVERED LIVES**	**ON / OFF EXCHANGE**
Anthem Health Plans*	12.3%	6.1 to 22.6%	5.8%	-0.55 to 15.61%	28,071	On & Off
CTCare Benefits Inc.	7.4%	1.1 to 16.8%	5.5%	-0.6 to 14.8%	81,852	On
CTCare Inc.	10.9%	8.8 to 18.7%	8.6%	6.6 to 16.3%	3,053	Off
CTCare Insurance Co.**	5.1%	2.8 to 6.5%	3.0%	0.8 to 4.4%	3,096	On & Off

Small Group (SG) Market						
For employers with 50 or fewer workers						
COMPANY	**AVERAGE REQUEST**	**RANGE**	**APPROVED AVG.**	**APPROVED AVG. RANGE**	**COVERED LIVES**	**ON / OFF EXCHANGE**
Anthem Health Plans*	11.5%	4.5 to 23.5%	2.9%	-3.55 to 13.97%	25,529	On & Off
CTCare Benefits Inc.	13.6%	7.6 to 18.5%	10.3%	4.5 to 15.1%	1,786	On
Aetna Life Insurance Company	14.1%	14.1%	0%	0%	149	Off
Cigna Health and Life Insurance Company	N/A***					Off
CTCare Inc.	11.6%	8.0 to 14.9%	7.5%	4.2 to 10.8%	295	Off
CTCare Insurance Co.	7.4%	4.8 to 10.5%	3.5%	1.0 to 6.5%	17,904	Off
Harvard Pilgrim Health Care Inc.	14.5%	13.4 to 15.5%	8.4%	5.1 to 9.2%	4,413	Off
HPHC Insurance Company, Inc.	13.1%	12.0 to 14.1%	7.1%	2.5 to 9.1%	4,458	Off
Oxford Health Plans (CT), Inc.	15.6%	12.7 to 23.6%	9.9%	7.1 to 17.5%	3,393	Off
Oxford Health Insurance, Inc.	15.8%	9.4 to 22.2%	10.1%	4.0 to 16.2%	47,025	Off
UnitedHealthcare Insurance Co.	14.3%	11.2 to 19.7%	8.7%	5.7 to 13.8%	1,706	Off

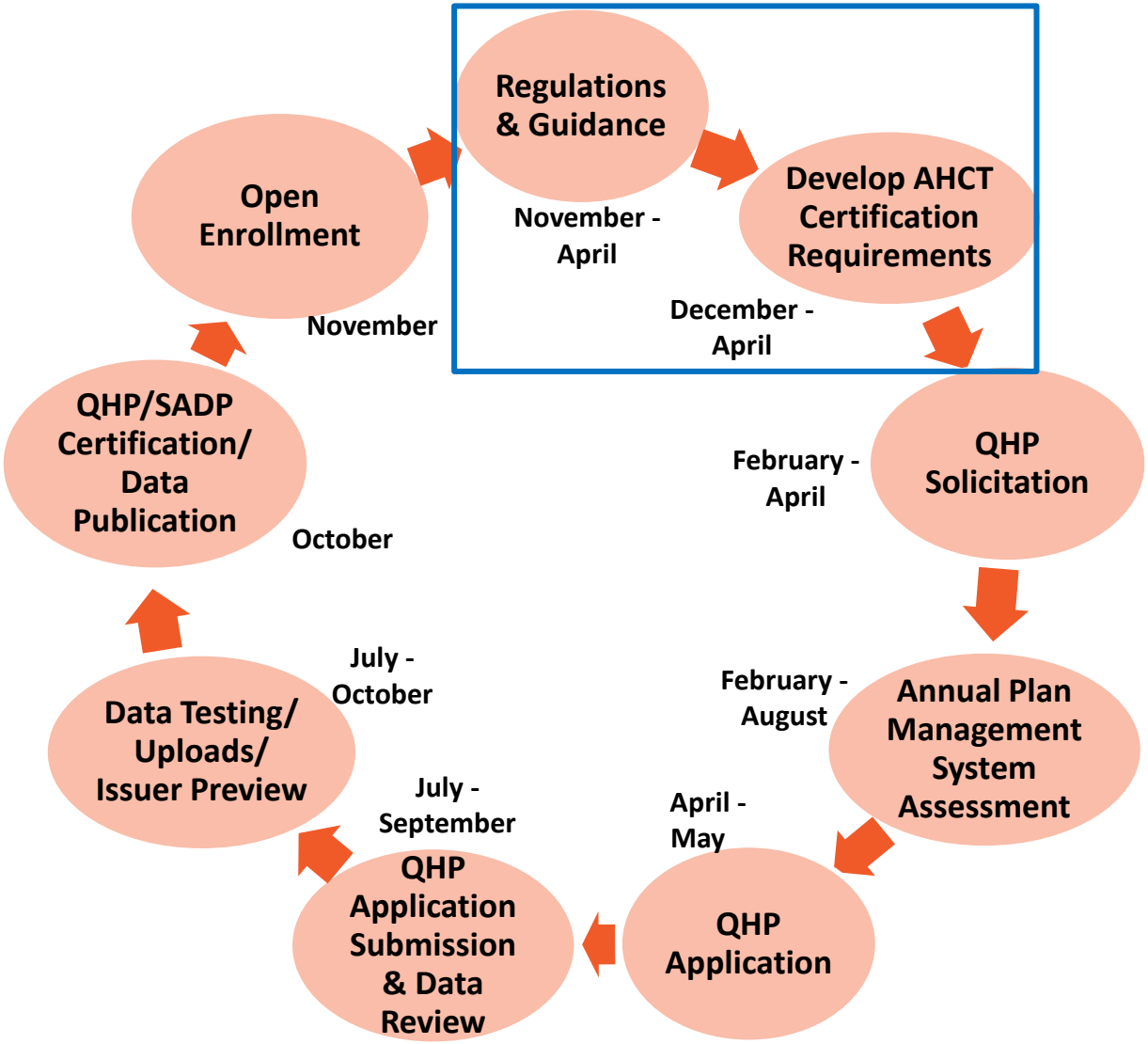
*Anthem is participating in both on and off exchange markets. Rates are the same for both.

**ConnectiCare Insurance Company, Inc. begins participation on the exchange effective 1/1/2022

***Cigna entered the small group market effective 7/1/2021

Information obtained from CID website: https://portal.ct.gov/-/media/CID/1_RateFilings/RateChart2022-Final.pdf

Plan Management Certification Life Cycle



MOVING AHEAD TO THE 2023 PLAN YEAR!

Each plan year, this cycle begins with the release of regulations and guidance, including the Actuarial Value Calculator (AVC) tool used to develop standardized plans, and ends once Open Enrollment commences

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Noverant

Learning Management System

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Refresher & Updates

- Welcome email
- Sign on process
- Updating the Profile
- Electronic agreement
- Refreshed module content
- Certification Assessment (test) requires 80% or higher to pass
- Deadline to complete: **11/12/21**

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Access Health CT
2022 Certification Instructions

How to use the Learning Management System to:

1. Review Agreement and Sign-off
2. Complete eLearning and Assessment

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Agenda

- ✓ Learning Management System (LMS) Overview
- ✓ Log In
- ✓ Update Your User Profile
- ✓ Your Home Page
- ✓ How to Sign the Agreement
- ✓ How to Complete Your Training
- ✓ How to Obtain Your Assessment Grade
- ✓ Your Transcript
- ✓ Log Off
- ✓ Possible IT Issues

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LMS Overview

The 2022 Certification requires that you complete your training using the Access Health CT Learning Management System (LMS). At this point in the certification process:

- You should have received a **Welcome Email** with your log-in information (username and temporary password) for the LMS.
- The **Welcome Email** will have arrived from this address: **ahct@noverant.com** If you don't find it in your regular email, look for it in your Junk or Spam folders. If you still can't find it, send an email to: LearningCenter.AHCT@ct.gov
- You can log into the LMS Home Page, where you will find:
  - ✓ **Agreement** (contract between you and AHCT, you will need to sign this electronically using your LMS log in credentials)
  - ✓ A copy of these instructions
- You will only get access to the Training after you have completed the agreement and the AHCT Broker/CAC Support Team has checked and verified your credentials.

To be certified, you must complete all of the Training and pass the Assessment with a score of 80% or better.

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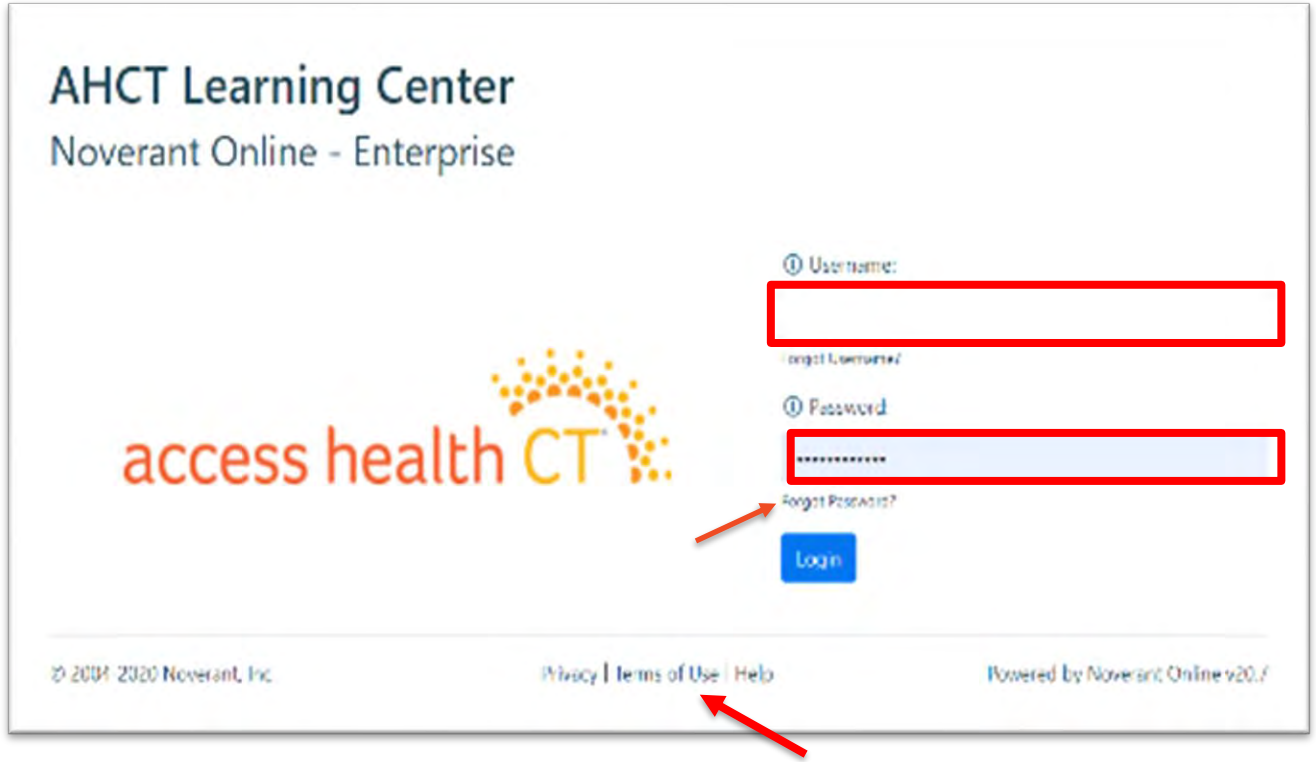
LMS Login

1. To Log into the LMS enter:
   - **Username** (which is your email address)
   - **Password** (from the email you received)
   - Click **Login**
2. Use the **Forgot Password?** link to receive a new password, if:
   - You forgot your password,
   - Your password has expired, or
   - You never received a temporary password.



Note: Click the link to review the **Privacy and Terms of Use Policies**.
If you run into an issue or need assistance with logging into the system, click **Help**.

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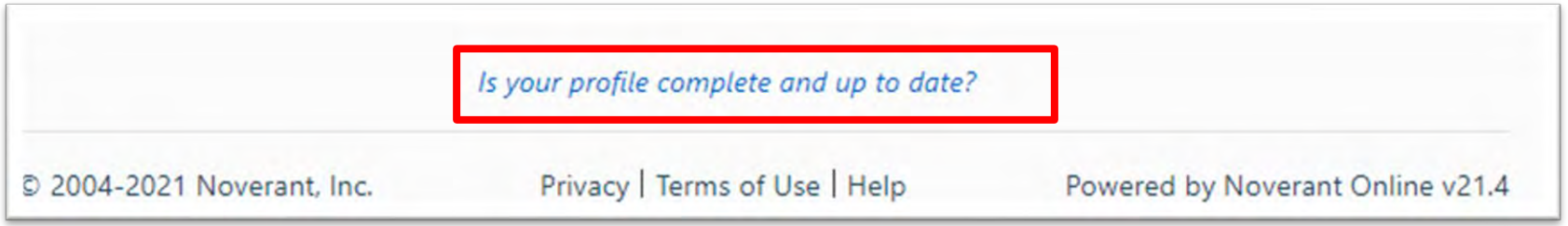
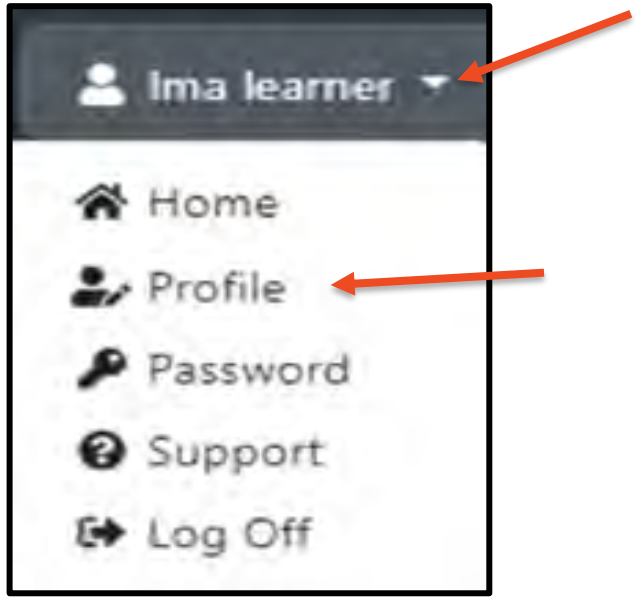
How to Access Your User Profile

There are two ways to access your **Profile.**

- There is a link at the bottom of the LMS home page or
- At the top right-hand corner there is a drop down below your name.





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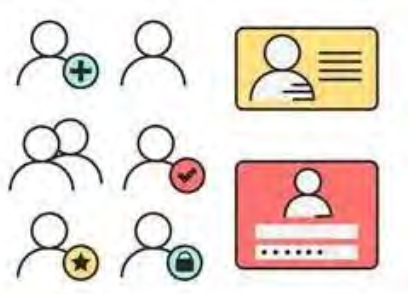
How to Update Your User Profile

Make sure your User Profile is current and updated.

CACs must make sure the **Company/Agency** is correct and list a **Manager or Supervisor**, if applicable.

Brokers must complete **all** of the following fields to receive certification training:



- Broker License No.
- License Expire Date (MM/DD/YYYY)
- Symantec ID
- Answer Yes/No if you have current Carrier Appointments
- Answer Yes/No in the appropriate fields to indicate which Plan you will be selling:

  Individual Business, Small Business and/or Dental (complete all that apply)

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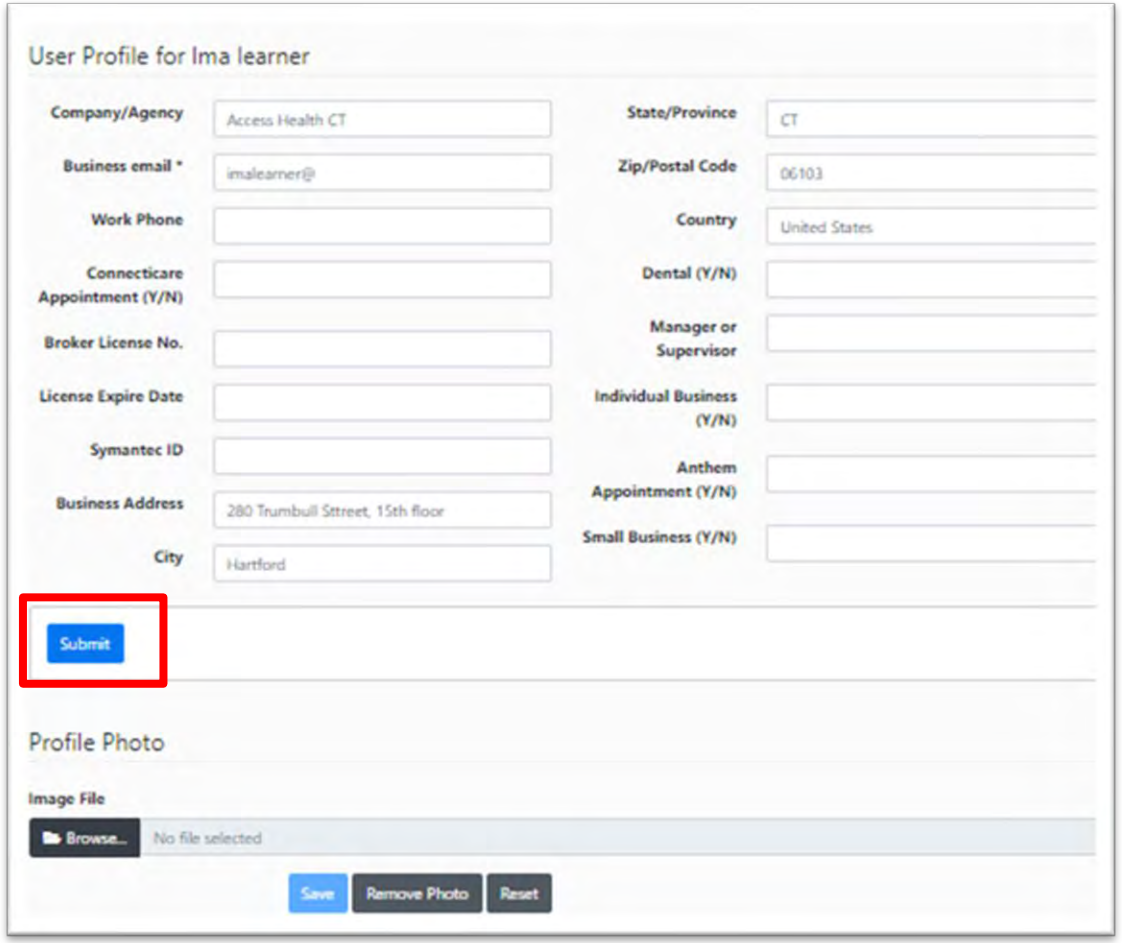
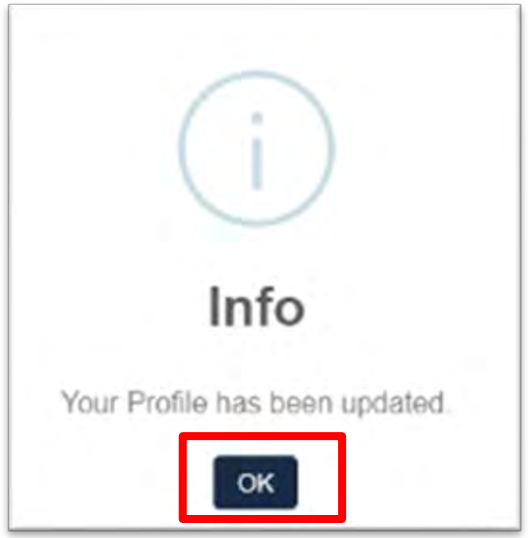
How to Update Your User Profile, continued



1. Verify that all the information is current. <u>Your email address must be your current business or work email address</u>.
2. Once your Profile is updated, click the **Submit** button.
3. Then confirm by clicking the **OK** button.
4. You will be automatically brought back to the home page.



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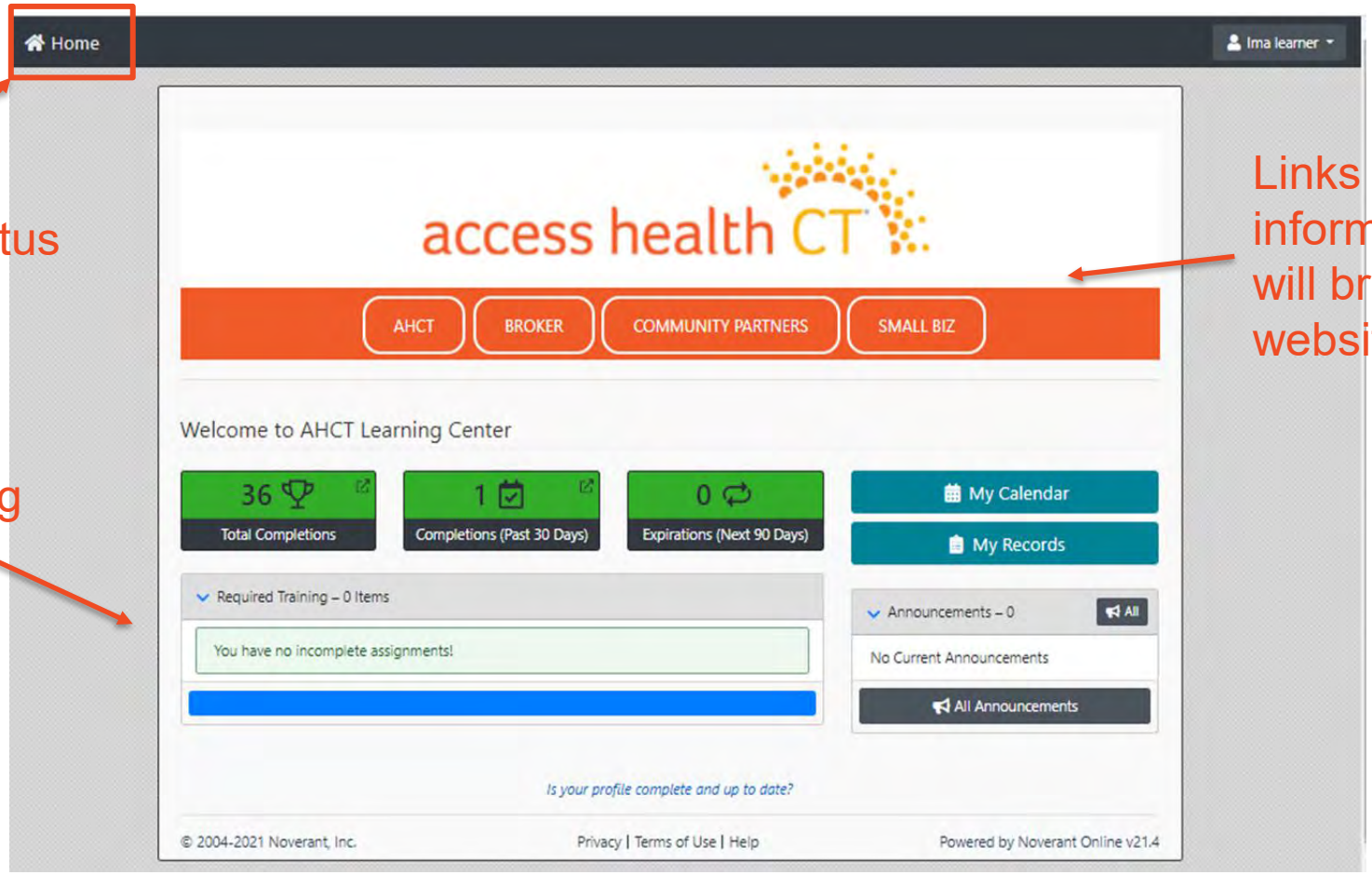
Accessing Your Home Page

You can access your **Home** page from anywhere in the LMS by clicking the tab on the left-hand side of your screen.



Training status

Links to additional information. The AHCT button will bring you to the AHCT website.

Required Training

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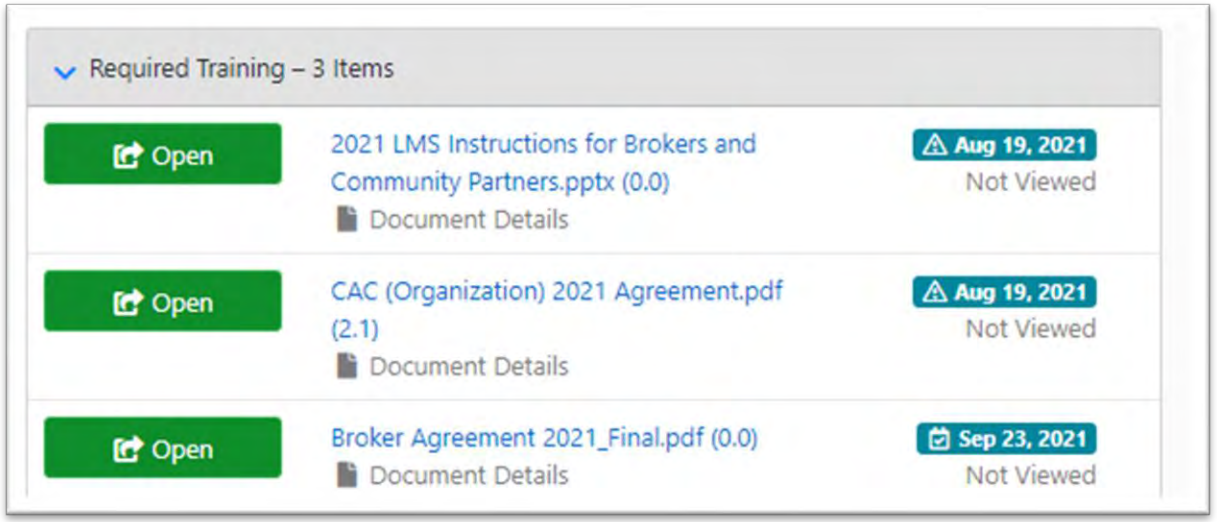
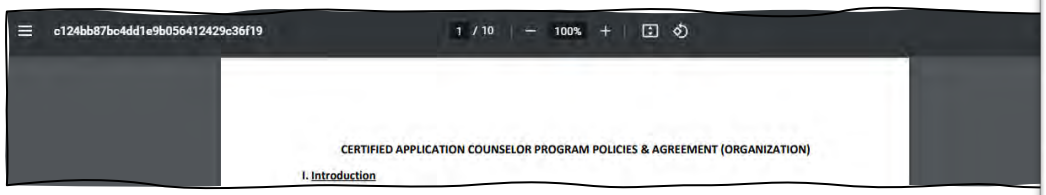
How to Sign the Agreement

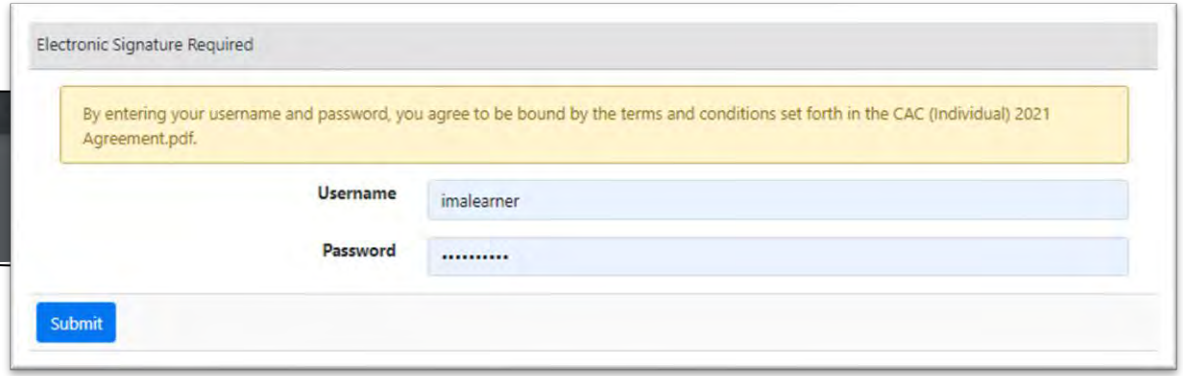
To complete your **Agreement:**

1. Click **Open** next to the **2022 Agreement.**
2. The **2022 Agreement** will open in a new window or get downloaded to the lower left corner of your computer.
3. Read and close the agreement. You will be brought to the **Electronic Signature Required** page. Type in your Username (email address) and Password. Click **Submit**.



Depending on your role, you will see the document specific to your role.





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What's Next?

After signing the agreement, your appointments are verified. Once verified, you will receive a Welcome Email and the training and assessment are added to your account for you to complete.

Brokers who have signed the 2022 Agreement but have not met all the requirements will not get access to the training and the assessment. Go to your profile, check and update:

- Valid broker license #
- Expiration date
- Appointments with **all** carriers

IMPORTANT!

Note: After the agreement sign off is completed, please continue with this PowerPoint presentation to learn more about how to finish your AHCT certification.

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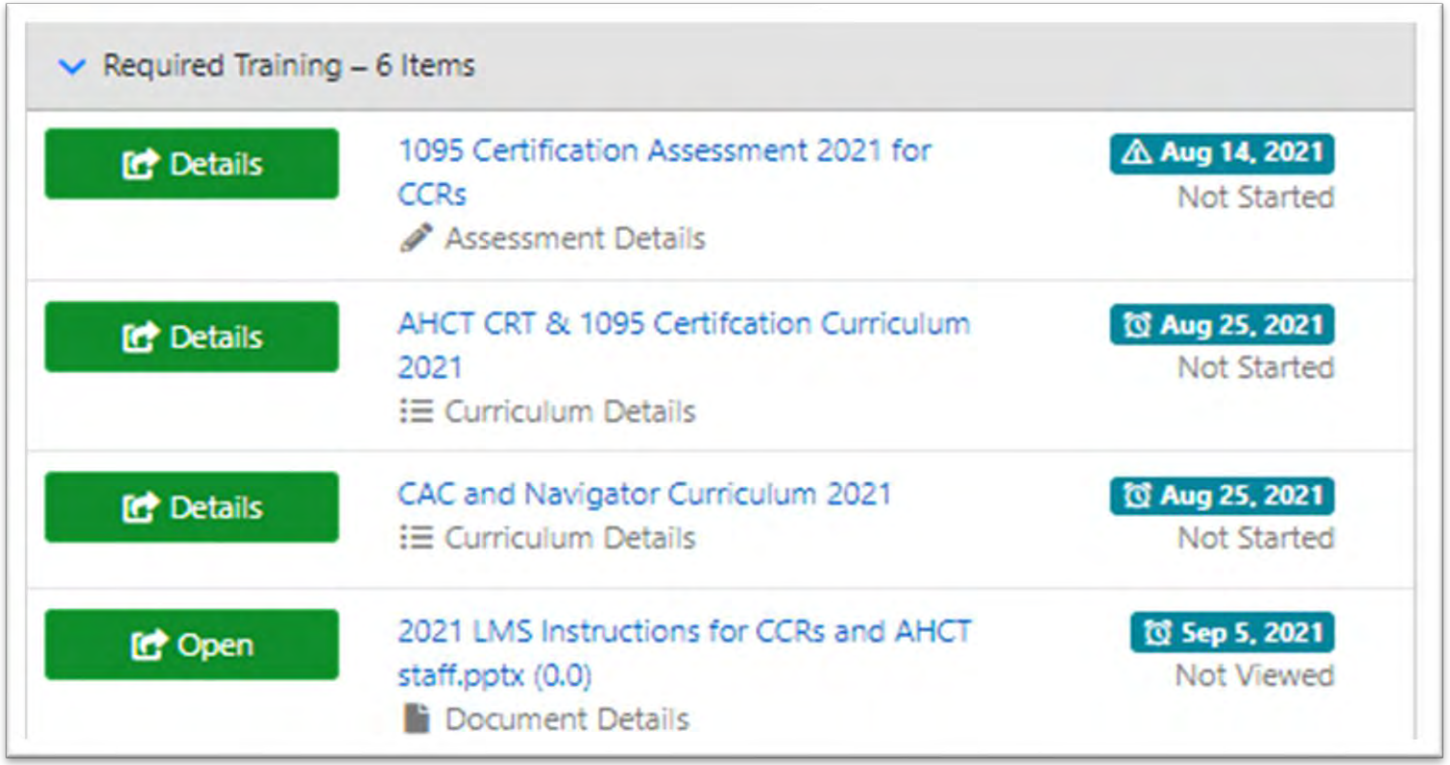
How to Complete Your Training

Back at the home page, you will see the required training that has been assigned to you.

Your training will be a cluster of items called a curriculum, that can include:

- Documents
- E-Learnings
- Assessments
- Short videos

Begin with the item that has the **earliest due date.**



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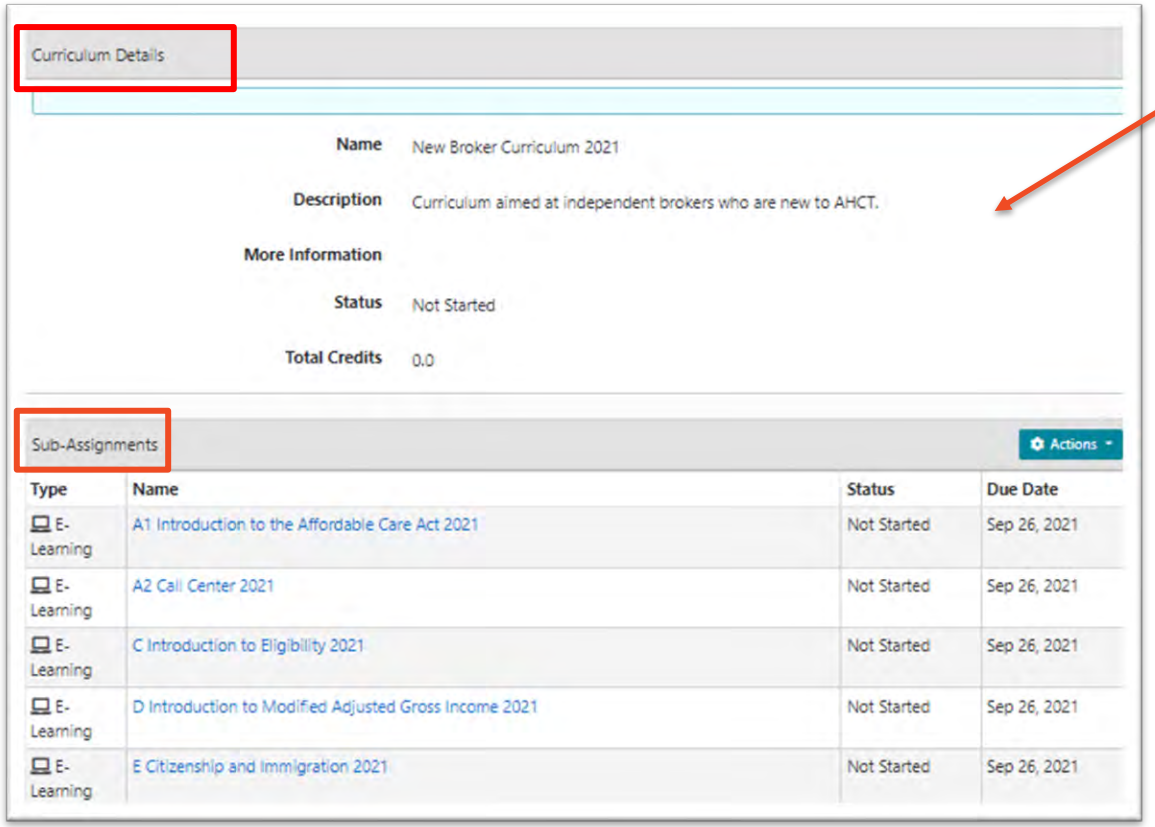
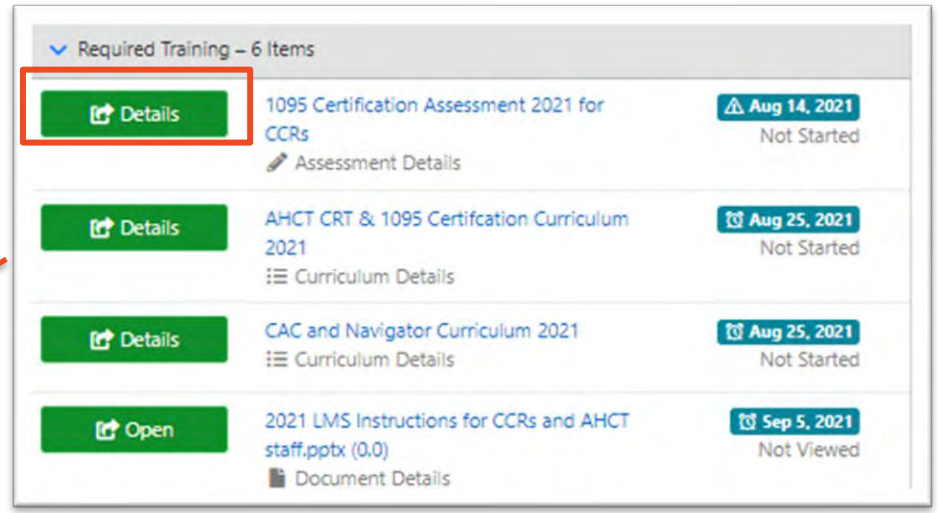
How to Complete Your Training, continued

1. Click the **Details** button to bring you to the Curriculum Details page.





3. Scroll down to the **Sub-Assignments** listing.
4. Your training items will be listed in the order that they should be completed.
5. Click on the blue link for the first E-Learning item.

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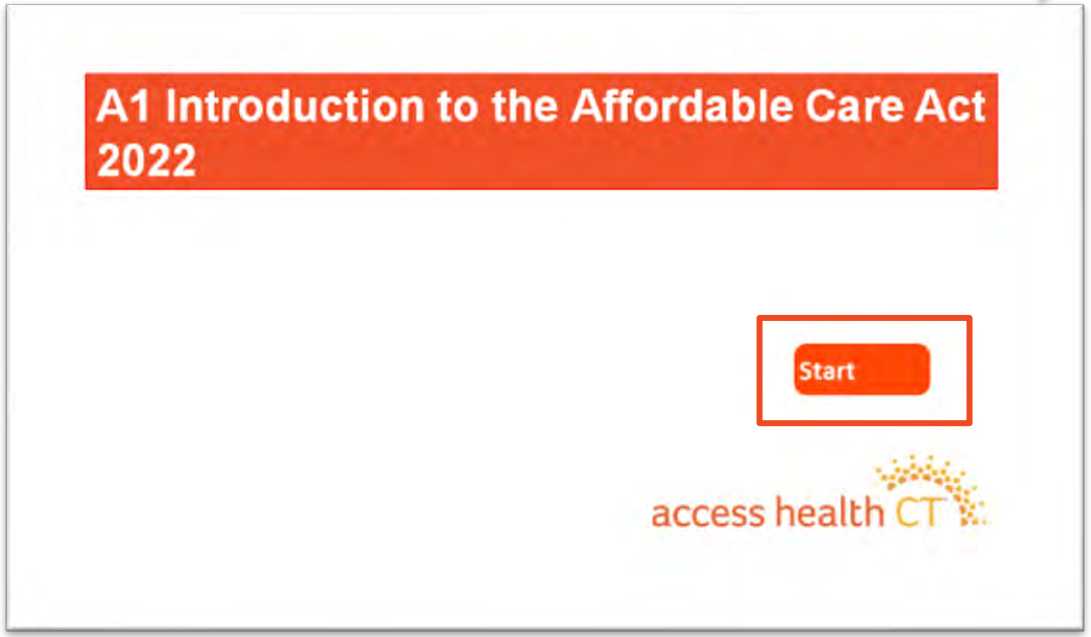
How to Complete Your Training, continued

6. On the **E-Learning Details** page, click **Open** to launch the module.
7. Click **Start** to begin the training module.
8. You will find Navigating instructions on the second page of every module.



Note: If you have any difficulty and need assistance, please send an email to the AHCT Training Department at: learningcenter.ahct@ct.gov.

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LMS Tips and Reminders

- **<u>Do not select the X on the browser window</u> at any point during the Training!**
- To exit properly, click on **Click Here to Exit/Save and Close**, in the upper right-hand corner of the module screen.
- If you need to exit the module early, the LMS will remember where you left off. When you return to the module, you will continue from the point you had left.
- Knowledge Checks are only practice questions, your answers are not recorded.
- **<u>Return to Home to continue and follow previous instructions.</u>** Make sure to complete all the sub-assignments located under each curriculum heading.
- Open the sub-assignments (modules) that have the status of **Not Started**.
  - **Prerequisite Not Met** indicates that another module needs to be completed.
  - **Complete** means it is done!

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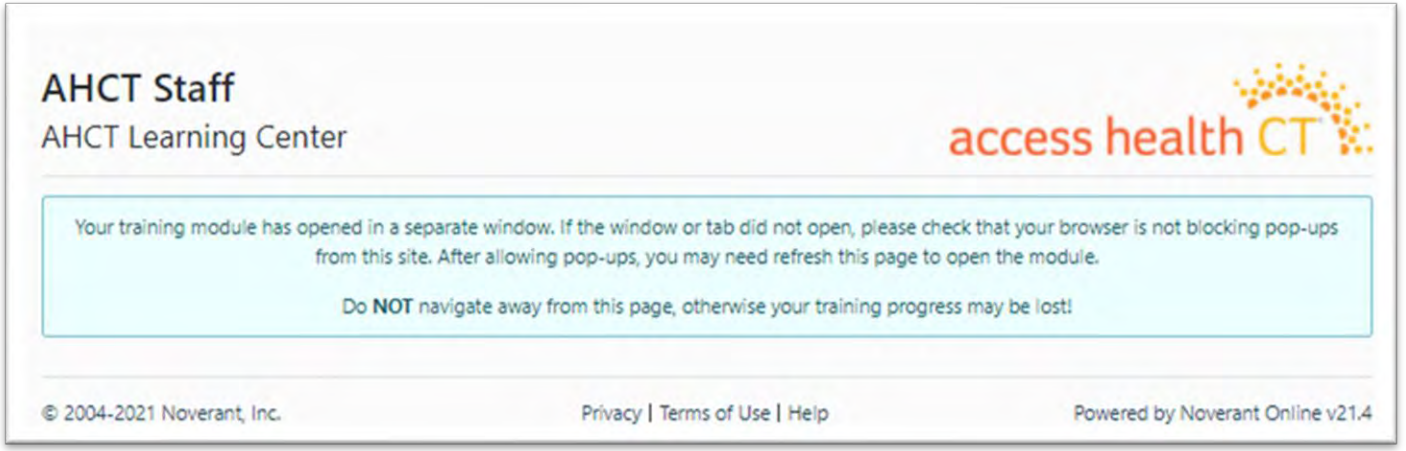
If you should see this message…

You might see this warning message if your browser is blocking pop-ups from this site.

- ✓ Check to see if the module opened in a new window. If so, continue training in new window.
- ✓ Check that your browser is not blocking pop-ups from this site. If so, change settings to allow pop-ups.
- ✓ You may need refresh the page to open the module.



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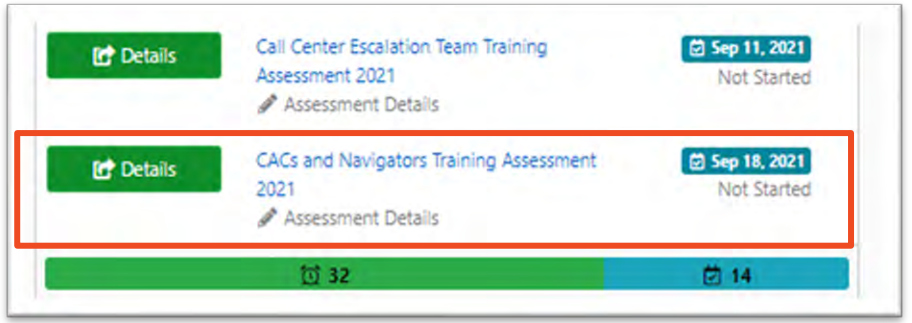
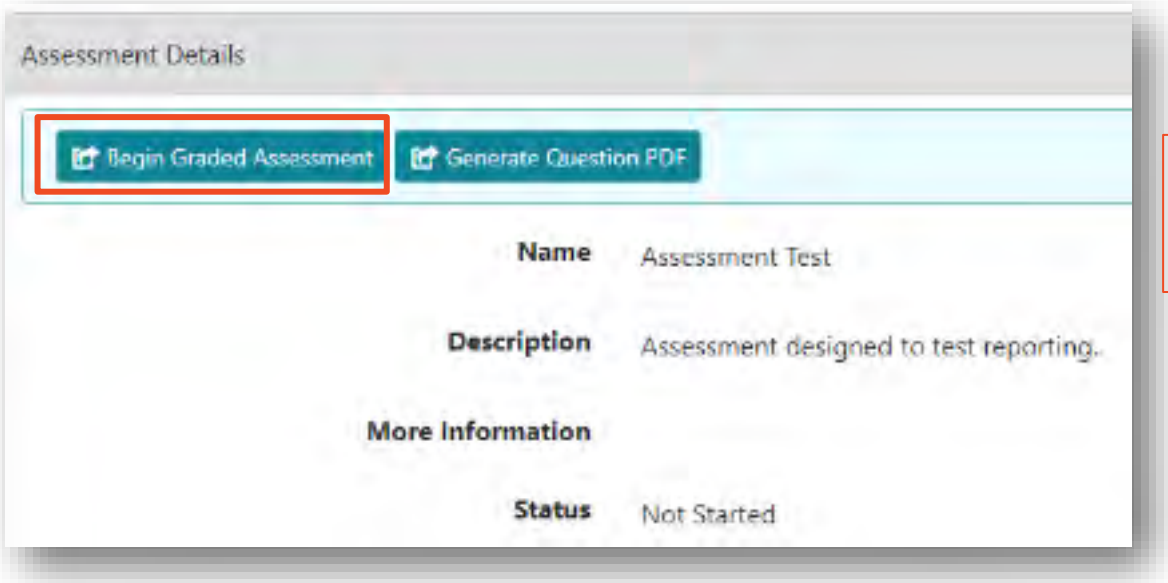
How to Complete Your Assessment

You can begin your **Assessment** after you have completed all the training modules.

1. Click **Details** to go into the assessment.
2. From the Assessment Details page, select **Begin Graded Assessment**.





Do not click the button, Generate Question PDF!

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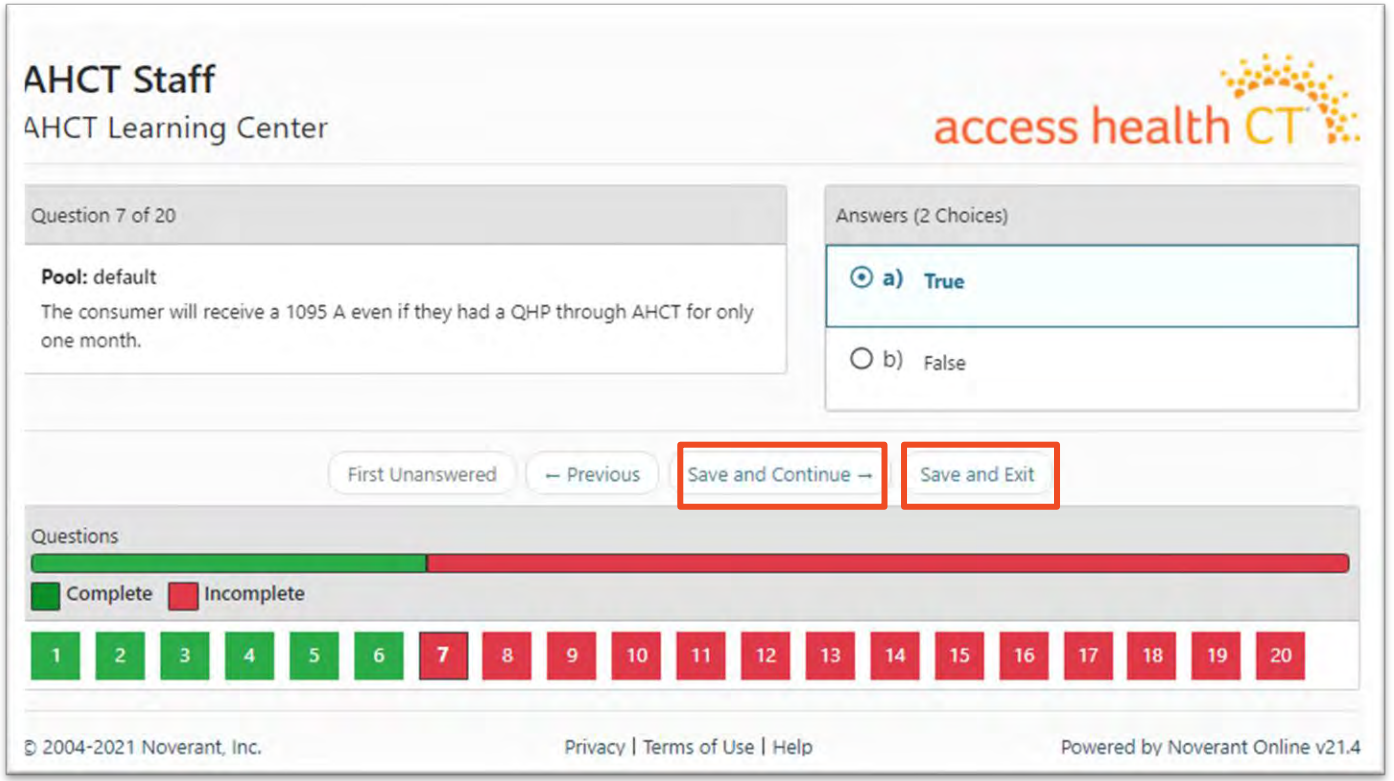
How to Complete Your Assessment

3. Read each question slowly.
4. Answer each question accurately.
5. Click **Save and Continue** to go to the next question.
6. Click **Save and Exit** when:
   - You need to stop and continue at a different time, or
   - You have answered all the questions and are finished.



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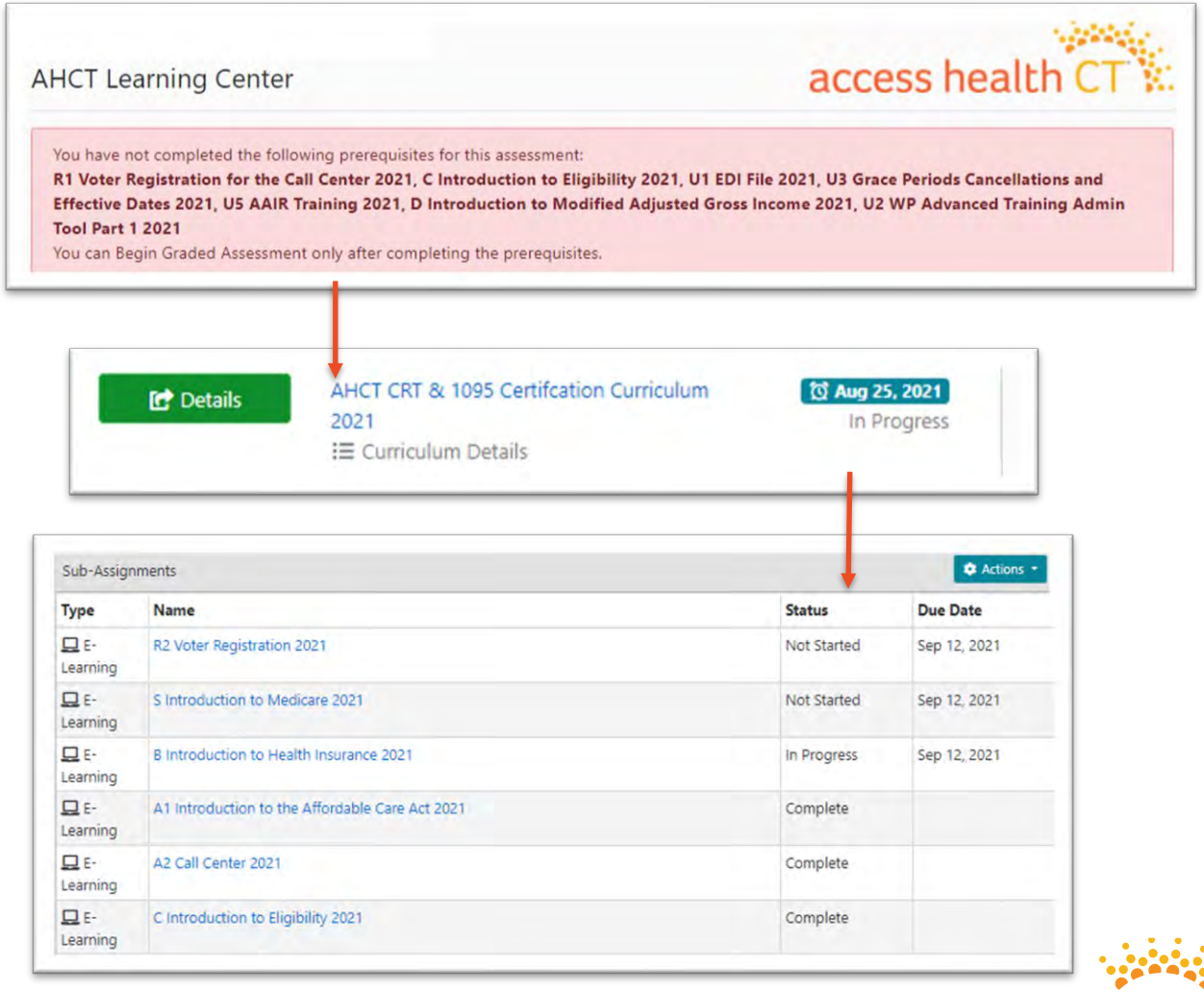
Why did I receive a prerequisite message?

You did not complete all the Required Training and you cannot start the Assessment. Some training items have prerequisites attached and must be completed prior to moving on to the next item. You cannot start the Assessment without completing the Prerequisites. You have not completed the curriculum if you have not completed all the modules.

1. Go back to the Home Page to restart start the curriculum.
2. Click Details to take you to the Curriculum Details and Sub-Assignment Page.
3. Look for the incomplete E-Learning modules that show a status of Not Started or In Progress.
4. Complete those modules.
5. Make sure each E-Learning module reads Complete.



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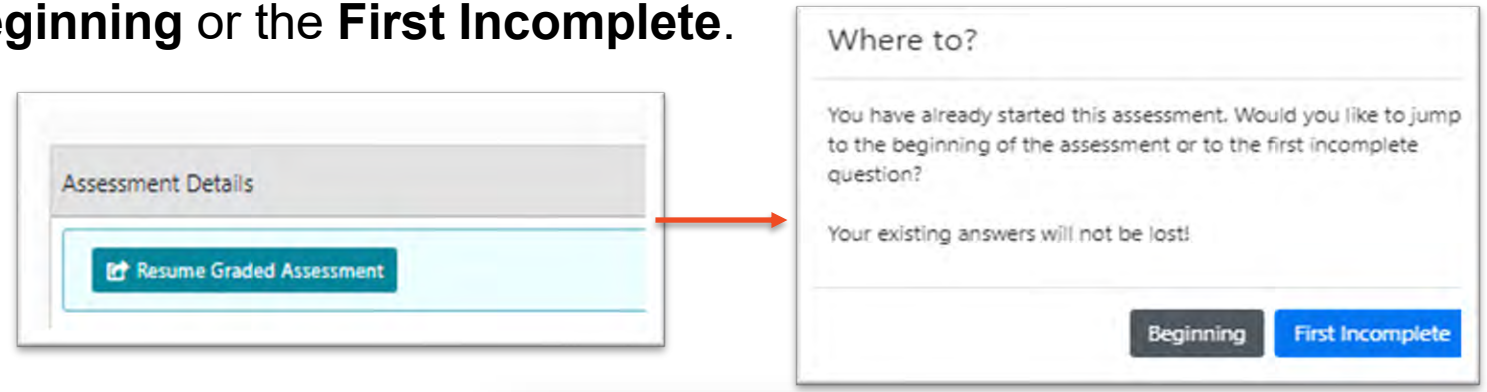
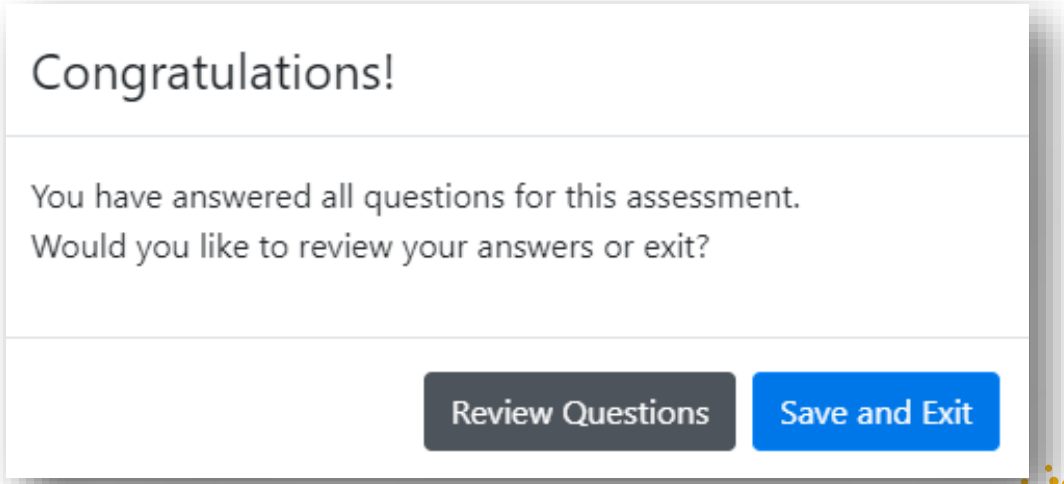
Resume Assessment or Review Questions

If you return to the assessment to finish, click **Resume Graded Assessment** and choose where to restart. It could be back to the **Beginning** or the **First Incomplete**.



When you have answered all the questions you can **Save and Exit** or **Review Questions.** If you want to review your answers you must do so before you click **Save and Exit.**

Click **Save and Exit** if you have completed all the questions in your assessment! Now let's get your grade.



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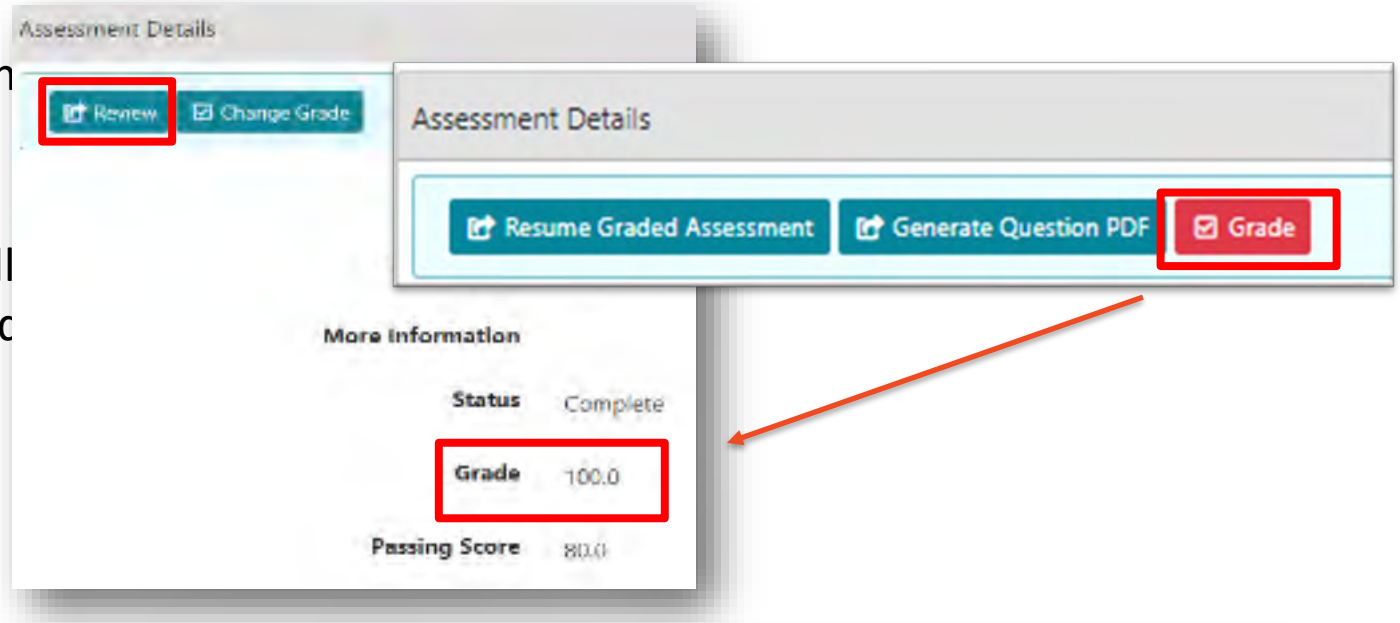
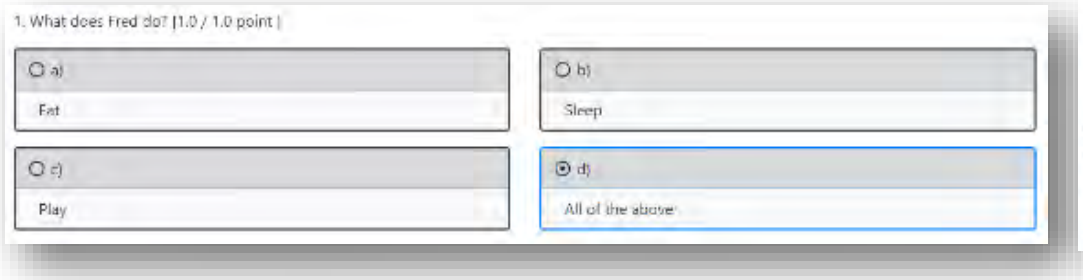
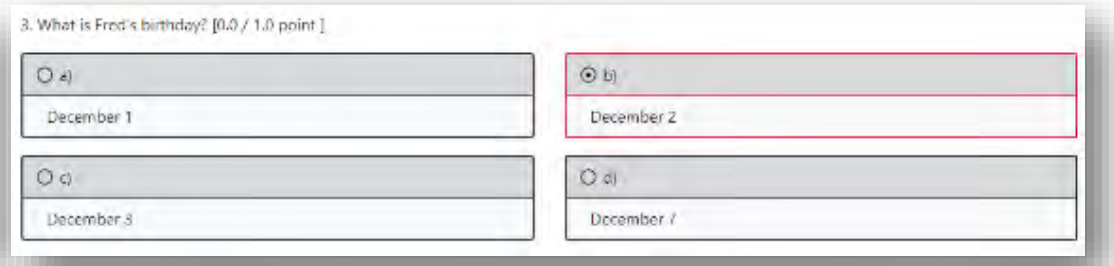
How to Obtain Your Assessment Grade

1. Select **Grade** to see your overall score. In this example, the learner got an 100%.
2. Select **Review** to see the answers you provided during the assessment. You will only be able to do this step IF you passed or completed all your attempts and received the final grade.





Blue - Answered correctly.



Red - Answered incorrectly.

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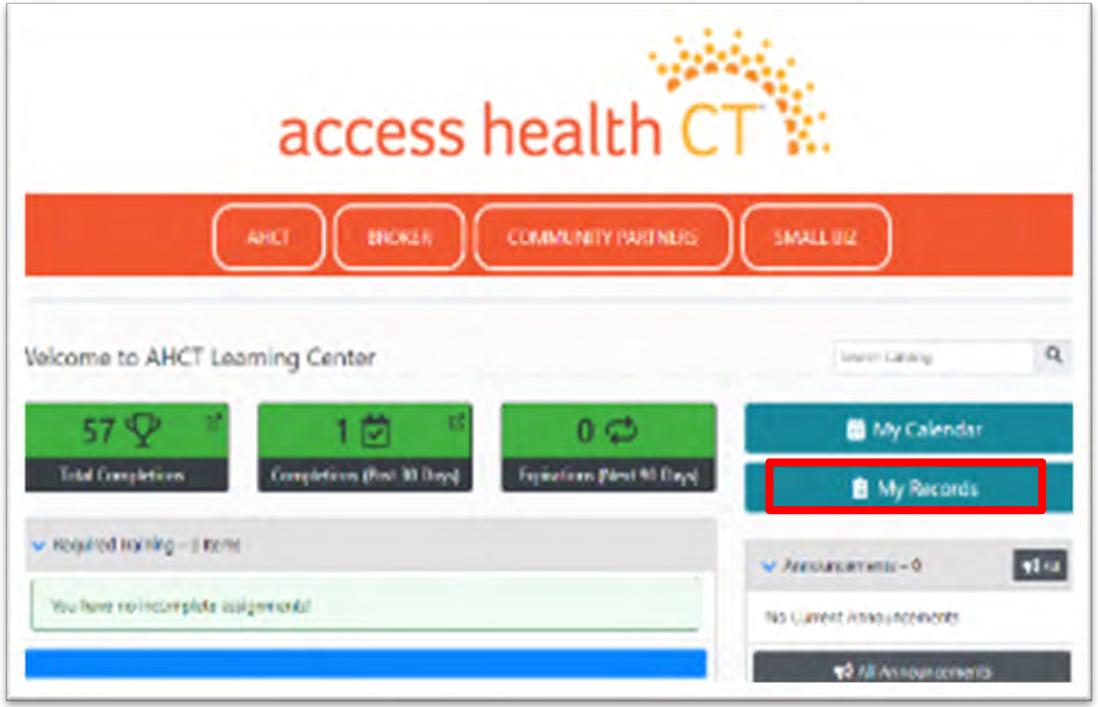
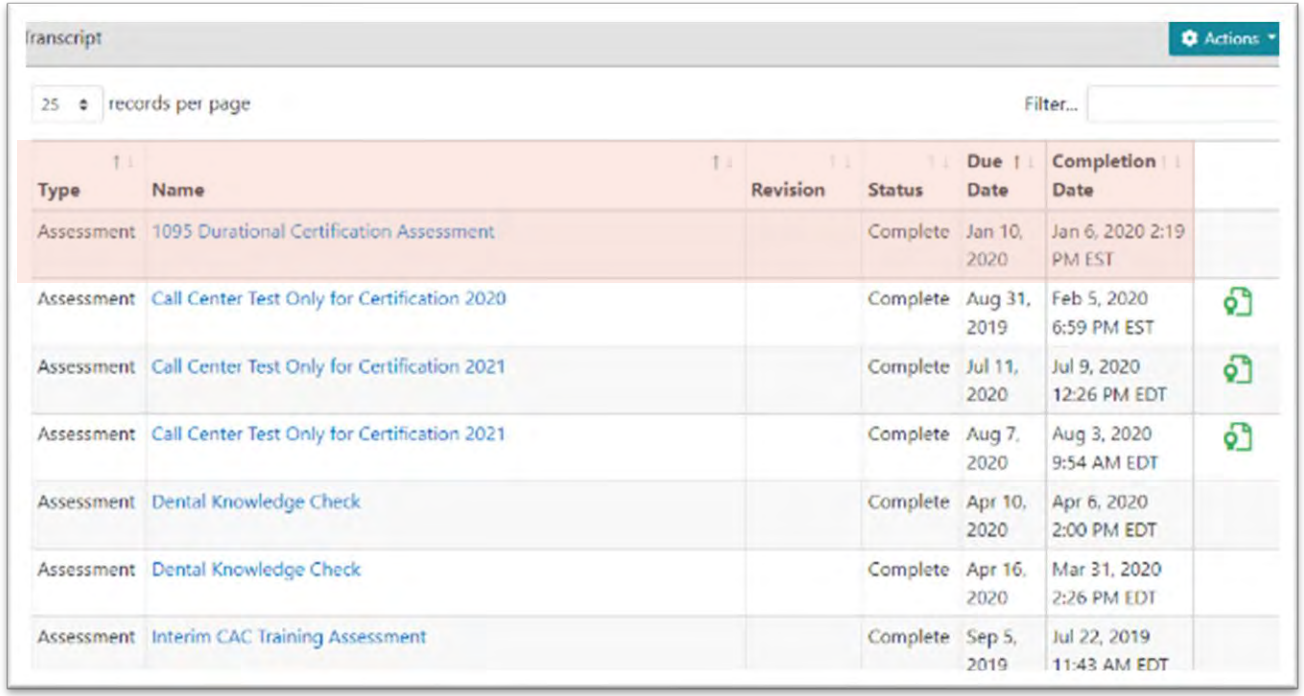
Accessing Your Transcript

Click on the **My Records** button on the Home page, to view your **Transcript**. Your **Transcript** shows the status of all the required training.





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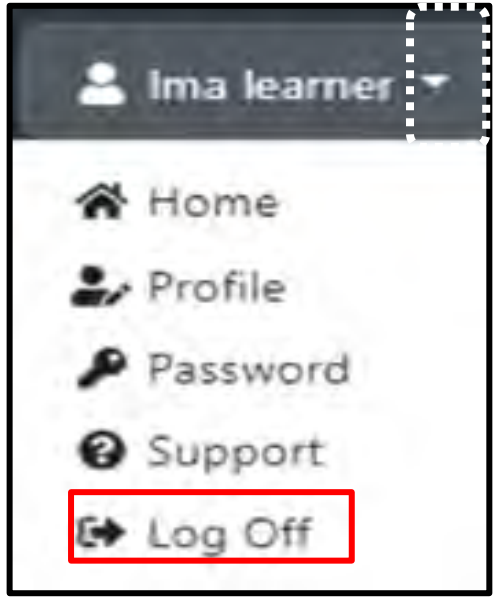
LMS Log Off

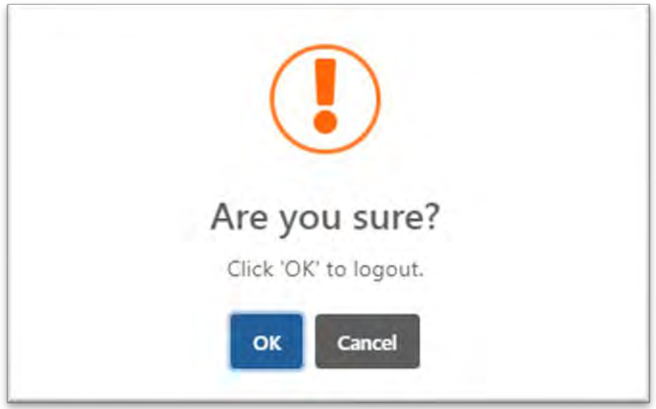
To Log Off the LMS:

1. Click on the dropdown button or on your Username located at the top right-hand corner of the screen.

2. Scroll down and select **Log Off**.

3. Click **OK**, when the system asks, “Are You Sure?”





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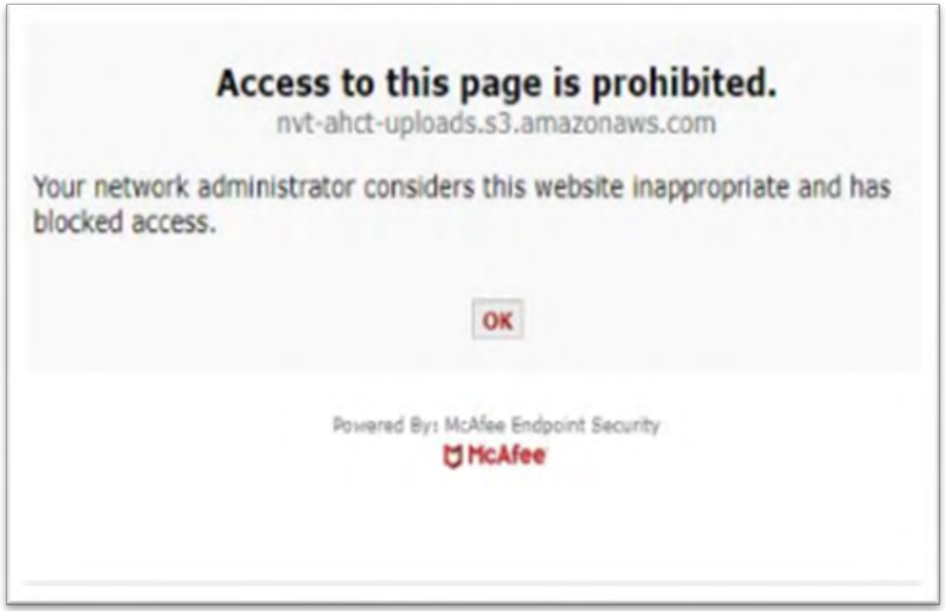
Issues with Document Downloads

If you get the McAfee error message (example shown on the right), follow the instructions below for how to fix this issue.

1. First, try using a different browser (e.g. If you use Chrome, try Firefox, or Safari)

2. If that doesn't work, you need to open an incognito/ private window in the browser you are using.

3. To get the private window, follow these keystrokes:
   - **Google Chrome:** Hit [ctrl] + [shift]+ [n] on your keyboard to open a "New Incognito Window".
   - **Internet Explorer:** Hit [ctrl] + [shift] + [p] on your keyboard to open "New InPrivate Window".
   - **Mozilla Firefox:** Hit [ctrl] + [shift] + [p] on your keyboard to open a "New Private Window".
   - **Safari:** Hit [command] + [shift] + [n] + or [option] + [shift] + [n] on your keyboard to open "New Incognito Window"



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Unsupported Browser

Beginning August 17, 2021, Microsoft 365 apps and services will no longer support Internet Explorer 11 (IE11).

- You might see a warning message if you are using an unsupported browser reminding you that IE11 support is ending.

- To navigate the training successfully, we recommend you stop using IE11 on your desktop and laptops and transition to:
  - ✓ Chrome
  - ✓ Edge
  - ✓ Firefox

- Check with Microsoft if you have any questions.

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You have completed the LMS Instructions!
Good Luck With Your Certification Training!

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Policy Refresher

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Medicare Populations

- **The highest percentage of AHCT's QHP enrollment is made up of adults age 55-64**
- **Things to note about QHP enrollment and Medicare coverage:**
  1. AHCT will not automatically terminate QHP when someone becomes eligible for Medicare
  2. Once Medicare eligible, no longer eligible for APTCs
  3. Exchange qualified health plans are not Medicare supplements. Medicare eligible clients may be better served by Medicare supplement plans.

COBRA Reminders

- **Employees who are losing coverage through their employer are usually offered COBRA coverage**
- **Access Health CT is an option for these employees (SEP)**
- **AHCT Training Dept. offers presentations to organizations as an option to learn more about what's offered through AHCT**

Important notes for those considering COBRA

- Know the deadlines and when to enroll
- Understand the full cost of COBRA before enrolling (without employer contributions)
- Consider options on Exchange before taking COBRA

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The American Rescue Plan Act

- The American Rescue Plan Act of 2021 (ARP) signed into law on March 11 by President Biden, will make health insurance coverage more affordable and accessible for many residents by virtually eliminating or vastly reducing monthly payments (premiums) for many people with low and moderate incomes who enroll through Access Health CT; and providing new financial help for people with somewhat higher incomes who can face high premiums.

- Financial help available through Access Health CT will be significantly greater for people at virtually every income level. Many people who buy their health insurance through Access Health CT will become eligible to receive increased financial help (known as premium tax credits) to reduce their portion of monthly premiums or may be eligible to receive financial help for the first time.

What to know about Premium Tax Credits & Eligibility
To qualify the consumer:

- Must enroll in coverage through Access Health CT
- Cannot be eligible for other affordable healthcare coverage through your employer or a government program, such as HUSKY Health (Medicaid/CHIP)
- Must be a resident of Connecticut and not in prison

Individuals or families are eligible for financial help, or Premium Tax Credits (PTC), based on:*

- Annual Income: Household's total expected income for the year
- Household size: Total number of people in the household that file taxes together

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The American Rescue Plan Act (cont.)

- Residents can act during a Special Enrollment Period from May 1 – October 31, 2021. Many current customers will see lower monthly bills.
- The average savings per household will be $116.05 per month, or $1,392.57 per year

- Households with annual income over $51,040 or 400% of the Federal Poverty Level (FPL) will be newly eligible for financial help through Access Health CT and will see an average monthly savings of over $500 per month or $6,200 per year.

- Taxpayers that are eligible for or that collected Unemployment Insurance (UI) benefits at any time in 2021, will be automatically considered to have an annual income at 133% of the Federal Poverty Level ($12,880) and will be eligible for a nearly $0 premium benchmark silver plan with comprehensive cost sharing subsidies this year.

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The Covered Connecticut Program

- Beginning July 1, 2021, Connecticut residents that meet specific eligibility requirements could be paying $0 for their health insurance coverage through Access Health CT, thanks to the new Covered Connecticut Program created by the State of Connecticut.

- The State of Connecticut will pay the consumer's portion of the monthly premium directly to insurance companies (Anthem/ConnectiCare) and will also pay for the cost-sharing amounts (deductibles, co-pays, co-insurance and maximum out-of-pocket costs). The State will pay any cost-sharing for covered drugs. Eligible consumers will have $0 premium and $0 out-of-pocket expenses for covered services.

Eligibility Requirements:

Parents/caretakers, and their tax dependents who:

1. Have a household annual income that is greater than 160% of the Federal Poverty Level (FPL) and is less than or equal to 175% of the Federal Poverty Level (FPL)

2. Have at least one dependent child in the household that is under the age of 19. Children age 18 must be a full-time student in secondary school.

3. Be eligible for APTCs and Cost Sharing Reductions

4. Use 100% of their APTCs and CSRs along with the expanded American Rescue Plan financial assistance

5. Be enrolled in a Silver Level Plan

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Medicaid Extension

Currently, HHS has extended the Public Health Emergency (PHE) period through the end of the calendar year, to December 31, 2021. Based on the extension, eligible individuals will have their Medicaid/CHIP coverage extended through December 31, 2021 in HIX and ImpaCT.

However, it is possible that the PHE period may be ended anytime prior to December 31, 2021, which would also end Medicaid/CHIP coverage for individuals prior to December 31, 2021.

- **Exceptions to the Medicaid Extension to Dec 31:**
- **voluntary termination**
- **relocation outside of CT**
- **ineligible immigration status after completing a SAVE verification**
- **age-out of HUSKY B**
- **death**

Updates on the HUSKY ext. can be found at: https://portal.ct.gov/HUSKY/Special-information-and-resources-for-HUSKY-Health-members-about-coronavirus

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Small Business & Dental

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Why You Should Choose Access Health CT Small Business

access health CT small business

Flexible Eligibility

- Employers with 50 or fewer full-time equivalent (FTE) employees can obtain coverage through Access Health CT Small Business; sole proprietors cannot obtain coverage.
- Any employer that offers coverage must offer coverage to all full-time employees (employees who work an average of 30 hours per week), additionally, you may choose to offer coverage to part-time employees.

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Defined Contribution

Set a **defined dollar amount** or **cover a percentage** of your employees' premium costs which allows you to have a **fixed annual health insurance budget**.

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Choice

Choose a plan selection strategy that best meets your employees' needs.

- **Vertical Choice:** Access to all plans that are available From the insurance company.
- **Horizontal Choice:** Access to plans in one metal level (e.g. all Silver plans).
- **Single Choice:** Employer chooses one plan for the group offering.

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Ease of Comparison

- Access Health CT Small Business offers multiple metal levels of coverage and a variety of plans, including Health Savings Account (HSA) plan design options.
- We also offer plans that provide services not subject to the plan deductible, such as physician office visits or laboratory services.
- You have a choice of 10 plans from Anthem Blue Cross Blue Shield and ConnectiCare for 2021.

Metal Level Plan Types

Metal Level	Plan
Gold	PPO, POS
Silver	PPO, PPO HSA, POS, POS HSA
Bronze	PPO, PPO HSA, POS, POS HSA

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No Fees or Required Lines of Coverage

Compare plan design features
(e.g. cost sharing for prescription drugs, office visits and plan deductibles).

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Small Business Tax Credit

Tax credits may be available on your contribution to your employees' premium:

- **Small Business:** up to a 50% tax credit
- **Non-Profit Organizations:** up to a 35% tax credit

Credits are only available for health plans purchased through Access Health CT. To qualify, your small business must:

- Have fewer than 25 full-time equivalent (FTE) employees.*
- Contribute at least 50% of each employee's insurance premium.
- Pay an average annual wage of less than $56,000*

** The small business owner's and immediate family members annual wages are not included in the average wage.*

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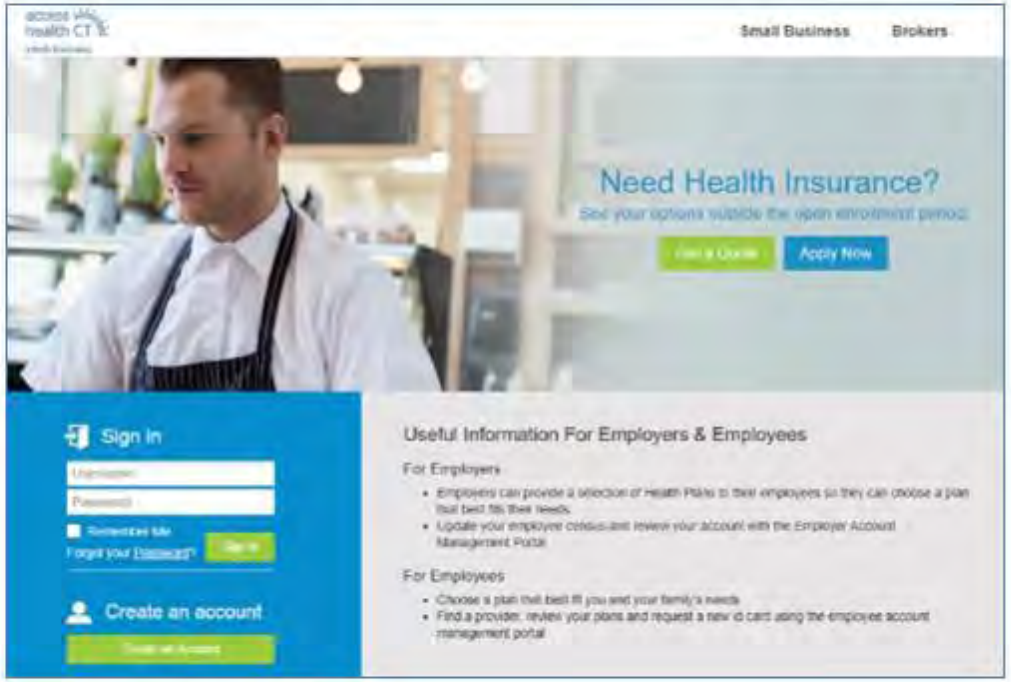
Simple Enrollment

Enroll online or using a simple paper form

Access Health CT Small Business uses universal enrollment forms. You will also receive an itemized bill.



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Dental Insurance – For Individuals

Access Health CT offers stand-alone dental plans that you can enroll in during the Open Enrollment Period, or during a Special Enrollment Period if you qualify. All health insurance plans offered through Access Health CT - including Medicaid/CHIP programs – include pediatric dental coverage as an Essential Health Benefit for anyone under 19 years old. Stand-alone dental plans are a great option for people who are over 19 years old and need dental coverage.

- Anthem Dental Family Value
- Anthem Dental Family
- Anthem Dental Family Enhanced

Anthem BlueCross BlueShield

To enroll in an individual dental plan or for more information, please call 855-805-4325 or visit: www.accesshealthct.com then select "Dental"

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Dental Insurance – For Small Groups

Access Health Small Business offers two stand-alone small group dental plans from Anthem Blue Cross Blue Shield:

- Anthem Dental Family
- Anthem Dental Family Enhanced

Anthem BlueCross BlueShield

To enroll or for more information about small group dental insurance, please call 860-241-8445, or email SHOP.AHCT@ct.gov

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Dedicated Customer Service Support

Phone

860-241-8445

Email

SHOP.AHCT@ct.gov

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To learn more, get a quote or find a broker, visit: AccessHealthCTSmallBiz.com

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Outreach & Marketing Updates

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Outreach

- OE Strategy
- Virtual events
- Enrollment Fairs
- Navigators
- How can Brokers get involved

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OE 9

- **Proposed Enrollment Locations**
  - East Hartford
  - Stamford
  - Danbury
  - Groton

- **Enrollment Fairs for OE9 TBD**

We're Here to Help – Navigators

Meet our Navigator partners offering year-round enrollment support

Community Renewal Team

330 Market St, Hartford

CRTCT.org/

Project Access-New Haven

63 York St, New Haven

PA-NH.org/

For more info: www.accesshealthct.com/enrollment-events/

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Follow and Share
@AccessHealthCT

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Marketing

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How do we reach customers?

- Social Media posts
- Videos & Video players
- Email Marketing campaigns
- Text
- Direct Mail
- Outbound calls (internal)
- Outreach events

2022 Open Enrollment: *Before* – During – After

- **September – October continued support of ARPA and Covered CT**

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2022 Open Enrollment: Before – *During* – After

- **Open Enrollment is November 1, 2021 – January 15, 2022***
  - Media strategy to stretch full 10-weeks
- **Custom communications to targeted audiences**
  - Need to take action to see ARPA savings
  - May qualify for new Covered CT Program
  - Need to select “Yes” to see financial help options

***Planning for a Jan 15 end date to align with federal marketplace. Final details coming soon**

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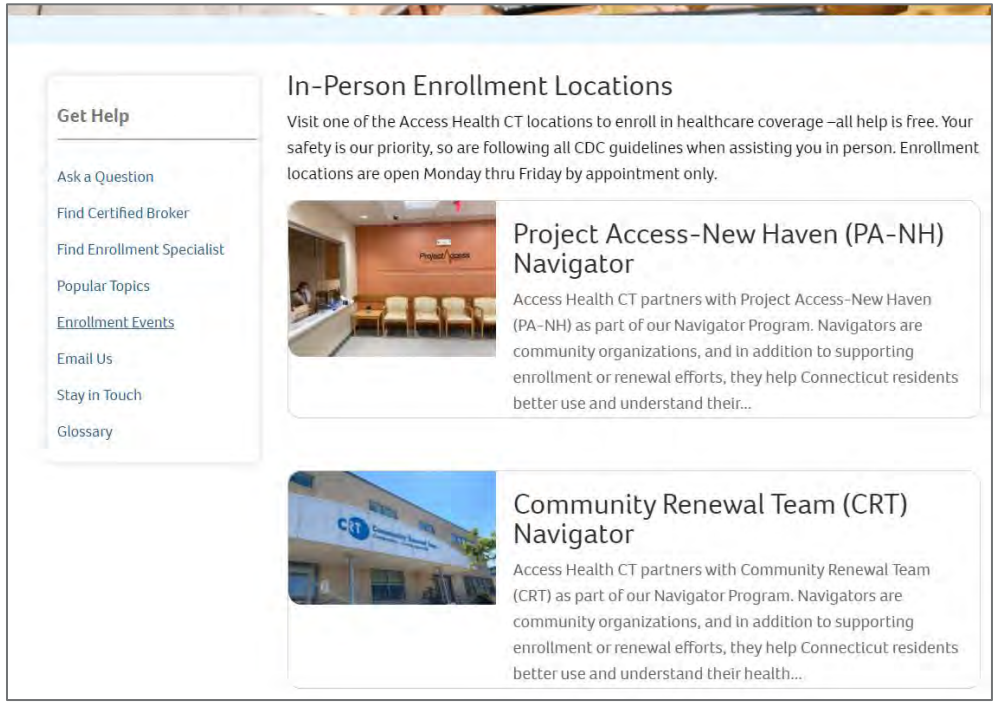
2022 Open Enrollment: Before – *During* – After

- **Custom communications (continued)**
  - Include *Broker of Record* when/where applicable
  - Stress importance of a broker to understanding plan options

2022 Open Enrollment: Before – *During* – After

- **AccessHealthCT.com/Enrollment-Events**
  - Navigator locations returning:
    - Project Access (New Haven)
    - Community Renewal Team (Hartford)
  - Under consideration:
    - Additional in-person locations
    - Virtual and/or in-person fairs



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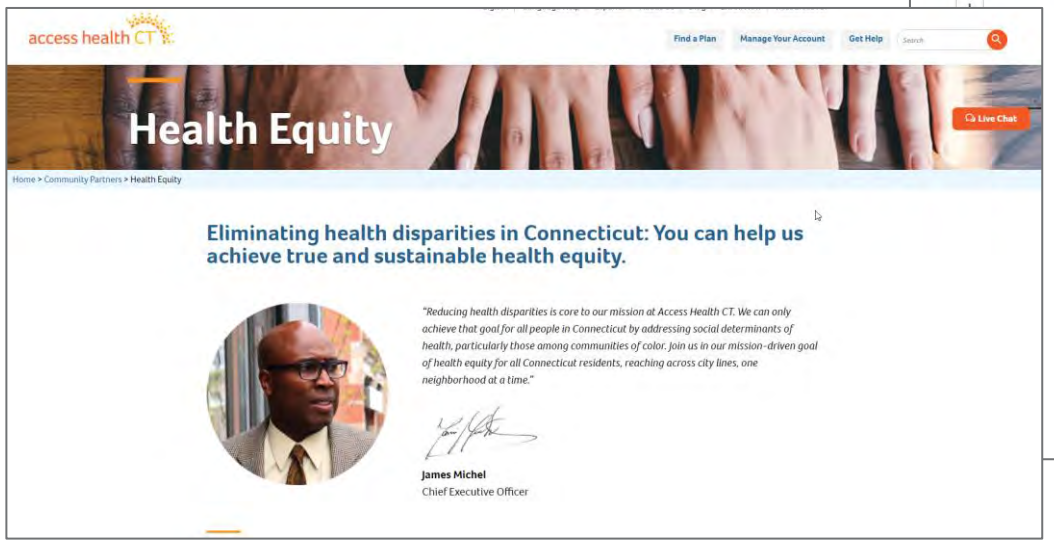
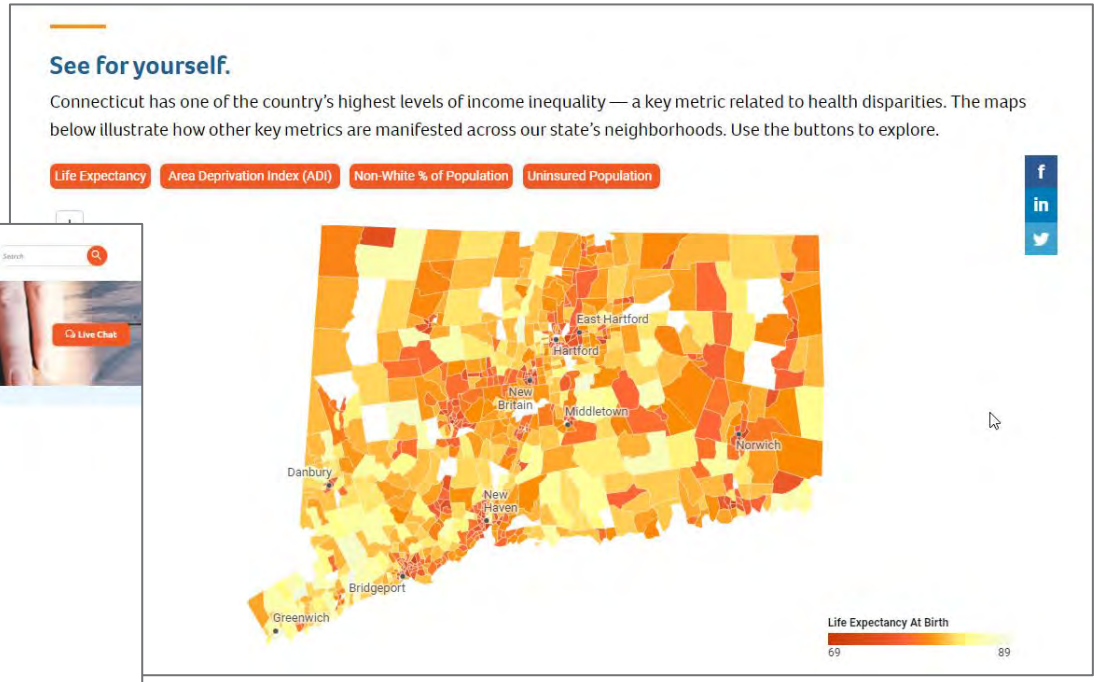
2022 Open Enrollment: Before – During – *After*

- **February – June focus on Health Equity initiatives**
  - AccessHealthCT.com/Health-Equity





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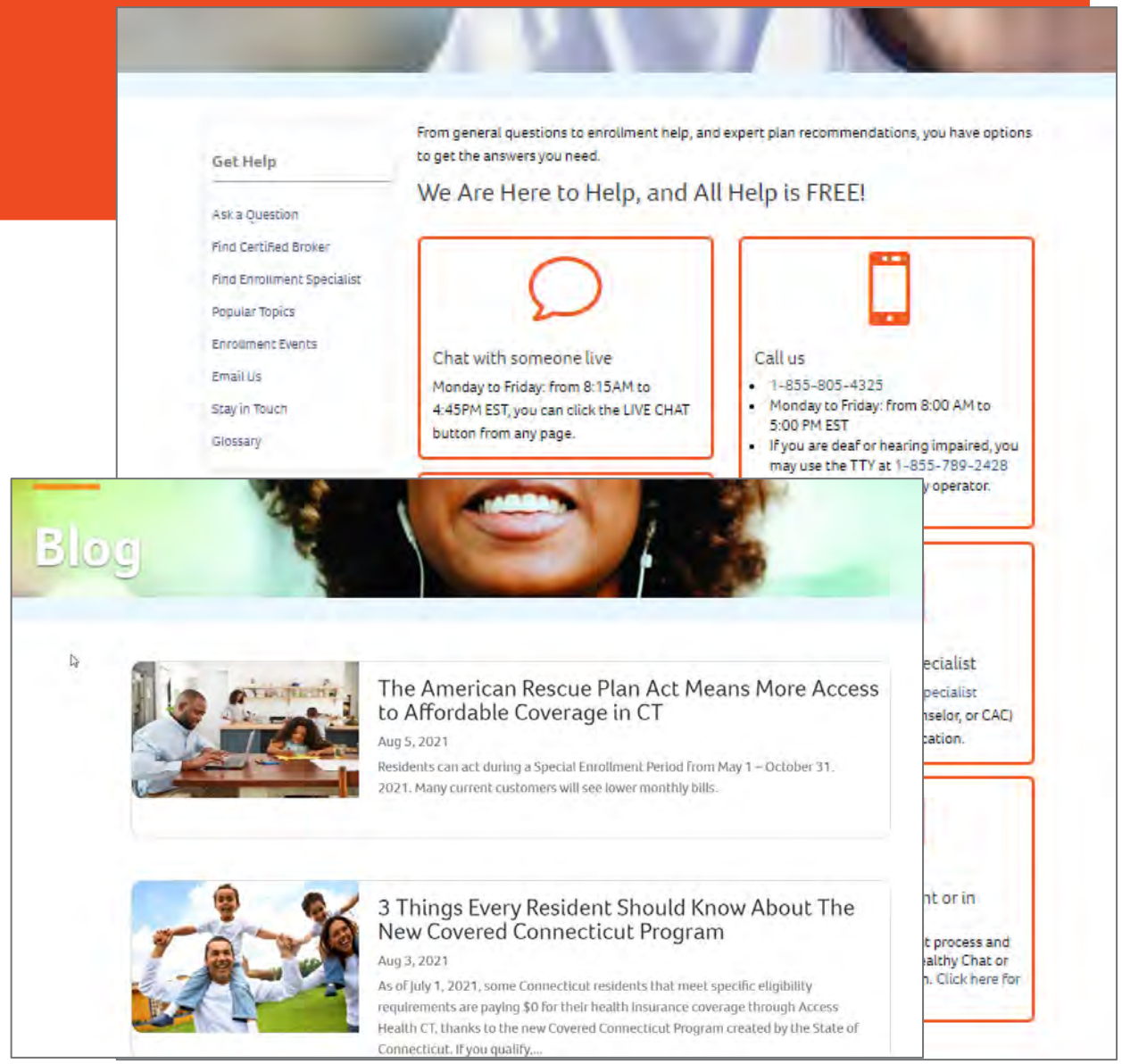
Digital Resources

- **AccessHealthCT.com/Get-Help**
  - Connects customers directly free, 1:1 assistance
- **AccessHealthCT.com/Blog**
  - New content regularly added to keep stakeholders in-the-know



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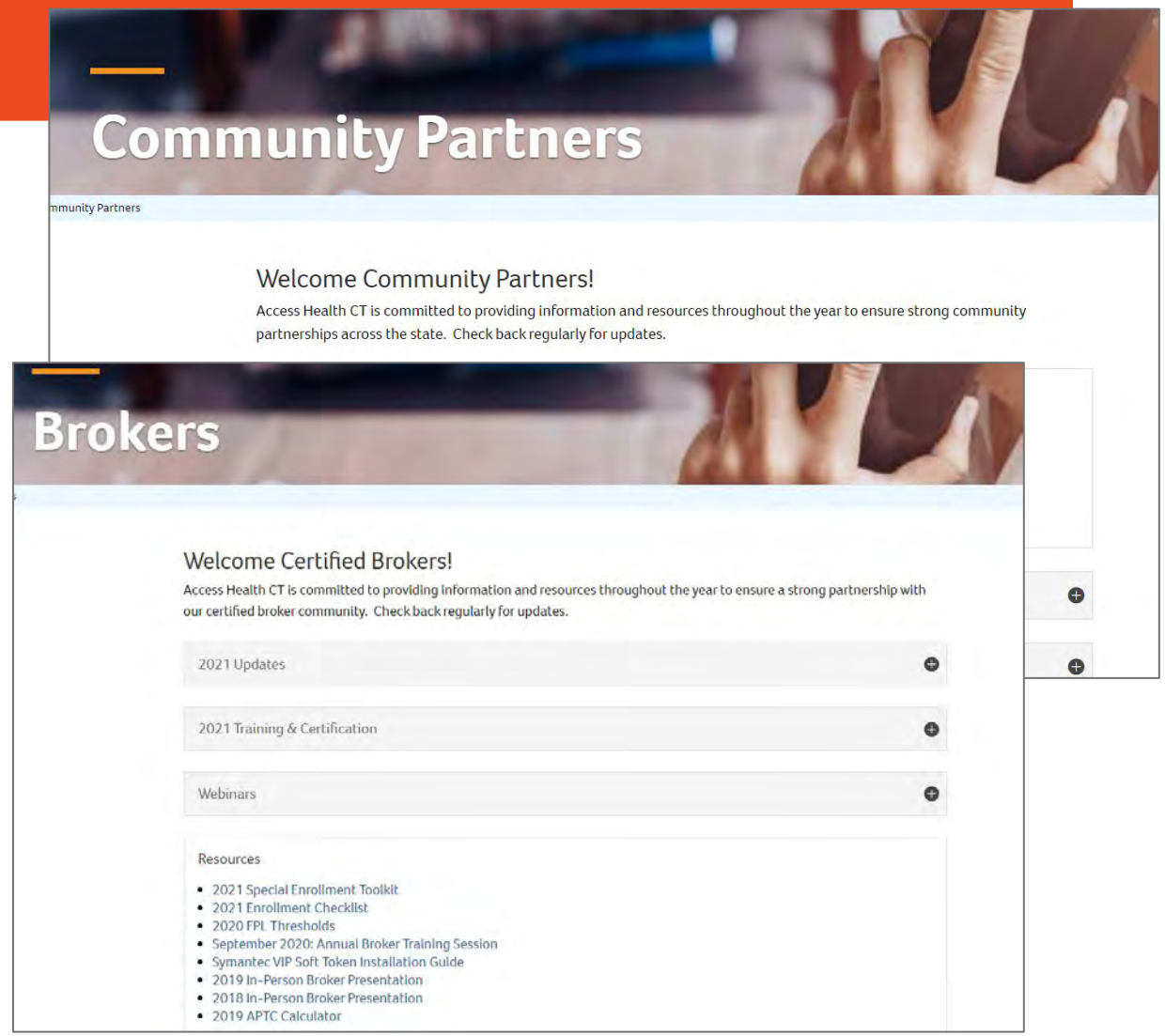
Digital Resources

- **AccessHealthCT.com/Broker**
  - Find important webinar and training details
- **AccessHealthCT.com/Community**
  - Find newsletter updates and important alerts



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How can we help you?

- What resources or information are you lacking?
- Which webpage(s) do you use as a reference with customers?
- Do you feel like you know about AHCT activities ahead of time, such as Enrollment Fairs or direct mail campaigns?

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How can you help us?

- Encourage customers to provide a mobile number and check the opt-in box in the application to receive text messages

- Confirm customers have provided an email address in the application to receive important updates throughout the year

- Remind customers that they may need to verify documents after completing their application. Refer to AccessHealthCT.com/Verification-Help

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Brand Guidelines & Logo Usage

Official brand guidelines are included in your 2022 contract.

Common Misuses		
Do NOT alter logo proportions.	**Do NOT** stretch or distort logo.	**Do NOT** add any descriptor to the logo. Descriptor should be placed under broker's name.

Brand Guidelines & Logo Usage

Official brand guidelines are included in your 2022 contract.

Do NOT alter logo proportions or distort logo but use appropriate size in your materials.	**Do NOT** use logo on top of other images or background.	**Do NOT** add any descriptor below the logo. Descriptors related to title should be placed under broker's name.

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Where can I find more information?

- **Enroll**
- **Educate**
- **Find Help**
- **Call Center**

- AccessHealthCT.com
- 1-855-805-4325

@AccessHealthCT
#AHCT #GetCoveredCT

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Broker 101

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Broker 101

- Broker Portal Basics
- The Tango Process
- Requesting Client Lists
- Commission

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Broker Portal Basics

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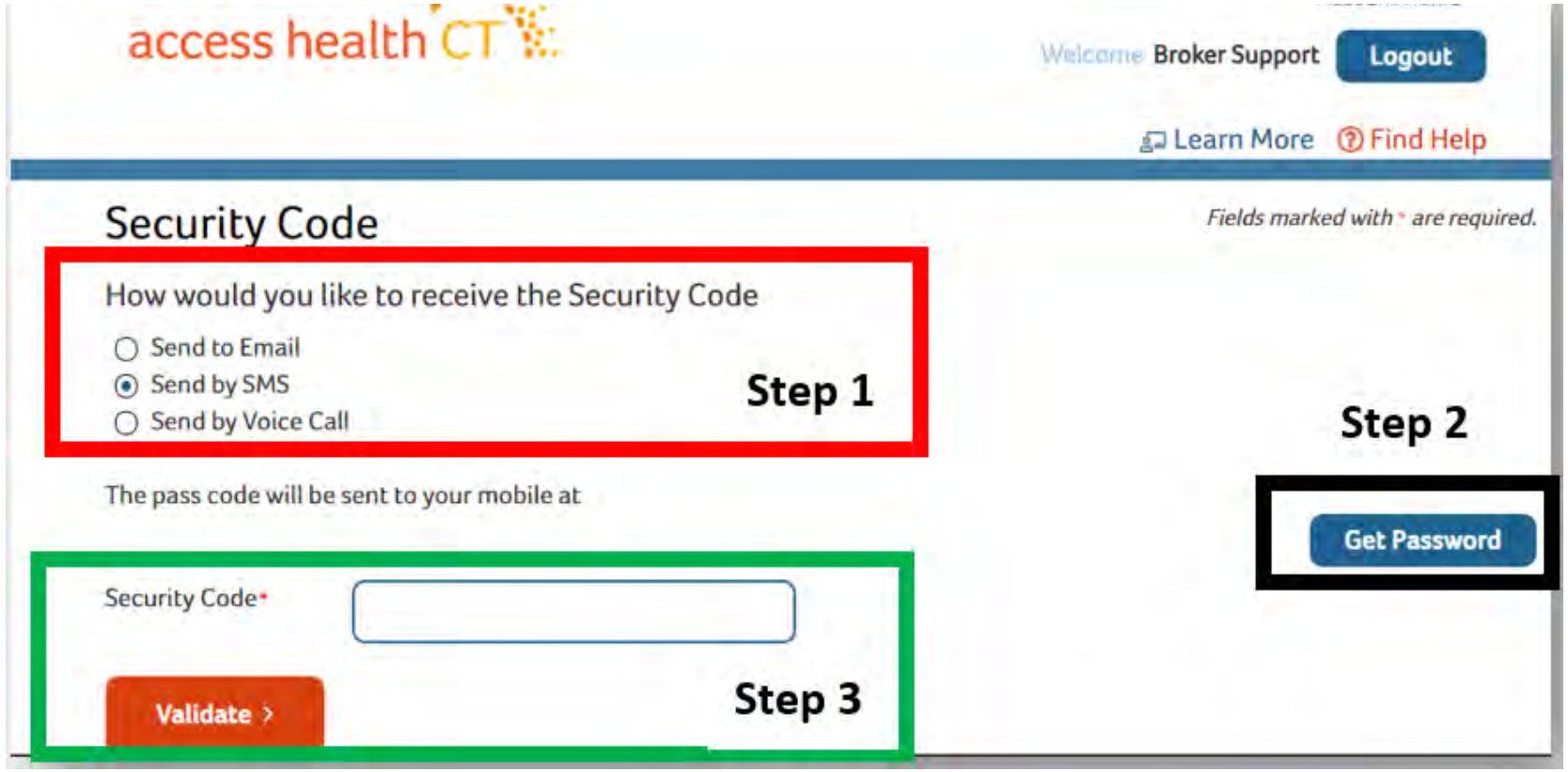
Logging into the Portal



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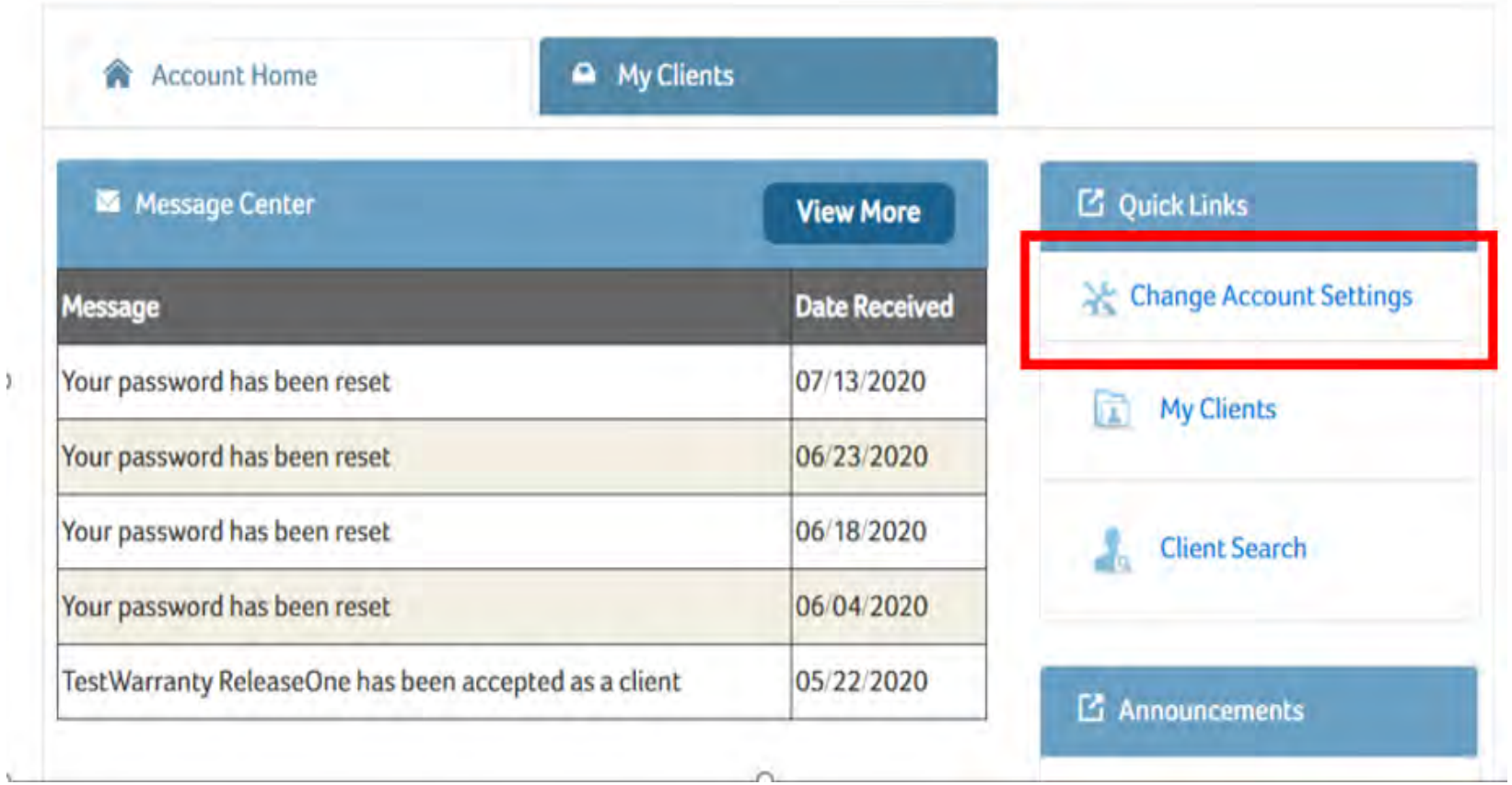
Home Screen



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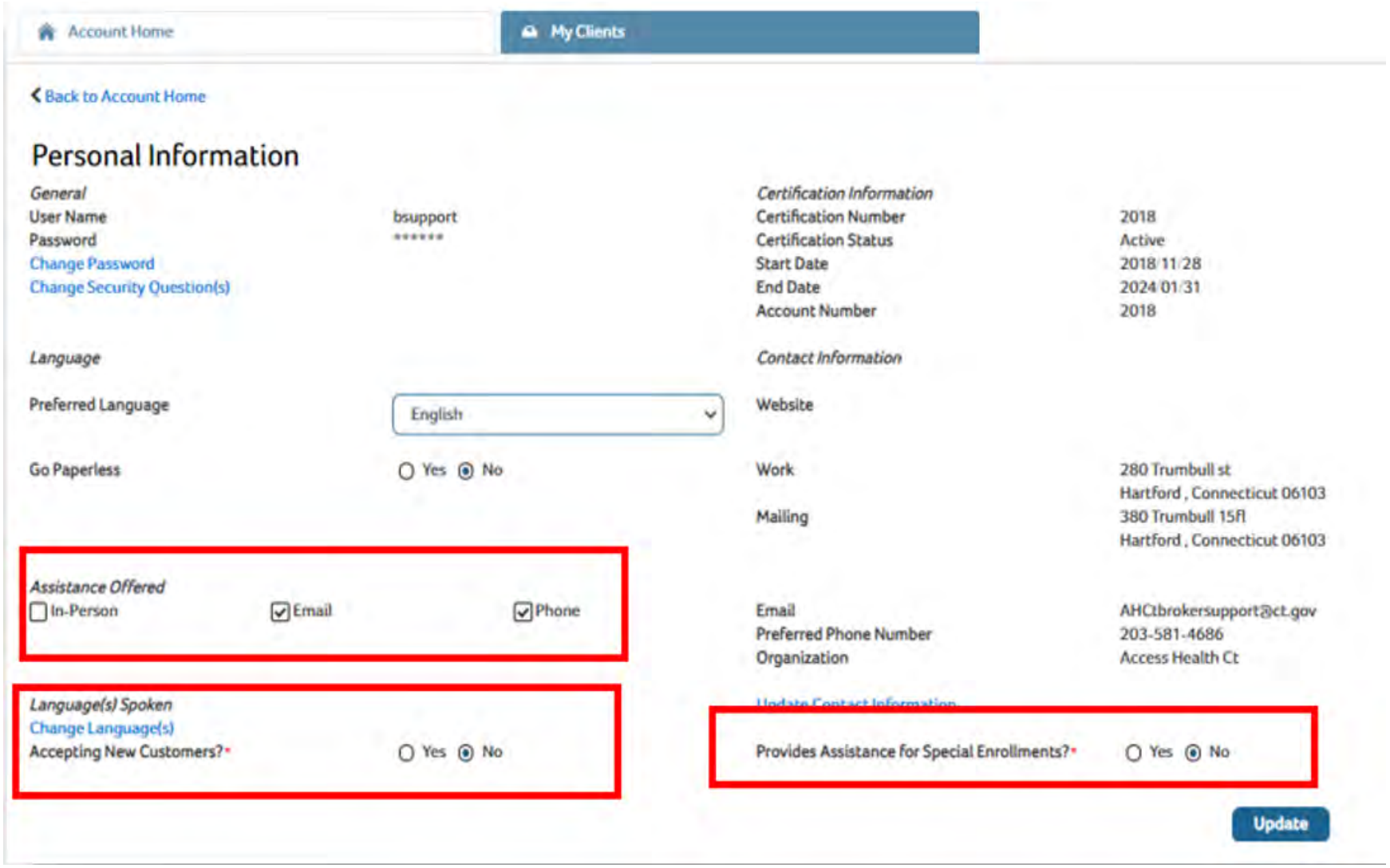
Manage Account Settings



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The Tango Process

Tango Before Completing an Application

To ensure you receive proper commission, tango with the consumer *BEFORE* you complete an application

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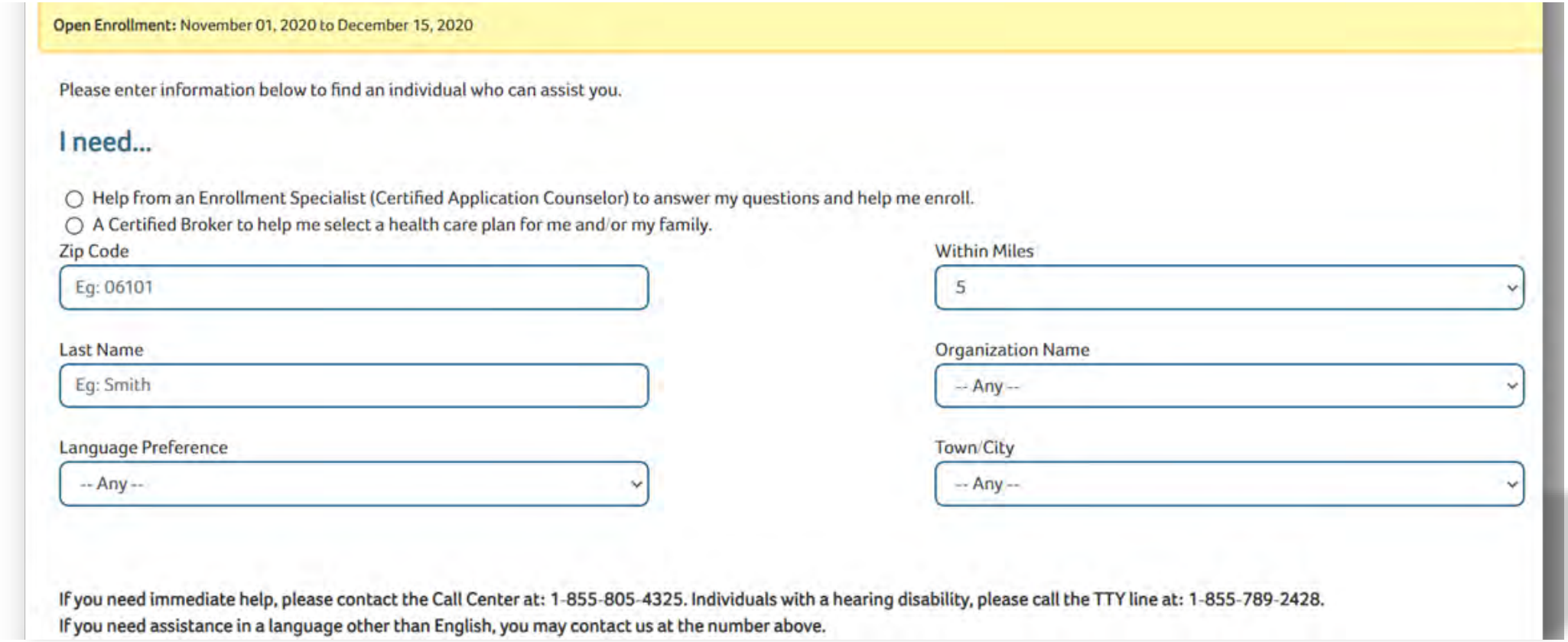
The Get Help Tool



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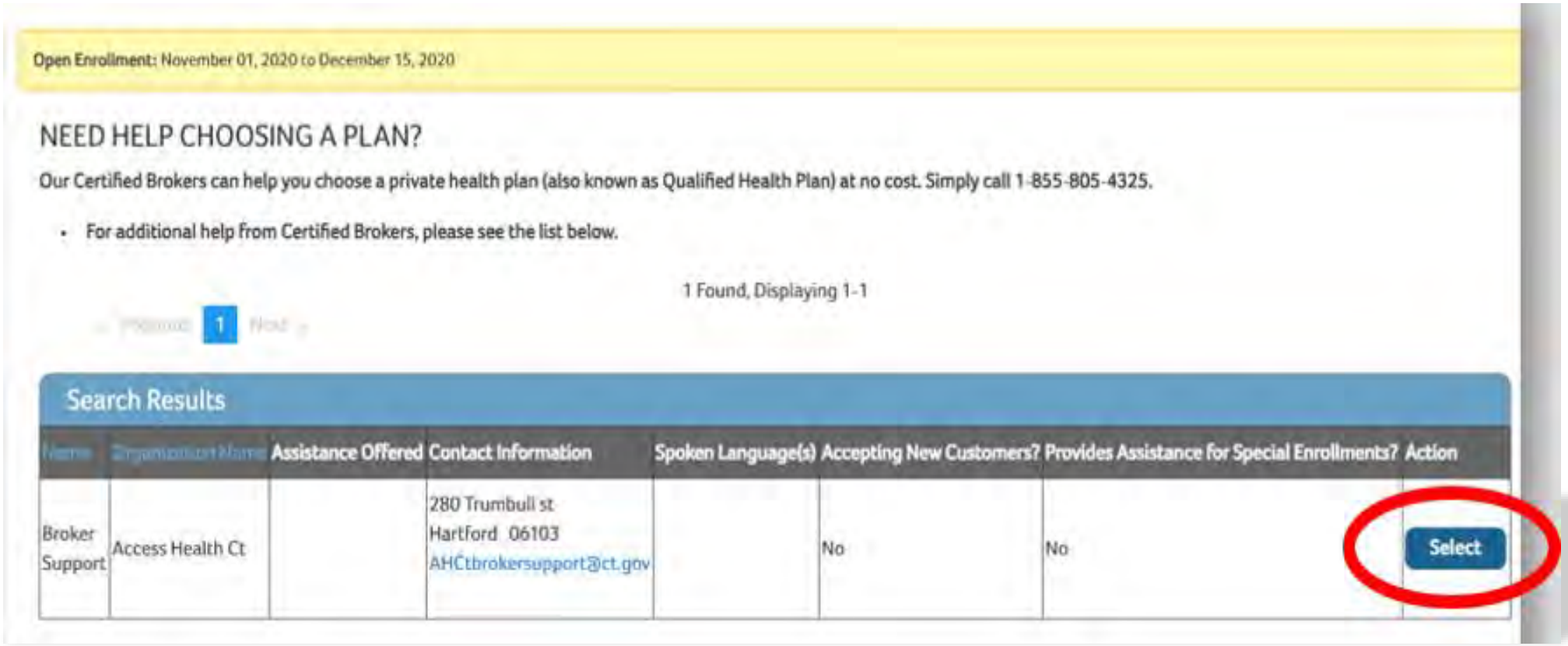
The Consumer View (part 1)



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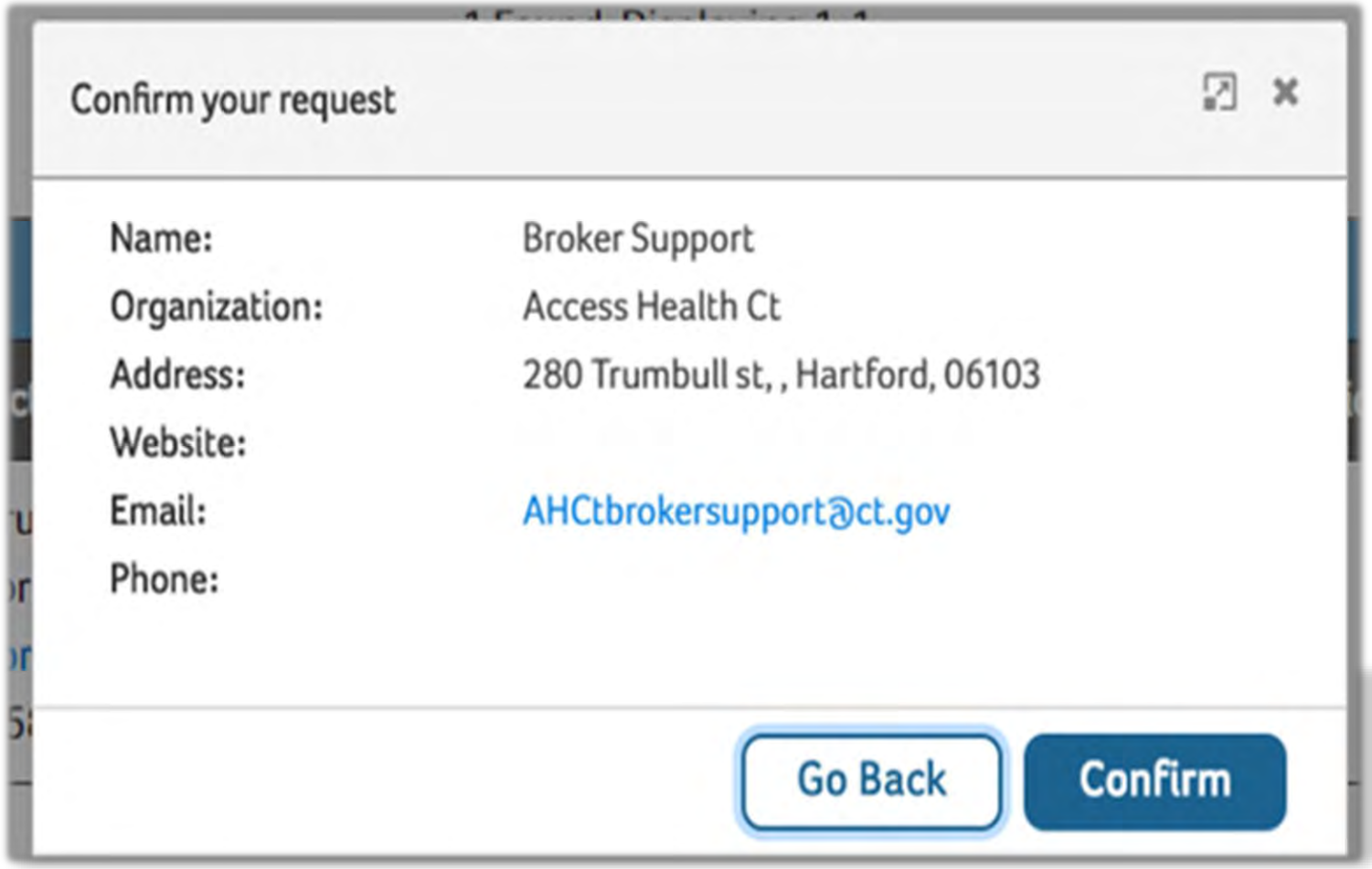
The Consumer View (part 2)



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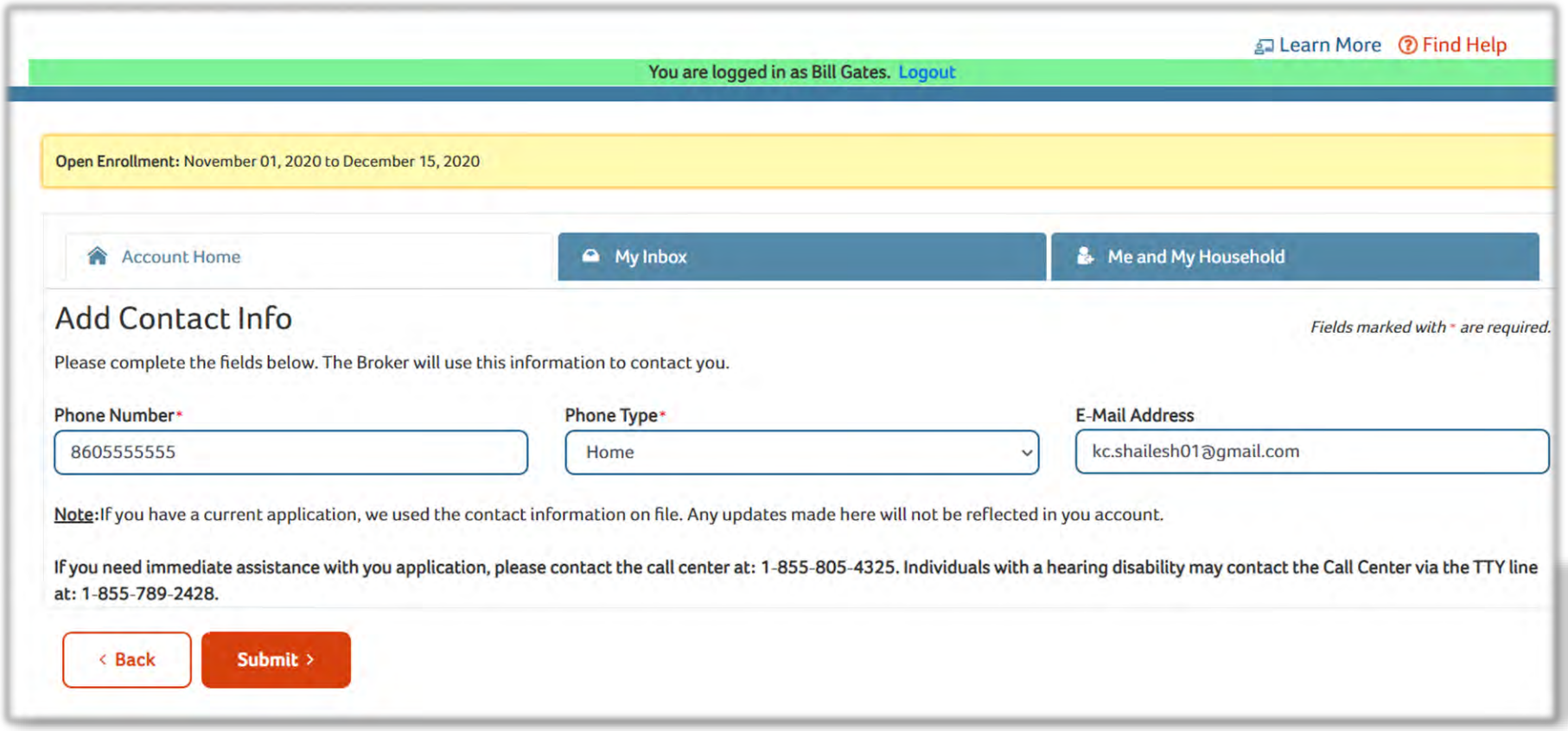
The Consumer View (part 3)



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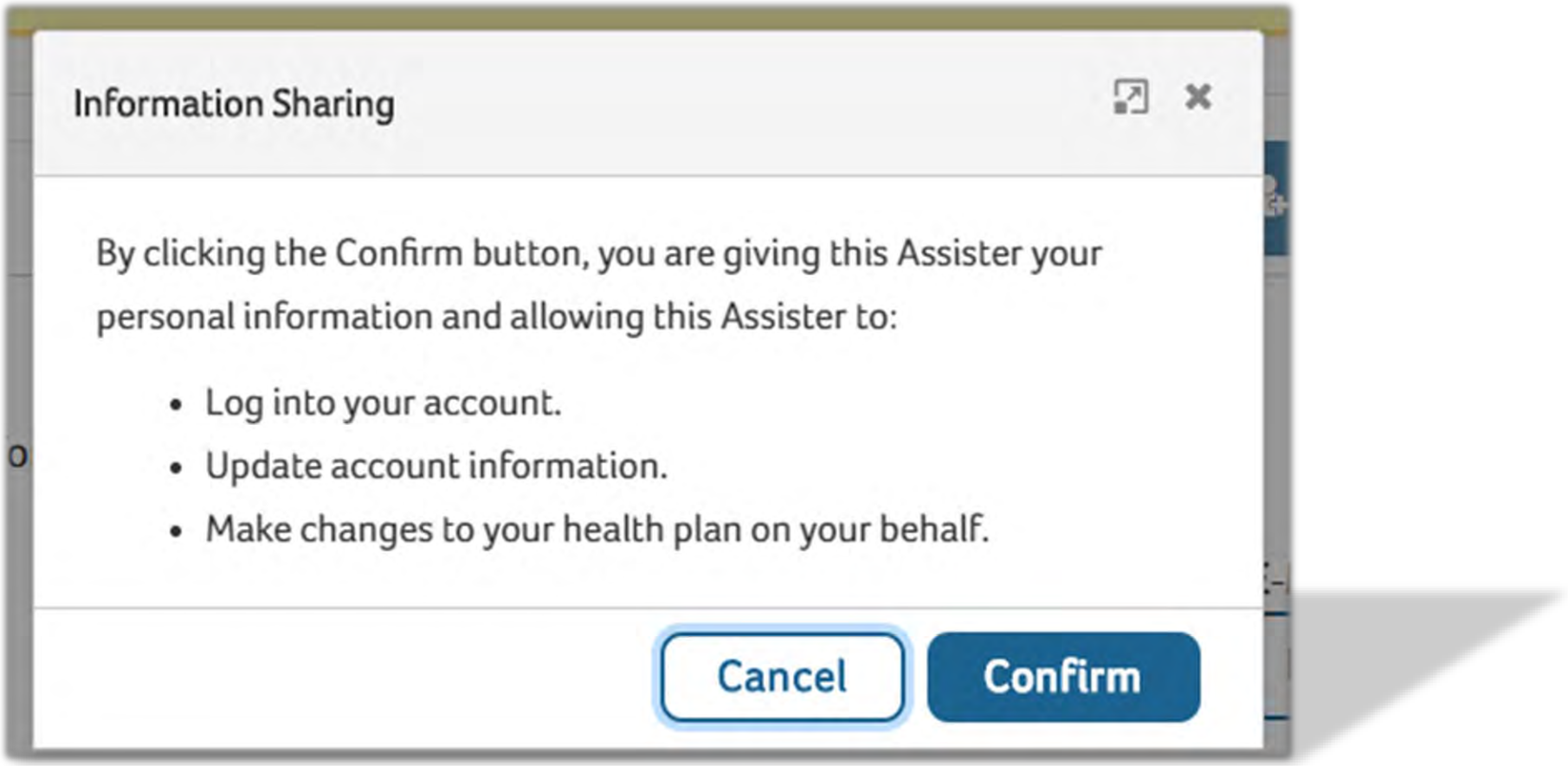
The Consumer View (part 4)



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Broker Action- Approve

Client Partnership Requests

Person	Email	Date	Phone	Client Status	Action
Bill Gates	kc.shailesh01@gmail.com	07/19/2020	860-670-8664	In Process	Accept Decline

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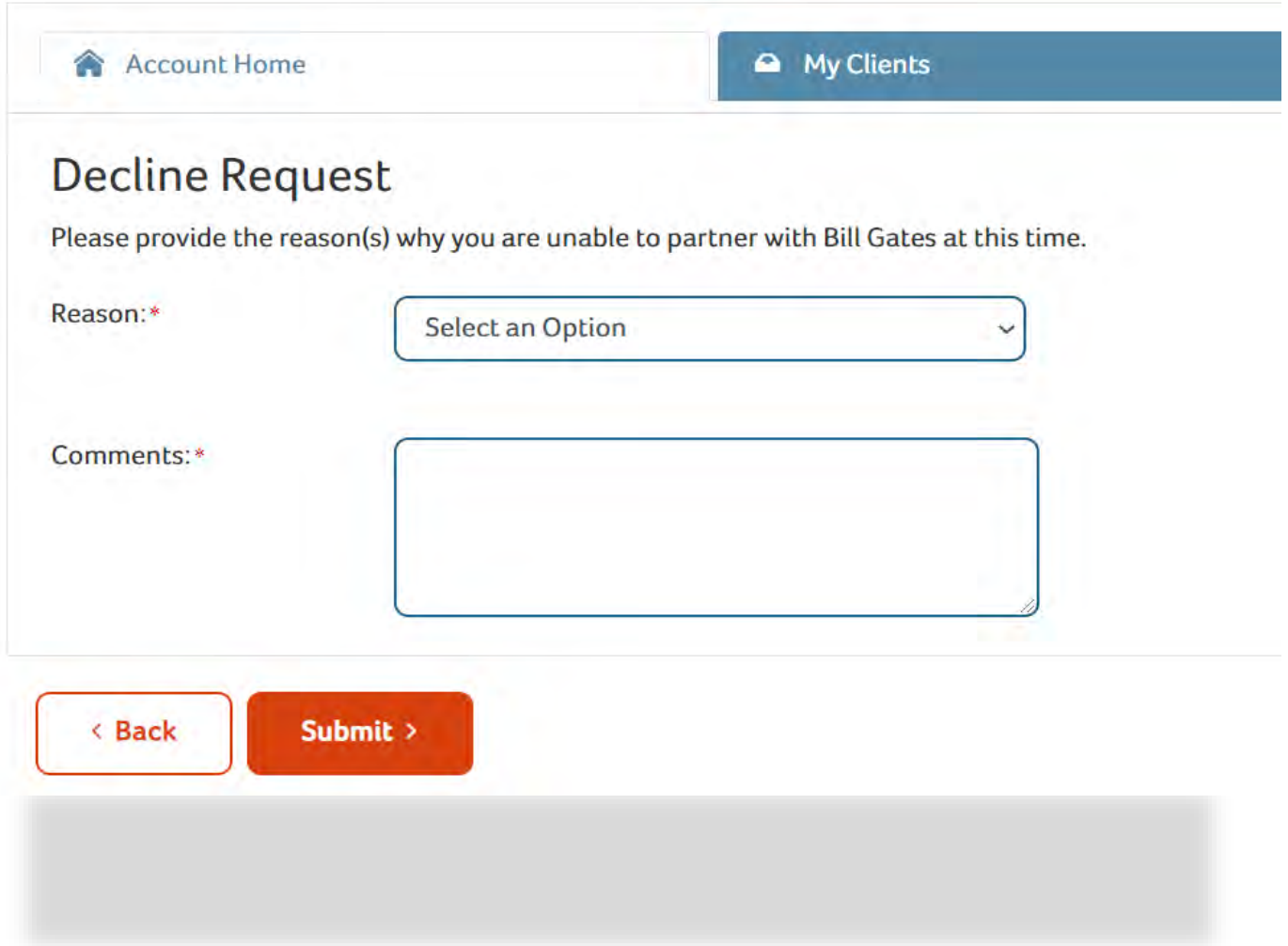
Broker Action- Decline



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Client Lists & Commission

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Client List Request

- **Active Enrollments ONLY**
  - Full Name
  - Broker License Number
  - Year(s) Requested

Please send any client listing requests to:

AHCTbrokersupport@ct.gov

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Commission

- Please reach out to the Carriers for commission related issues.
- Any commission concerns returned from the carrier please reach out to the Broker Support Team IMMEDIATELY.

For commission related issues please sent requests to

AHCTbrokersupport@ct.gov

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Resources

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Contact Us

Email Inboxes:

- **Broker Support : AHCTbrokersupport@ct.gov**
- **Broker Registration: BrokerRegistration.AHCT@ct.gov**
- **Compliance: BrokerCompliance.AHCT@ct.gov**

Broker Webpage:

https://www.accesshealthct.com/brokers

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Q & A Segment

Thank you for joining!