

Connecticut Health Insurance Exchange Strategy Committee Regular Meeting

Thursday, May 13, 2021 Remote Meeting

Members Present: Steven Hernandez (Chair); Grant Ritter; Paul Philpott; Paul Lombardo; Cecelia Woods

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

A. Call to Order and Introductions

Chair Steven Hernandez called the meeting to order at 1:05 p.m. Roll call for attendance was taken.

B. Public Comment

No public comment.

C. Review and Approval of Minutes

Chair Steven Hernandez requested a motion to approve the February 11, 2021 Strategy Committee Draft Meeting Minutes. Motion was made by Paul Philpott and seconded by Cecelia Woods. Roll call was ordered. **Motion passed unanimously.**

D. Strategic Presentation for Future Developments

James Michel, Chief Executive Officer, started the Strategic Presentation for Future Developments. Mr. Michel stated that AHCT is actively working on the future of the organization. Mr. Michel emphasized that AHCT's main focus will always be lowering the uninsured rate in Connecticut and helping to address health disparities. Many strategic initiatives are driven by the Health Disparities Study that was presented to the Board of Directors in February. Mr. Michel noted that AHCT will be applying for various grants to fund those initiatives.

Mr. Michel emphasized that AHCT will be establishing a subsidiary to support some of those programs since AHCT cannot perform functions on its own that are not directly related to the Affordable Care Act (ACA). Mr. Michel stated that Information Technology System changes will have to follow suit. Mr. Michel also briefly described the ongoing excellent relationship with the Connecticut Department of Labor.

Paul Philpott commented that the Mission and Vision statements have been with AHCT for many years and the strategy should be congruent with them. Mr. Philpott encouraged the Committee to revisit the Mission and Vision statements to determine if some of their segments are still relevant to the role of the organization. Mr. Philpott inquired whether the Mission and Vision statements were mandated by the ACA or the State Enabling Legislation. Mr. Michel noted that the state law which established AHCT includes the goal for the organization of lowering the uninsured rate. Susan Rich-Bye, Director of Legal and Governmental Affairs, noted that addressing health disparities was part of the mission statement adopted by the Board of Directors separate from the legislative purpose, adding that the original Mission and Vision statements were adopted in 2012 by the Board of Directors and were not mandated by the ACA. Mr. Hernandez noted that there also may be a crosswalk between what was not stated and intended in the Mission and Vision statements. Mr. Hernandez encouraged AHCT to present it to the Committee as well. Mr. Michel encouraged the possibility to review and potentially update the Exchange's mission and vision statements.

Robert Blundo, Director of Technical Operations and Analytics provided information on the proposed interactive website. Mr. Blundo noted that the website would clearly establish AHCT's organizational responsibility toward health equity by generating awareness of existing health disparities and informing end users of AHCT's roles and opportunities to improve health equity across Connecticut. Mr. Blundo noted that it will be a low-cost initiative that will be integrated within the existing website. Cecelia Woods inquired how AHCT is planning on integrating interactions with community stakeholders and what it would look like. Mr. Blundo answered that it is also the intent of AHCT for the website to obtain the most up-to-date information.

Mr. Michel stated that as a part of the stakeholder outreach, AHCT began a closer cooperation with UCONN Health, which has a strong interest in partnering with the Exchange and added that Yale New Haven Hospital also expressed interest in some of the Exchange's initiatives. Mr. Michel continued that the pandemic exposed many gaps in society, one of them being the extreme disparities between various strata of the socioeconomic and demographic spectrum.

Anthony Crowe, Chief Operating Officer, summarized the Concierge Pilot initiative. Mr. Crowe noted that this idea grew out of the Open Enrollment (OE) Period when AHCT enrolled consumers in Medicaid and Qualified Health Plans (QHP), and the Heath Equity Study. Mr. Crowe noted that AHCT would like to be present in targeted communities all the time. Mr. Crowe noted that outside of OE, AHCT would be helping in other areas such as health screenings. Mr. Crowe noted that that AHCT would like to work with the school systems in these communities where some talks with students could be held about Healthier Families and Healthier Communities. Mr. Crowe

stated that it is meant to be not only for students, but also their families. Mr. Crowe also touched upon a pilot initiative of Boots on the Ground/Vans on the Streets, which would follow the example of the current vaccination efforts initiated by the Department of Public Health (DPH) and executed though AHCT by one of its vendors. Mr. Crowe stated that it would consist of services such as finding Primary Care Physicians (PCPs) for consumers and helping them get to their medical appointments which is similar to the case manager model.

Mr. Michel added that these initiatives would be financed by grants and AHCT will also be looking to form partnerships with various organizations across Connecticut to support them. Mr. Hernandez noted that it looks like the purpose of those ideas is to stave off outcomes, health disparities and extraordinary cost due to the lack of prevention which leads to medical intervention. Mr. Hernandez added that the strategy presented seems to attack the inequity at the source and staving off evitable outcomes and ensuring that the best return on investment is made and asked for a further explanation of it. Mr. Michel stated that AHCT's focus is long-term and provided an example of supplying information to students whose parents are not focusing too much attention on a regular medical maintenance process, that could provide long-term positive effects for health outcomes for the family members.

Mr. Michel emphasized that AHCT's focus will be to meet those individuals who need the assistance where they live and pointed out that this information will be tracked and reported to the Strategy Committee as well as the Board of Directors on a regular basis. Mr. Philpott pointed out that chronic disease management and partnering with the carriers is crucial to the success of this initiative. Discussion ensued around possible scenarios pertaining to the implementation of the Concierge Pilot Services.

Glenn Jurgen, Director of Human Resources, briefly described the efforts to find a qualified candidate for the Director of Health Equity and Outreach. Over twenty individuals submitted their applications as of this meeting.

Daryl Jones, Director of Finance, provided a summary of financial information pertaining to the funding of certain strategic initiatives. Mr. Jones emphasized that no assessment funds will be used for that purpose and grant research will support additional revenue streams, including but not limited to private foundation and government grants. Mr. Jones added that short presentations will be prepared to persuade those entities that funding these initiatives is beneficial to society.

John Carbone, Director of SHOP and Product Development, provided a summary of the AHCT subsidiary proposal. Mr. Carbone noted that the SHOP Team has been tasked with establishing a subsidiary that would offer a wide range of suitable products and services that will assist to reduce the number of individuals without health insurance in Connecticut. Mr. Carbone noted that this platform will also support the health insurance needs of undocumented Connecticut residents.

Daniel Maloney, Director of Information Technology, summarized the IT system changes. Mr. Maloney stated that based on the current system architecture assessment and corporate strategies, a 3-5 year plan will be created with a few building blocks. Mr. Maloney indicated that they include strategically migrating core system components to cloud-based open source solutions and creating a new, modernized approach to AHCT's application architecture based on standards. Mr. Maloney added that they also include enhancing security and monitoring resources to be used in a proactive strategy to safeguard assets as well as decrease overall support costs for AHCT's application suite. Mr. Michel added that the new system will make it more efficient and practical to use.

Susan Rich-Bye, Director of Legal and Governmental Affairs, discussed AHCT's cooperation with the Connecticut Department of Labor (DOL). Ms. Rich-Bye noted that currently AHCT has a datasharing agreement in place with DOL since 2014. Ms. Rich-Bye added that efforts will be underway to broaden and streamline the automated data feed to support rapid and accurate healthcare eligibility for Connecticut residents continues. Anthony Crowe, Chief Operating Officer, added that AHCT is partnering with DOL to expand outreach on American Rescue Plan Act benefits for individuals receiving Unemployment Insurance benefits. The goal is to let them know about medical insurance choices that they may have and help them enroll.

E. AHCT Ongoing Initiatives

Anthony Crowe presented information pertaining to the COVID-19 Vaccination Support efforts. Mr. Crowe stated that the Department of Public Health (DPH) asked AHCT to assist with the Vaccine Appointment Assistance Line. AHCT's call center vendor, Faneuil, provided 120 call center representatives to help with those calls. Mr. Crowe stated that Faneuil was one of three vendors supporting this initiative. Mr. Crowe added that up to late April, the call center assisting DPH experienced heavy call volume. Mr. Crowe stated that within the next few weeks, the call center will be winding down from that initiative but will still be available for assistance if needed. Mr. Crowe added that DPH also utilized another of AHCT's vendors, Grossman Solutions, by providing 60 people on the ground who have been assisting with making appointments, arranging transportation to vaccination sites, or bringing them home after vaccination.

Glenn Jurgen touched upon the development of the Employee Retention Strategy in the Current Marketplace. Mr. Jurgen stated that AHCT had a number of employees who are leaving the organization which is an increase of what has been seen over the last few years. Mr. Jurgen added that the general consensus is that the pandemic has changed a lot in terms of how employees are performing their duties. Mr. Jurgen emphasized that AHCT has been working remotely since March of 2020 and it has led to some of the employees to reflecting on their work. Mr. Jurgen added that part of the strategy consists of determining what the future of working at AHCT will look like. Mr. Jurgen indicated that AHCT would like to maintain the balance between the culture and flexibility that the Exchange is proud to offer its employees. Mr. Jurgen noted AHCT would like to retain its employees and recruit the best and the brightest which may mean reevaluating compensation packages. Ms. Rich-Bye added that besides re-examining the mission and vision statements, the possibility of reviewing the advisory committees' roles should be considered. Mr. Michel asked the Chair to inquire with the Chair of the Board to make the Strategy Committee responsible for re-examining the mission and vision statements of the Exchange as well as the role of the advisory committees. Chair Hernandez agreed.

F. Adjournment

Chair Steven Hernandez asked for a motion adjourn. Motion was made by Paul Philpott and seconded by Grant Ritter. Roll call vote was ordered. Motion passed unanimously. Meeting adjourned at 2:29 p.m.