



**Connecticut Health Insurance Exchange  
Board of Directors Regular Meeting**

Remote Meeting

Thursday, February 18, 2021

**Meeting Minutes**

**Members Present:**

Paul Philpott (Interim Vice-Chair); Cecelia Woods, Steven Hernandez; Theodore Doolittle; Office of the Healthcare Advocate (OHA); Heather Aaron, Designee for Department of Public Health Acting Commissioner Gifford; Paul Lombardo on behalf of Commissioner Andrew Mais, Connecticut Insurance Department (CID); Yvonne Addo on behalf of Commissioner Miriam Delphin-Rittmon, Department of Mental and Health Addiction Services (DHMAS); Michael Gilbert on behalf of Commissioner Deidre Gifford, Department of Social Services (DSS); Victoria Veltri; Matthew Brokman; Thomas McNeill; Gregory Messner on behalf of Secretary Melissa McCaw, Office of Policy and Management Secretary (OPM)

**Other Participants:**

***Access Health CT (AHCT) Staff:*** James Michel; Anthony Crowe; Susan Rich-Bye; Robert Blundo; Andrea Ravitz; Daniel Maloney; Daryl Jones; John Carbone; Glenn Jurgen; Marcin Olechowski

***Mintz and Hoke:*** Kara Mitchel

***BJM Solutions:*** Dr. Frederick McKinney and Dr. Gerald Jaynes

**A. Call to Order and Introductions**

**The Regular Meeting of the Connecticut Health Insurance Exchange Board of Directors was called to order at 9:00 a.m.**

Vice-Chair Paul Philpott called the meeting to order at 9:00 a.m. Attendance roll call was taken.

**B. Public Comment**

No public comment.

### C. Vote

Vice-Chair Paul Philpott requested a motion to approve the January 21, 2021 Regular Meeting Minutes. Motion was made by Cecelia Woods and seconded by Thomas McNeill. Roll call vote was ordered. **Motion passed.** Michael Gilbert abstained.

### D. CEO Report

James Michel, Chief Executive Officer, provided the CEO Report. Mr. Michel noted that AHCT created the Special Enrollment Period (SEP) which started on Monday, February 15 due to the public health crisis. Mr. Michel enumerated topics for discussion at the meeting. Mr. Michel stressed that AHCT is actively working on numerous projects, including but not limited to evaluating community outreach efforts and adjusting messages as needed to communicate to Connecticut residents the critical importance of having affordable healthcare coverage which allows consumers to utilize medical services. Mr. Michel noted that AHCT encourages consumers to use their medical insurance coverage to be proactive in taking care of one's health by establishing regular checkups with a doctor. Mr. Michel emphasized that the Health Disparities Study that will be presented at this meeting is crucial in understanding the major challenges that mostly people of color face in obtaining proper healthcare in their respective communities. Mr. Michel stressed that minimizing health disparities in Connecticut is at the core of AHCT's mission. Mr. Michel indicated that with the ongoing support of statewide community organizations, state agencies and other stakeholders, health disparities that affect low income residents and mostly low-income residents of color will be addressed appropriately. Mr. Michel thanked the Board and everyone else who contributes their time, knowledge, and expertise to the organization.

### E. Special Enrollment Update

Susan Rich-Bye, Director of Legal and Governmental Affairs, presented the Special Enrollment Update. Ms. Rich-Bye stated that on January 28, 2021, President Biden issued an Executive Order for the U.S Department of Health and Human Services to consider a new Special Enrollment Period (SEP) for the Federally Facilitated Marketplace (FFM) due to the exceptional circumstances of the ongoing COVID-19 pandemic. Ms. Rich-Bye added that the Centers for Medicare and Medicaid Services (CMS) determined that the SEP should be opened for the 36 states served by the FFM due to exceptional circumstances from February 15, 2021 to May 15, 2021. Ms. Rich-Bye followed with the information on how AHCT will follow the FFM approach. Ms. Rich-Bye stated that the initial period will last from February 15, 2021 to March 15, 2021 and following the latter, AHCT will assess whether there is public need to continue the SEP. Ms. Rich-Bye noted that the SEP may continue up to April 15, 2021. Ms. Rich-Bye emphasized that uninsured consumers

may enroll in a Qualified Health Plan (QHP) during the SEP, without the requirements of the SEP eligibility verification and added that current QHP enrollees may not change plans during the SEP. Ms. Rich-Bye indicated that Financial Assistance (FA) is still available and consumers may enroll online or by phone and for those needing additional help, enrollment assistance will be available.

#### **F. Open Enrollment 8 Final Report**

Robert Blundo, Director of Technical Operations and Analytics, presented the Open Enrollment 8 Final Report. Mr. Blundo stated that this report has been e-mailed to the members of the Board and it has been posted to the AHCT website. Mr. Blundo stated that it is a detailed report with over fifty graphs and charts providing crucial statistical data on AHCT operations. Mr. Blundo added that the report includes figures on marketplace overview and customer profile. Mr. Blundo stated that it also includes information on acquisition and retention results as well as plan selections, product preferences and pricing analysis. Mr. Blundo stressed that new exhibits have been added to the report which include the annual out-of-pocket costs and customer churn by race and ethnicity.

#### **G. AHCT Health Disparities Study Presentation**

Mr. Michel stated that based on the data collected in the AHCT Health Disparities research, health disparities in Connecticut continue to grow. Mr. Michel stressed that those who live in communities of color, continue to suffer and die at a younger age when compared to the rest of the state. Mr. Michel added that this presentation shows a human side to the statistics, the real suffering of those who are affected. Mr. Michel praised the research work that had been conducted by two Connecticut small businesses, BJM Solutions and Mintz and Hoke (M&K). Kara Mitchell, principal of Client Service from M&K, provided the scope of the study and recommendations on how AHCT may help to address health disparities in the future. Ms. Mitchell and Dr. Frederick McKinney of the BJM Solutions provided the areas of expertise for both companies.

Ms. Mitchell stated that a key takeaway from the study indicates that despite Connecticut's high ranking in income and health, many indices reveal disturbingly large disparities in the health status and healthcare delivered to lower income residents in general and lower income people of color, more specifically. Dr. Gerald Jaynes along with Dr. McKinney and Ms. Mitchell provided a portrayal of a case of two individuals, who were born on the same day in two different neighborhoods--Tyler in West Hartford which is a predominantly white town and Marcus, who was born in Northeast Hartford, which is a community of color. The analysis of their lives is staggering with health disparities playing a major role in much worse outcomes in a variety of areas for Marcus, who is expected to live only 68.9 years while his counterpart Tyler is expected to live 86.2 years. Researchers determined that having been born in the disadvantaged neighborhood, Marcus experienced more diseases, less education and ultimately a smaller

chance for success in life. A variety of other factors were discussed which paint a picture of the disproportionate chances for the individuals living in low income, and specifically low-income communities of color in Connecticut, to live healthy and happy lives.

Ms. Mitchell outlined the methodology that was used while conducting this research study. Dr. Jaynes followed with the description of major disparities and provided an analysis that Connecticut mortality rates exhibit significant differences across racial and ethnic groups. Other statistical data were provided to outline major health disparities that Black, Hispanic and/or Asian Pacific Islander are experiencing.

Dr. Jaynes emphasized that AHCT's mission is to expand health insurance coverage and the statistical data shows that life expectancy decreases as uninsured rates rise in Connecticut. Ms. Mitchell went on to further explain the way the research was conducted, including forty-five in-depth interviews with leaders of key stakeholder organizations which included public, private and non-profit sector entities currently supporting health and health-related causes. Ms. Mitchell noted that in addition to those interviews, an online stakeholder survey of the Certified Application Counselors, brokers, community partners and navigators followed after the interviews. Ms. Mitchell noted that over 1000 Connecticut residents completed the online surveys to assess consumer perspectives. Recommendations on the result of the study followed. Ms. Mitchell noted that by focusing on system level changes of healthcare access, usage and insurance, AHCT will be better positioned to solve for its core mission.

Dr. McKinney presented the Health Disparities CT Data Website which is currently under development to document real time health disparities data to assist stakeholders in efforts to reduce health disparities. Following the video presentation, Ms. Mitchell stated that the research is complete and currently AHCT is ideating around five key areas of focus to provide relief for those Connecticut residents who are suffering. Ms. Mitchell noted that after ideation is complete, AHCT will provide recommendations to the Board of Directors on next steps.

Mr. Michel thanked the AHCT business partners, BJM Solutions and Mintz and Hoke for presenting the data which also humanized the problem. Mr. Michel pointed out that economics, the healthcare system, and implicit biases within the healthcare systems contribute to the healthcare disparities.

Mr. Philpott expressed his words of appreciation for the outstanding work performing the research. Mr. Philpott commented that the health disparities issue is very large and all encompassing and the problem is that it induces paralysis and expressed his interest in the concept of the information hub because it will provide the first step for major action to contribute to remedy the situation. Mr. Philpott asked if AHCT is prepared and has enough resources to move forward with this undertaking immediately. Mr. Michel noted this was part of the research and the ongoing maintenance will not be a significant cost to AHCT and added that other types

of data will be incorporated into the hub in Phase 2 and Phase 3 of this project. Mr. Michel stressed that based on AHCT's assessment, AHCT is a pioneer in this field and the first institution in the country with the central location of this important data.

Dr. McKinney stressed that the hub is very powerful tool. Dr. McKinney emphasized that recently an issue of COVID-19 vaccination rates within various minority and ethnic groups and their disproportionate low inoculation rates when compared to other communities developed and added that this hub could play an important role in determining the areas that need improvement. Mr. Philpott warned that this information needs to be kept up to date in order to stay relevant. Mr. Michel answered that AHCT is going through the ideation process and will come back to the Board of Directors with recommendations. Mr. Michel noted that if the project becomes costly, a determination will need to be made whether AHCT is in possession of enough resources to support it, and if not, then possibly other entities would be willing to sponsor this undertaking.

Steven Hernandez stated that the data, while expected, is stunning. Mr. Hernandez expressed his words of appreciation for this project. Mr. Hernandez reiterated Mr. Michel's statement that the outcome of health disparities is closely associated with other social determinants. Mr. Hernandez noted that the health disparities results is a mirror of the State of Connecticut, and according to Mr. Hernandez, it is an embarrassing mirror. Mr. Hernandez stressed that these results are either by design or dereliction. Mr. Hernandez stated that he is happy with the fact that AHCT is taking on this significant initiative with dedication. Theodore Doolittle echoed Mr. Hernandez's comments.

Mr. Doolittle is pleased to see AHCT take on the health disparities issue that is crucial to the well-being of countless lives. Mr. Doolittle added that in his recent op-ed that was published in the Connecticut Mirror, he pointed out some of the disparate data. Mr. Doolittle emphasized that he supports the Administration's COVID-19 vaccination efforts, but added that since health disparities in Connecticut are so deep that a seemingly beneficial COVID-19 vaccination rule such as straight-age based approach is discriminatory because of the inequities that are present and shown in this report. Mr. Doolittle stressed that vaccination rates in the communities of color should be twice the rate in order to be equal. Victoria Veltri also expressed her words of appreciation to AHCT and its business partners. Ms. Veltri stressed that the health disparities problem existed prior to the COVID-19 pandemic but was exacerbated by it. Ms. Veltri added that a lot of people are working on those issues and encouraged AHCT to communicate with State Agencies in more depth about this project before coming back to the Board with recommendations. Ms. Veltri stated the importance of addressing the underlying issues and the upstream issues that create unequal health outcomes and access are critical. Further discussion ensued around measuring and stratifying outcomes that are based on health equity. Michael Gilbert emphasized that the material presented was powerful. Mr. Gilbert echoed comments

about encouraging AHCT to collaborate with State Agencies that may have valuable input on this issue.

Mr. Michel stated that AHCT has limited resources and they are dedicated to a very specific purpose. Mr. Michel stressed that AHCT would have to partner with other organizations with more resources to move this initiative forward and added that AHCT is looking forward to engaging with other State Agencies as well as other community-based organizations with the focus on reducing health disparities. Mr. Michel stated that the strategy that will be brought back to the Board of Directors will include collaborative efforts that AHCT will seek going forward. Heather Aaron thanked AHCT and business partners for providing the great report. Ms. Aaron encouraged AHCT to expand the involvement of the Department of Public Health in this effort. Mr. Michel indicated that State Agencies, such as the DSS, DPH and OHS will be involved in the ideation process and added that AHCT would like to involve some community-based organizations in that process as well. Yvonne Addo echoed previous comments and added that persistent bias is present in the delivery of healthcare itself. Ms. Addo encouraged AHCT to involve DHMAS in the ideation process. Ms. Veltri expressed her concern that the current system for paying for healthcare is not efficient.

#### **H. Future Agenda Items**

Mr. Michel enumerated future agenda items:

- 2022 Standard Plan Designs and Qualified Health Plan Certification Requirements
- Subsidiary
- Strategic Initiatives

#### **I. Adjournment**

Vice-Chair Paul Philpott requested a motion to adjourn. Motion was made by Victoria Veltri and seconded by Theodore Doolittle. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 10:26 a.m.