

A young boy and an older woman are smiling and cooking together in a kitchen. The boy is on the left, wearing a blue and grey striped shirt and a grey apron, holding a whisk over a blue bowl. The woman is on the right, wearing a red shirt, a beige knitted vest, a black apron, and glasses, also holding a whisk over a green bowl. The background shows a kitchen with white cabinets and a stainless steel backsplash.

# Access Health CT – Strategy Committee

September 9, 2021

# Agenda

A. Call to Order and Introductions

B. Public Comment (please submit to  
[Marcin.Olechowski@ct.gov](mailto:Marcin.Olechowski@ct.gov) by 12 p.m. on September 8)

C. Vote

- Review and Approval of Minutes

D. Access Health CT Strategic Plan  
Initiatives

- Subsidiary
- Broker Academy/Health Disparities
- Health Disparities Webpage

E. Review of Current Mission and  
Vision

F. Review of Advisory Committees

G. Board Training

H. Future Meetings

I. Adjournment

# Public Comment

# Vote

- **Review and Approval of Minutes**

# **Access Health CT Strategic Plan Initiatives**

# Strategic Initiatives

- ✓ **Subsidiary**
- ✓ **AHCT Future Growth & Success**
- ✓ **Financial Strategy to Enhance Revenue Stream**
- ✓ **IT Infrastructure**
- ✓ **Health Disparities**

access  
health CT

**CONNECTICUT  
RESIDENTS**

# AHCT Subsidiary Strategy Considerations

# Business Considerations – Customers

The prospective customers will be offered various ancillary products and services designed and priced specifically for their needs to improve their health and well-being.

Initially we will be looking at three groups of Customers:

## 1) Underserved Communities

The Subsidiary will target Communities where health disparities are most apparent. Significant presence of underserved communities can be found in: Bridgeport, Waterbury, New London, Hartford, New Haven, Norwalk, and more across Connecticut \*

*\* Refer to AHCT report re Health Disparities and Social Determinants of Health in Connecticut from February 2020*

## 2) Undocumented Connecticut Residents

According to [U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates](#), the number of undocumented Connecticut residents was approx. 120,000, which comprised 23 percent of the immigrant population and 4 percent of the total state population in 2016. Typically, the undocumented population has significantly higher rates of being uninsured than citizens or green card holders.

## 3) Medicare Customers

Every year approx. 10,000 customers leave Access Health CT for Medicare services. These customers may like to retain their presence with us and obtain Medicare assistance and products directly through us; [See Appendix A for details about the customer data.](#)



# Business Considerations – Products

**The products and services will be designed and priced to meet our customers needs.**

**Products and services being considered:**

- Health Plans for Undocumented Residents
- Medicare
- Life Insurance
- Vision and Dental Insurance
- Other services and products that would enhance the health and wellness of underserved communities

# Business Plan Development

## Business Plan will include:

- Customer assessment
- Product type
- Potential revenue stream/Financial Projections
- Operating Cost
- Implementation Strategy and delivery timelines (Work Plan)
- Operational Strategy
- Technology Platform

# Formation of The Subsidiary

## High-level milestones:

- Make decision on entity type for Subsidiary\*
- Make decision on size of Board of Directors for Subsidiary, and quorum
- Propose membership for Board of Directors for Subsidiary to BOD of AHCT
- Prepare Draft Bylaws
- Prepare Draft Operating Policies
- Prepare Articles of Incorporation
- File Articles of Incorporation with Secretary of State
- File Bylaws with Secretary of State
- File application for EIN with IRS

*\*If entity type will be IRS § 501(c)(3) corporation, prepare and file application for IRS recognition of tax-exempt status*

# Proposed High-Level Delivery Timelines

## **Completed by end of Q2 FY2022**

- Strategic Framework
- Purpose, Mission, and Vision
- Formation of the Subsidiary
- Business Plan

## **Completed by end of Q2 FY2023**

- Technology platform
- Operational Readiness Team

# Proposed Subsidiary Statements for Consideration

## Definitions:

**Purpose Statement** should define the impact we have on our customers.

**Mission Statement** should define what the company is right now.

**Vision Statement** should define what the organization wishes to be like in the future.

## Draft Considerations:

**Purpose:** Empower the people of Connecticut to improve their health and well-being.

**Mission:** Create healthier communities by providing comprehensive products and services to all people in Connecticut.

**Vision:** Health equity for all people in Connecticut.

# Q&A

# Broker Academy/Health Disparities

# Broker Academy Considerations



# Broker Academy Overview

- As part of our mission-driven approach to reduce health disparities, Access Health CT seeks to drive change within underserved communities by creating a Broker Academy Program.
- The Program will create a pathway to license brokers by recruiting from, and building the skillsets of, those who live and work in underserved communities throughout Connecticut.
- By activating members of these communities to become licensed brokers, AHCT can build trust and rapport by meeting members of the community where they are.
- The objective is to reduce the uninsured rate and address health disparities in the State of Connecticut.

# Who will benefit from the Broker Academy

**Underserved communities throughout Connecticut will be the beneficiaries of the Broker Academy Program that will:**

- Create a more diverse broker community.
- Provide access to brokers in communities where there are currently less, if any, brokers at all.
- Offset some income disparities by introducing insurance brokerage as an income model that produces residual income.
- Support the mission-driven goals of reducing the rate of the uninsured and reducing health disparities.

*The Broker Academy Program will reduce health disparities in the areas where it's the most apparent in the State of Connecticut (i.e., Hartford, New Haven, Bridgeport)*

# Broker Academy Plan Development

## Broker Academy Plan development will include:

- **Recruiting Strategy**
  - Application (Format, Response Timelines)
  - Selection Criteria
- **Development of Course Content**
- **Class duration and locations**
- **Operational Strategy**
- **Technology Support**
- **Marketing Strategy**
- **Post Licensing**
  - Community Placements
  - Business Development
  - Mentoring Strategy
- **Implementation and delivery timelines (Work Plan)**

# Proposed High-Level Delivery Timelines

## **Completed by end of Q2 FY2022**

- Broker Academy Plan

## **Pilot launched by end of Q4 FY2022**

- Recruiting process
- Operational Readiness Team
- Ready to launch the first class

# Q&A

# Health Disparities Webpage

# Digital Commitment to Health Equity

## AHCT's Mission:

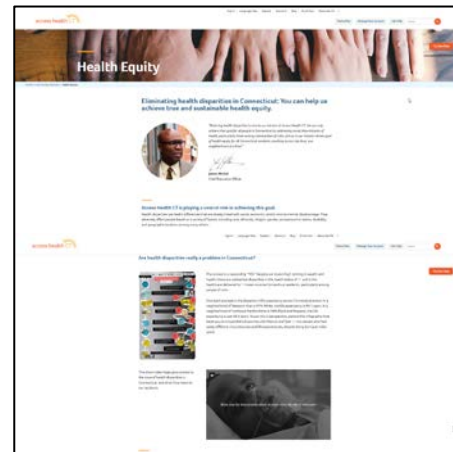
To increase the number of insured residents, improve health care quality, lower costs and **reduce health disparities** through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.

## Objectives:

- Dedicate a digital destination for residents and partners to:
  - Access resources about existing disparities in Connecticut
  - Learn about AHCT's ongoing initiatives to create a more equitable CT
  - Contact an AHCT representative to work together on this mission

## Next Steps:

- Incorporate user/community feedback
- Campaign to accelerate partnerships with shared objectives
- Phase 2 enhancements under-way



# **Review of Current Mission and Vision**



# AHCT Mission and Vision Timeline



# AHCT Mission and Vision Guiding Principles

**The Board of Directors approved the Exchange's Mission, Vision and Principles on April 19, 2012:**

## **Vision:**

The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

## **Mission:**

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 providers that give them the best value.

## **Principles:**

- An Exceptional Consumer Experience
- Sustainability
- Flexibility
- Transparency

# Considerations for Mission Revisions

**The AHCT Mission Statement should define what the company is right now.**

**Current:** 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 providers that give them the best value.

**Still relevant:**

- Increase the number of insured residents
- Improve healthcare quality
- Reduce health disparities

**Consider reworking:**

- Lower costs
- Providers

# Considerations for Vision Revisions

**The AHCT Vision Statement should define what the organization wishes to be like in the future.**

**Current:** The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.

**Still relevant:**

- Supports health reform efforts at the State and National level
- Provide CT residents with better health, and an enhanced and more coordinated health care experience at a predictable cost.

**Consider reworking:**

- Replace CT Health Exchange with Access Health CT
- The AHCT brand has evolved beyond just “supporting health reform efforts”
- “Reasonable costs” may mean different things to different people

# Considerations for Principles Revisions

**The AHCT Principles should be foundational statements that are adopted to guide future decisions.**

## **Current:**

- An Exceptional Consumer Experience
- Sustainability
- Flexibility
- Transparency

## **Still relevant:**

- Exceptional consumer experience
- Sustainability
- Flexibility and transparency (speaks to quasi ability to be nimble with other agencies)

# Review of Advisory Committees

# Advisory Committees Authority

- **C.G.S. §38a-1080b(1)(g)**, the Exchange's enabling statute, states that: "The board may create such advisory committees as it deems necessary to provide input on issues that may include, but are not limited to, customer service needs and insurance producer concerns."
- **C.G.S. §38a-1084 (22)** sets forth the duties of the Exchange, including: "Consulting with stakeholders relevant to carrying out the activities required under sections 38a-1080 to 38a-1090..."
- **Section 155.130** of the Affordable Care Act states that the Exchange must regularly consult on an ongoing basis with the various stakeholders.
- **AHCT Bylaws state:** "The Board may establish such advisory and ad hoc committees as it deems necessary to accomplish the provisions of the Act and these by laws."

# Advisory Committees

At the January 19, 2012 Board of Directors meeting, the proposed Advisory Committees structure was presented by Bob Carey:

- Health Plan Benefits and Qualifications
- Small Business Health Options Program (SHOP)
- Consumer Experience and Outreach (last meeting was held on October 4, 2017)
- Broker, Agents and Navigators (last meeting was held on September 7, 2016)

It was further recommended that each committee have the following:

- 1 Chair from the Board of Directors
- 1 Stakeholder Chair
- 15 Committee Members

On January 19, 2012, the Board approved the establishment of Advisory Committees, the Board of Directors Advisory Committees membership, and the nomination process of additional stakeholders. Guiding principles were approved by each of the four Advisory Committees in May 2012.



# Advisory Committees Proposal

- No changes proposed for HPBQ: Makes annual recommendations to the Board for QHP Certification requirements including Standardized Plans. Includes Board members, representatives from both carriers offering plans through AHCT, consumer advocate, insurance industry business consultant, CID, CT Hospital Association, CT Pharmacy Association and CT Association of Optometrists.
- No changes proposed for SHOP: Focuses on SHOP and small group market. Membership includes Board members, numerous brokers working in SHOP and small group as well as individual market, small business owners, CID, and consultant for providers.
- Amend Consumer Experience and Outreach: Broaden committee focus and amend name: **Health Equity, Outreach and Consumer Experience**. Revise committee membership to include members of the Board, stakeholder members with experience in Health Equity work, consumer advocates and community serving organizations, and brokers specifically focused on Individual market.
- Dissolve Brokers, Agents and Navigators: Several stakeholder representatives have been moved to SHOP committee and Consumer Experience and Outreach. Other stakeholders are proposed for amended Health Equity, Outreach and Consumer Experience Committee.

# Board Training

# Future Meetings

# Future Meetings Cadence

**October 2021 – February 2022**  
**Second Thursday of each month**

**Time: 1:00 p.m. – 2:30 p.m.**

# Adjournment

# Appendix

# Strategy Committee History

- On October 18, 2012, the Board of Directors voted to amend the by-laws to add the Strategy Committee.
- On November 12, 2012, the Strategy Committee met to approve the Committee's Mission and Vision:
  - **Vision** -- To support the Exchange Board of Directors with innovative ideas and strategic guidance to help assure the continued attraction, relevance, and sustainability of the Exchange and its vision and mission.
  - **Mission** -- To evaluate and recommend strategies to support the evolving needs of Connecticut residents and small businesses. Further, to utilize the Exchange as a catalyst for change in Connecticut's delivery system using its unique role to identify and promote new ways to provide efficient, high quality, and affordable care.
- **Key Success Factors**
  - Approve a multi-year strategic plan for the Exchange
  - Define measurable tactics to support the strategic plan
  - Engage Exchange staff, CT state agencies, and external experts to advise on ways to promote delivery system change
  - Annual evaluation and recommendation to Exchange Board of Exchange purchasing criteria
  - Promote Information Sharing and Decision Transparency

# AHCT Mission, Vision and Guiding Principles

Principle	Goal	Objective(s)	Measures
Exceptional Consumer Experience	Consumer Focus	<ul style="list-style-type: none"><li>• <b>Accessibility.</b> The Exchange should strive to reduce the number of residents without health insurance and improve access to health care for all residents.</li><li>• <b>Integration.</b> The Exchange should be designed to integrate public program information, eligibility and enrollment outreach and operations to ensure maximum healthcare coverage for Connecticut residents and seamless transitions between public programs and the Exchange.</li><li>• <b>Equity.</b> The Exchange should work to address longstanding, unjust disparities in health access and health outcomes in Connecticut.</li></ul>	<ul style="list-style-type: none"><li>• Board decisions and HIX implementation lead to the greatest number being insured and remaining insured.</li><li>• Minimal number of complaints from consumers entering the system, transitioning between coverage.</li><li>• Number of enrollees with continuous health coverage</li><li>• HIX should strongly address the needs of CT's most disadvantaged residents.</li></ul>
Sustainability	Long term stability	<ul style="list-style-type: none"><li>• <b>Affordability.</b> Access to health care is only possible when it is affordable. Affordability of coverage, within the Exchange and within the state, is essential to improving the state's health care system and economy.</li><li>• <b>Viability:</b> Board decisions should lead to health insurance which is viable for the state and the health care industry as well as for residents.</li><li>• <b>Stability:</b> The Exchange should promote solutions that respect existing strengths of</li></ul>	<ul style="list-style-type: none"><li>• Board decisions and HIX operations lead to the highest number of residents being able to afford health insurance and enrolling in healthcare coverage.</li><li>• All payments by carriers should be based on effective, evidence-based care, or improved quality of health for a panel or population.</li></ul>



# AHCT Mission, Vision and Guiding Principles

Principle	Goal	Objective(s)	Measures
		our state's health care system and promote stability within the Exchange.	<ul style="list-style-type: none"> <li>Most Board decisions and HIX implementation should be designed, once made, to require only incremental further changes, but allowing for flexibility within a stable exchange.</li> </ul>
Flexibility	Responsiveness to change market and social conditions	<ul style="list-style-type: none"> <li>The Exchange should be nimble and flexible in responding to the quickly changing insurance market, health care delivery system, and general economic conditions in Connecticut, while being sensitive and responsive to consumer demands.</li> <li>Board decisions should be designed to support transformative change in the delivery of healthcare through the collaboration of all constituents in the system.</li> </ul>	<ul style="list-style-type: none"> <li>Number of innovative products offered. Match payments to effective innovations in healthcare delivery to encourage their adoption broadly</li> <li>New partnerships with providers, plans and the exchange (e.g. ACO's, community outreach and clinics, sharing of data and technology like EHR's). Expansion of delivery system payment methodologies, ensuring high quality care and services.</li> </ul>
Transparency	Open Conduct of Business	<ul style="list-style-type: none"> <li>The Exchange is accountable to the public, and its activities should be transparent, its services easily available, and its information easily understandable by the populations it assists.</li> <li>The Board should design its governance</li> </ul>	<ul style="list-style-type: none"> <li>Frequency, consistency and timeliness of posting Exchange deliberations, pending policies and decisions, contracts and vendor materials, etc. on the website,</li> <li>Ensuring that the Public Comment period remains on the board's</li> </ul>

# AHCT Mission, Vision and Guiding Principles

Principle	Goal	Objective(s)	Measures
		arrangements and operations to be the simplest and most open way of delivering its functions, having regard to its vision, mission and principles.	agenda going forward.

# Advisory Committees Authority

**C.G.S. §38a-1080b(1)(g)**, the Exchange's enabling statute, states that:

"The board may create such advisory committees as it deems necessary to provide input on issues that may include, but are not limited to, customer service needs and insurance producer concerns."

**C.G.S. §38a-1084 (22)** sets forth the duties of the Exchange, including: "Consulting with stakeholders relevant to carrying out the activities required under sections 38a-1080 to 38a-1090, inclusive, including, but not limited to:

- (A) Individuals who are knowledgeable about the health care system, have background or experience in making informed decisions regarding health, medical and scientific matters and are enrollees in qualified health plans;
- (B) Individuals and entities with experience in facilitating enrollment in qualified health plans;
- (C) Representatives of small employers and self-employed individuals;
- (D) The Department of Social Services; and
- (E) Advocates for enrolling hard-to-reach populations

# Advisory Committees Authority

**Section 155.130** of the Affordable Care states that The Exchange must regularly consult on an ongoing basis with the various stakeholders:

- (a) Educated health care consumers who are enrollees in QHPs;
- (b) Individuals and entities with experience in facilitating enrollment in health coverage;
- (c) Advocates for enrolling hard to reach populations, which include individuals with mental health or substance abuse disorders;
- (d) Small businesses and self-employed individuals;
- (e) State Medicaid and CHIP agencies;
- (f) Federally-recognized Tribes, as defined in the Federally Recognized Indian Tribe List Act of 1994, 25 U.S.C. 479a, that are located within such Exchange's geographic area;
- (g) Public health experts;
- (h) Health care providers;
- (i) Large employers;
- (j) Health insurance issuers; and
- (k) Agents and brokers.

## **AHCT By-Laws state:**

“The Board may establish such advisory and ad hoc committees as it deems necessary to accomplish the provisions of the Act and these by laws.”

# Appendix – Advisory Committee Guiding Principles

## ➤ Health Plan Benefits and Qualifications Advisory Committee | Guiding Principles

- Affordability is of great importance and is essential to the ability of Connecticut residents to obtain, retain and maintain access to health care and health insurance.
- The Exchange should offer consumers meaningful choice of high-value qualified health plans that meet the diverse needs of Connecticut residents.
- The Exchange should provide meaningful information to facilitate consumers' choice of their health coverage options. Meaningful information should include, but not be limited to how to obtain, retain and maintain coverage, metrics on consumers' satisfaction with various plan offerings among others.
- The Exchange should encourage and support competition among health insurers to the benefit of consumers on price, quality, customer service, and product innovations.
- The Exchange should offer qualified health plans that allow consumers to have ready access to adequate, quality, diverse networks of physicians, hospitals, pharmacies and other health care providers, including providers that serve underserved populations and geographic areas.
- The qualified health plans offered through the Exchange should encourage the development of innovative products, including but not limited to wellness and health improvement.

# Appendix – Advisory Committee Guiding Principles

## ➤ Small Employer Health Options (SHOP) Advisory Committee | Guiding Principles

- The SHOP Exchange should provide employees with a choice of health plans from a number of health insurers.
- The SHOP Exchange should strive to increase the number of employers that offer employer-sponsored health insurance.
- The SHOP Exchange purchasing model should be structured so that employee choice does not result in risk selection problems for health insurers, and adversely affect the cost of coverage.
- The SHOP Exchange should minimize any unintended harm to the existing small group health insurance marketplace.
- The SHOP Exchange should minimize the administrative and financial burden to all involved in the Exchange, including but not limited to employers, employees, insurers and providers.
- Whenever feasible, the SHOP Exchange should leverage existing resources and technology to keep costs down.

# Appendix – Advisory Committee Guiding Principles

## ➤ **Consumer Experience and Outreach Advisory Committee | Guiding Principles**

- The Exchange should serve as a central point of access for all health coverage programs (e.g. Medicaid, HUSKY, Exchange Plans) and provide consumers with unbiased information about, and/or access to, their health coverage options.
- The Exchange should provide Connecticut residents with a first-class, consumer-oriented health insurance marketplace that offers a choice of high quality, affordable health insurance.
- The Exchange should provide consumers with information (e.g., on access and assistance, pre and post enrollment, coverage options) that is understandable and accessible in multiple formats (e.g., internet-based, written, walk-in, telephonic) and multiple languages (e.g., Spanish, sign language).
- The Exchange should implement a proactive outreach, enrollment, consumer assistance and retention strategy that reflects the diverse needs of Connecticut residents and results in a reduction in the number of uninsured and underinsured.
- The Exchange should utilize the expertise of a broad range of community stakeholders, community organizations, governmental entities and other entities to reach culturally and otherwise diverse populations.
- The Exchange should integrate and coordinate with outreach efforts of other public programs in order to provide a seamless transition for consumers.
- Affordability is of great importance and is essential to the ability of Connecticut residents to obtain and maintain access to health care and health insurance.
- The Exchange should be financially sustainable.

# Appendix – Advisory Committee Guiding Principles

## ➤ **Brokers, Agents and Navigators Advisory Committee | Guiding Principles**

- The Exchange should leverage the expertise of a broad and diverse group of individuals and organizations, including, but not limited to, certified brokers and agents, community-based organizations, governmental entities, and providers, to educate consumers about their health coverage choices and how to enroll in coverage.
- Navigators should include a broad and diverse group of individuals and entities, educated and trained in Exchange programs and who reflect the different populations that will be eligible to enroll in coverage through the Exchange.
- The Navigator function, which is overseen by the Exchange, shall coordinate with other publicly funded health care programs to ensure consumers are provided information and assistance on their appropriate health coverage options.