

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

Financial Statements

June 30, 2012

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

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Draft

CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)



Management's Discussion and Analysis
(unaudited)

1.0 Introduction:

As Connecticut continues to design and build a state based insurance exchange for its residents, tracking and profiling the financial activity of the organization is an essential task to ensure efficient operations and optimal allocation of resources. The following document contains a discussion and analysis of The Connecticut Health Insurance Exchange (hereafter referred to as Access Health CT ("AHCT"))'s financial performance for the 2012 Fiscal Year ended June 30, 2012. The management of AHCT has prepared this document to provide an overview and analysis of the basic financial statements of AHCT, and it should be read in conjunction with the statements, tables, exhibits and notes which follow this section.

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3.0 Background of Access Health CT:

AHCT (which is the brand name under which the Connecticut Health Insurance Exchange does business) was created under Connecticut enabling legislation-PA 11-53, effective July 1, 2011 "as a body politic and corporate, constituting a public instrumentality and political subdivision of the state" ... that "shall not be construed to be a department, institution or agency of the state." PA 11-53 is codified at CGS 38 a-1080 through 1090.

The goals of AHCT as outlined in CGS 38a-1083(b) are "to reduce the number of individuals without health insurance in this state and assist individuals and small employers in the procurement of health insurance by, among other services, offering easily comparable and understandable information about health insurance options." AHCT was established as a Quasi-Public Agency. PA 11-53 (Section 16, 17 and 18) specifically amended the Quasi-Public Agency Act, CGS 120 et seq. to add AHCT as an agency subject to its requirements.

AHCT is governed by a 14 member Board of Directors. Members include ex officio state government officials and private sector members appointed by both the legislative and executive branches of state government. The mission of AHCT, and by extension the mission of the Board, is to increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and health care providers that best meet their needs.

Prior to the establishment of AHCT, much of the planning for AHCT was funded by a Federal establishment planning grant that was awarded to Connecticut by the Federal Department of Health and Human Services (HHS) on September 29, 2010. Based on its progress in its planning efforts, HHS awarded a \$6.7M Establishment Grant to AHCT in August of 2011 to build on the work conducted under the initial planning grant. These funds have allowed AHCT to shape its strategy successfully and meet necessary development milestones and benchmarks during the 2012 Fiscal Year.

4.0 Access Health CT Business Model:

During FY 2012, grant revenue was the only revenue source for AHCT. The investment for the development of the State Exchange is entirely funded from Federal grant dollars awarded. This Federal investment is expected to cover substantially all development, start-up, and ongoing operating expenses until AHCT begins generating revenues from the operation of a fully-functioning state Health Insurance Exchange beginning in October, 2013. The availability of grant revenue ends December 31, 2014.

AHCT is currently transitioning the financial management function from the Connecticut Office of Policy and Management (OPM) to AHCT as a stand-alone quasi-public entity. Through federal and state approval of a Memorandum of Understanding (MOU) between AHCT and OPM, a mechanism is in place to allow for sub-granting of Level One and Level One Supplemental grant funds to AHCT. During the Planning Grant funding period and through the first 8 months of Level One Establishment funding, AHCT leveraged OPM's infrastructure and processes to manage these grant funds. This relationship, which required state reporting, auditing, and documentation, allowed for AHCT to periodically draw down funds based on cash flow projections and expense reports.

The MOU that is now in force between OPM and AHCT requires stringent financial management processes that support necessary state requirements, further provided that AHCT would ultimately manage its own funds. The development of internal financial management processes was crucially important to fulfill the requirements of the MOU with OPM. The MOU will continue to govern management of Level One and Level One Supplemental funds in the coming months. However, AHCT assumed management responsibility of grant awards in December 2012.

AHCT's financial report includes three financial statements:

1. The Statement of Net Position (Balance Sheet)
2. The Statement of Income, Expenses and Changes in Net Position
3. The Statement of Cash Flows

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America as promulgated by the Governmental Accounting Standards Board (GASB). Under this method of accounting, an economic resources measurement focus and an accrual basis of accounting is used, similar to private industry. Income is recorded when earned, and expenses are recorded when incurred.

The Statement of Net Position presents information on AHCT assets and liabilities, with the difference between the two reported as net position. Over time, increase or decreases in net position may serve as a useful indicator of whether the financial position of AHCT is improving or deteriorating.

The Statement of Income, Expenses and Changes in Net Position reports income and expenses of AHCT for the fiscal year. The difference - increase or decrease in net assets - is presented as the change in net assets for the fiscal year. The cumulative differences from inception forward are presented as the net assets of AHCT, reconciling to total net assets on the Statement of Net Position.

The Statement of Cash Flows presents information showing how AHCT cash and cash equivalent positions changed during the fiscal year. The Statement of Cash Flows classifies cash receipts and cash payments as resulting from cash provided by operating activities and cash used for capital assets and related financing activities. The net result of those activities is reconciled to the cash balances reported at the end of the fiscal year. This statement is prepared using the direct method, which allows the reader to easily understand the amount of cash received and how much cash was disbursed.

5.0 Summarized Financial Information:

Summarized financial information as of and for the year ended June 30, 2012 is as follows:

6.0 Revenues, Expenses and Changes in Net Position

Changes in net assets:	
Operating Revenues:	
Government grants and contracts	<u>\$ 3,448,792</u>
Total revenues	<u>3,448,792</u>
Operating Expenses:	
Wages	417,867
Fringe benefits	79,796
Consultants	1,248,497
Equipment	15,704
Supplies	4,076
Travel	17,221
Maintenance	27,277
Administration	40,379
Depreciation and amortization	<u>1,064</u>
Total operating expenses	<u>1,851,881</u>
Operating income and change in net position	1,596,911
Net position, beginning of year	<u>-</u>
Net position, end of year	<u><u>\$ 1,596,911</u></u>

AHCT was awarded \$6,687,933 million from the U.S. Department of Health and Human Services passed through the State of Connecticut to further its planning, development and design of an Insurance Exchange for the State. As considered the initial year of startup there is no basis of financial comparison with other years. Net assets invested in capital assets at year end were \$1,596,911 on operating income of \$3,448,792 and operating expenses of \$1,851,811.

7.0 Access Health CT Net Position

Assets

Current assets

Cash and cash equivalents	\$ 1,534,341
Prepaid expenses	25,135
Total current assets	<u>1,559,476</u>

Noncurrent assets

Software development in progress	1,557,968
Equipment and software, net	<u>38,943</u>
Total noncurrent assets	<u>1,596,911</u>

Total assets	<u>\$ 3,156,387</u>
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Liabilities and Net Position

Liabilities:

Accounts payable	\$ 1,081,093
Accrued liabilities	45,622
Refundable advances	<u>432,761</u>
Total liabilities	<u>1,559,476</u>

Net Position:

Invested in capital assets	<u>1,596,911</u>
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Total liabilities and net position	<u>\$ 3,156,387</u>
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Since the year ended June 30, 2012 was considered the initial year of startup there is no basis of financial comparison with other years. Total assets were \$3,156,387, with cash balances of \$1,543,341 and equipment and software of \$1,596,911. Total liabilities were \$1,559,476, with accounts payable at \$1,081,093, accrued liabilities of \$45,622 and refundable advances of \$432,761.

8.0 Currently Known Facts, Decisions or Conditions

9.0 Awards

On August 2, and August 23, 2012, AHCT through the State of Connecticut Office of Policy and Management was awarded a \$1,521,500 amendment to an existing cooperative agreement, as well as a time extension to June 13, 2013, and another cooperative agreement award of \$107,358,676 covering the period October 19, 2012 through December 31, 2014, respectively, from the U.S. Department of Health and Human Services pursuant to Section 1311 of the Affordable Care Act to support the establishment of a state operated health insurance exchange. On December 21, 2012, the grantee of these awards was changed to AHCT.

On February 14, 2013, AHCT was awarded an additional Federal grant in the amount of \$2,140,867 for the development and implementation of the In-Person Assister Program. Through a partnership with the State of Connecticut's Office of the Healthcare Advocate, the implementation of this program will provide hands-on assistance directly to uninsured individuals seeking health insurance coverage via AHCT during the initial open enrollment timeframe and first year of AHCT operations.

10.0 Name Change/Brand

After extensive consumer research and testing to develop a brand identity and name, which generated substantial interest among consumers and small businesses, as well as accurately conveyed the products and services being provided, the Connecticut Health Insurance Exchange made the decision to do business as "Access Health CT" (AHCT) when conducting public activity in the Connecticut marketplace.

11.0 Location Change

Subsequent to June 30, 2012, AHCT secured a lease of office space at 280 Trumbull Street and moved from its OPM location in late January, 2013.

12.0 Contacting Access Health CT's Management

This financial report is designed to provide citizens, taxpayers, and grantors with a general view of AHCT's finances and to show AHCT's accountability for the money it receives. If you have any questions about this report or need additional information, contact Mr. Steven J. Sigal, Chief Financial Officer of Access Health CT at 280 Trumbull Street, Hartford, CT 06103.

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Connecticut Health Insurance Exchange

We have audited the accompanying statement of net position of the Connecticut Health Insurance Exchange (hereafter referred to as Access Health CT ("AHCT")) as of June 30, 2012, the end of the initial reporting period of Access Health CT, and the related statements of revenue, expenses and changes in net position and cash flows for the initial reporting period then ended. These financial statements are the responsibility of Access Health CT's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Access Health CT as of June 30, 2012, and the results of its operations and its cash flows for the initial reporting period in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued a report on our consideration of Access Health CT's internal control over financial reporting and our tests on its compliance with certain provisions of laws and regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

The accompanying Management's Discussion and Analysis is not a required part of the basic financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied certain limited procedures which consist primarily of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

April , 2013

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

Statement of Net Position

June 30, 2012

Assets	
Current assets	
Cash and cash equivalents	\$ 1,534,341
Prepaid expenses	25,135
Total current assets	<u>1,559,476</u>
Noncurrent assets	
Software development in progress	1,557,968
Equipment and software, net	38,943
Total noncurrent assets	<u>1,596,911</u>
Total assets	<u><u>\$ 3,156,387</u></u>
Liabilities and net position	
Liabilities:	
Accounts payable	\$ 1,081,093
Accrued liabilities	45,622
Refundable advances	432,761
Total liabilities	<u>1,559,476</u>
Net position:	
Invested in capital assets	<u>1,596,911</u>
Total liabilities and net position	<u><u>\$ 3,156,387</u></u>

(The accompanying notes are an integral part of the Financial Statements)

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

Statement of Revenue, Expenses and Change in Net Position

For the year ended June 30, 2012

Operating Revenues:	
Government grants and contracts	<u>\$ 3,448,792</u>
Total revenues	<u>3,448,792</u>
Operating Expenses:	
Wages	417,867
Fringe benefits	79,796
Consultants	1,248,497
Equipment	15,704
Supplies	4,076
Travel	17,221
Maintenance	27,277
Administration	40,379
Depreciation and amortization	<u>1,064</u>
Total operating expenses	<u>1,851,881</u>
Operating income and change in net position	1,596,911
Net position, beginning of year	<u>-</u>
Net position, end of year	<u><u>\$ 1,596,911</u></u>

(The accompanying notes are an integral part of the Financial Statements)

**CONNECTICUT HEALTH INSURANCE EXCHANGE
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Statement of Cash Flows

For the year ended June 30, 2012

Cash flows from operating activities:	
Receipts from funding sources	\$ 3,881,553
Payments to employees	(452,041)
Payments to vendors	(1,276,862)
Net cash provided by operating activities	<u>2,152,650</u>
Cash flows from capital and related financing activities:	
Payments for software development in progress	(578,302)
Purchase of software and equipment	(40,007)
Net cash used for capital and related financing activities:	<u>(618,309)</u>
Net change in cash and cash equivalents	1,534,341
Cash and cash equivalents at beginning of year	<u>-</u>
Cash and cash equivalents at end of year	<u>\$ 1,534,341</u>
Reconciliation of operating income to net cash provided in operating activities:	
Operating income and change in net position	\$ 1,596,911
Adjustments to reconcile operating income to net cash provided by operating activities:	
Depreciation and amortization	1,064
Changes in assets and liabilities:	
Prepaid expenses	(25,135)
Accounts payable	101,427
Accrued liabilities	45,622
Refundable advances	432,761
Net cash provided by operating activities	<u>\$ 2,152,650</u>

(The accompanying notes are an integral part of the Financial Statements)

**CONNECTICUT HEALTH INSURANCE EXCHANGE
(DBA ACCESS HEALTH CT)**

Notes to Financial Statements

June 30, 2012

NOTE 1 - PURPOSE OF ORGANIZATION:

The Connecticut Health Insurance Exchange (hereafter referred to as Access Health CT ("AHCT")) is a body politic and corporate and public instrumentality and political subdivision of the state of Connecticut. Access Health CT was established pursuant to Public Act No. 11-53 and is codified at CGS 38 a-1080 through 1090. The goals of AHCT are to reduce the number of individuals without health insurance in the state of Connecticut and to assist individuals and small employers in the procurement of health insurance by, among other services, offering easily comparable and understandable information about health insurance options. Access Health CT was established as a Quasi-Public Agency.

Access Health CT is governed by a 14 member Board of Directors. Members include ex officio state government officials and private sector members appointed by both the legislative and executive branches of state government. The mission of Access Health CT, and by extension the mission of the Board, is to increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and health care providers that best meet their needs.

During fiscal year 2012, grant revenue was the only revenue source for Access Health CT. The investment for the development of the State Exchange is entirely funded from Federal grant dollars awarded. This Federal investment is expected to cover all development, start-up, and ongoing operating expenses until Access Health CT begins generating revenues from the operation of a fully-functioning state Health Insurance Exchange beginning in October, 2013. The availability of grant revenue ends December 2014.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The financial statements have been prepared on the accrual basis.

Reporting Entity and Basis of Presentation

The accompanying financial statements of Access Health CT have been prepared in accordance with U.S. generally accepted accounting principles (GAAP), as prescribed by the Governmental Accounting Standards Board (GASB).

Under GASB Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Government Entities that Use Proprietary Fund Accounting, Access Health CT has adopted the option to apply only those Financial Accounting Standards Board (FASB) statements and interpretations issued before November 30, 1989 that do not conflict with or contradict GASB pronouncements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Access Health CT has adopted GASB Statement No. 63 Financial Reporting of Deferred Outflows of Resources, deferred Inflows of Resources and Net Position, issued June 2011.

Access Health CT utilizes the full accrual basis of accounting, which focuses on changes in total economic resources, in the preparation of financial statements. Under the full accrual basis of accounting, long term assets and liabilities are reflected in the financial statements.

Capital Assets

Access Health CT defines capital assets as assets greater than \$5,000. Computer equipment is capitalized and recorded to ensure accountability. Assets are recorded individually to the extent possible to ensure proper accountability, accurate depreciation, and to allow for specific identification for recording of disposition.

Depreciation and Amortization

Capital assets will be depreciated using the straight-line method over the following estimated useful lives:

Computer Equipment	3-5 years
Software	3-7 years
Furniture and Equipment	5 years

Depreciable lives are based upon actual expected use by Access Health CT, not by tax lives or other general estimates.

Cash and Investments

Access Health CT has implemented GASB Statement No. 40, Deposit and Investment Risk Disclosures.

Deposits with Financial Institutions:

Custodial credit risk is the risk that, in the event of the failure of a depository financial institution, the depositor will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. Deposits are exposed to custodial credit risk if they are uninsured or uncollateralized.

Amounts on deposit at a single financial institution occasionally exceed the federally insured limit.

Access Health CT may invest any funds not needed for immediate use or disbursement in obligations of the United States of America or United States government sponsored corporation, in shares or other interests in any custodial arrangement, pool, or no-load, open-end management type investment company or investment trust (as defined), in obligations of any state or political subdivision rated within the top two rating categories of any nationally recognized rating service, or in obligations of the State of Connecticut or political subdivision rated within the top three rating categories of any nationally recognized rating service.

As of June 30, 2012, Access Health CT has not invested any funds.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED):

Access Health CT plans in the future to invest in obligations of the United States, including its instrumentalities and agencies, and the State of Connecticut Treasurer's short-term pooled investment fund (STIF). The STIF is available for use by the State's funds and agencies, public authorities and municipalities. State statutes authorized these pooled investment funds to be invested in United States Government and agency obligations, United States Postal Service obligations, certificates of deposit, commercial paper, corporate bonds, savings accounts, banker acceptances, student loans, and repurchase agreements.

Estimates

The preparation of financial statements, in conformity with accounting principles generally accepted in the United States of America, requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Net Position

Net position represents the difference between assets and liabilities in three categories:

Net investment in capital assets – consists of net capital assets.

Restricted net position – net position is considered restricted if their use is constrained to a particular purpose.

Unrestricted net position – consists of all other net position that are not considered to be in the above two categories.

Compensated Absences

Access Health CT, established policies and procedures regarding its employee's compensated absences. At June 30, 2012, Access Health CT had \$1,971 in vacation accruals.

Subsequent event measurement date

Access Health CT monitored and evaluated any subsequent events for footnote disclosures or adjustments required in its financial statements for the fiscal year ended June 30, 2012 through _____ 2013, the date on which the financial statements were available to be issued.

NOTE 3 - CASH:

Deposits - At June 30, 2012, the carrying amounts of Access Health CT's deposits (including checking accounts) were \$1,534,341 and the bank balances were \$1,699,876.

Custodial credit risk - Custodial credit risk is the risk that, in the event of a bank failure, Access Health CT will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. Access Health CT does not have a deposit policy for custodial credit risk.

NOTE 3 – CASH (CONTINUED):

As of June 30, 2012, \$1,449,876 of Access Health CT's bank balance was uninsured and uncollateralized and therefore exposed to custodial credit risk.

Concentrations of credit risk - Access Health CT places no limits on the amount of cash in any one bank. Access Health CT does not have a policy on credit risk concentration.

NOTE 4 - EQUIPMENT AND SOFTWARE:

At June 30, 2012, Equipment and software consisted of the following:

	<u>Balance 7/1/2011</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance 6/30/2012</u>
Software development in progress	-	1,557,968	-	1,557,968
Equipment and software	-	40,007	-	40,007
	<u>-</u>	<u>1,597,975</u>		<u>1,597,975</u>
	<u>Balance 7/1/2011</u>	<u>Additions</u>	<u>Deletions</u>	<u>Balance 6/30/2012</u>
Accumulated depreciation and amortization	-	1,064	-	1,064
Net book value				<u>1,596,911</u>

NOTE 5 - CONTINGENCIES AND CONCENTRATIONS:

Some grants require the fulfillment of certain conditions. Failure to fulfill the conditions could result in the return of funds. Access Health CT does not believe any funds will need to be returned, because the stipulated conditions are being met.

For the year ended June 30, 2012, 100% of funding came from one funder, the U.S. department of Health and Human Services, passed through the State of Connecticut Office of Policy and Management.

NOTE 6 - DONATED SPACE:

In the fully executed Memorandum of Understanding (MOU) between the Connecticut Office of Policy and Management (OPM) and AHCT, adequate office space was provided for AHCT operations by OPM at its 450 Capital Avenue location. Office space was provided by OPM free of charge until AHCT secured permanent office space in 2013.

Subsequent to June 30, 2012, AHCT secured a lease of office space at 280 Trumbull Street and moved from the OPM location in late January, 2013. See Note 8.

NOTE 7 - RETIREMENT:

From January 1, 2011, and October 21, 2011 through May 3, 2012, two employees of Access Health CT, who were formerly hired by OPM, were part of the State of Connecticut's State Employees Retirement System. Payments were paid by OPM of \$42,795 for these employees. These costs are reflected in Access Health CT's financials.

Once these employees were hired by Access Health CT, they were no longer part of the State Employees Retirement System.

Subsequent to June 30, 2012 Access Health CT joined the State of Connecticut's Deferred Compensation Section 457 Plan covering eligible employees. The purpose of the Plan is to enable eligible employees who become covered under the plan to enhance their retirement security by permitting them to enter into agreements with Access Health CT to defer a portion of their salary. Participation in this Plan should not be construed to establish or create an employment contract between any eligible employee or Access Health CT.

NOTE 8 - SUBSEQUENT EVENTS:

Lease

Subsequent to June 30, 2012, Access Health CT entered into a lease for office space. Future payments for the lease are as follows:

Year ended June 30:		
2013	\$	141,213
2014		286,000
2015		293,150
2016		300,300
2017		307,450

Awards

On August 2, and August 23, 2012, Access Health CT through the State of Connecticut Office of Policy and Management was awarded a \$1,521,500 amendment to an existing cooperative agreement, as well as a time extension to June 13, 2013, and another cooperative agreement award of \$107,358,676 covering the period October 19, 2012 through December 31, 2014, respectively, from the U.S. Department of Health and Human Services pursuant to Section 1311 of the Affordable Care Act to support the establishment of a state operated health insurance exchange. On December 21, 2012, the grantee of these awards was changed to Access Health CT from The State of Connecticut Office of Policy and Management.

On February 14, 2013, Access Health CT was awarded an additional Federal grant in the amount of \$2,140,867 for the development and implementation of the In-Person Assister Program. Through a partnership with the State of Connecticut's Office of the Healthcare Advocate, the implementation of this program will provide hands-on assistance directly to uninsured individuals seeking health insurance coverage via AHCT during the initial open enrollment timeframe and first year of AHCT operations.

Name Change/Brand

Connecticut Health Insurance Exchange is doing business as Access Health CT ("AHCT").