



Connecticut Health Insurance Exchange
Health Equity, Outreach and Consumer Experience Advisory Committee
Special Meeting

Meeting Minutes

Thursday, September 22, 2022
Hybrid Meeting/Connecticut Historical Society
1 Elizabeth Street, Hartford

Members Present: Theodore Doolittle (Chair); Cecelia Woods; Karen Siegel; Giselle Carlotta-McDonald; Leslie Greer; Deborah Polun; Sheldon Toubman; Gerard O’Sullivan (Subject Matter Expert – SME)

Access Health CT (AHCT): James Michel; Anthony Crowe; Daryl Jones; John Carbone; Susan Rich-Bye; Jynelle Maloney; Tammy Hendricks; Glenn Jurgen; Marcin Olechowski

A. Call to Order and Introductions

Chair Theodore Doolittle called the meeting to order at 10:00 a.m. Roll call for attendance was taken. Committee members introduced themselves and reviewed their expertise and their goal to assist the Committee in fulfilling its purpose. Introductions by staff followed.

James Michel, Chief Executive Officer (CEO), thanked the members for their willingness to serve on this crucial Committee and stressed that Access Health CT (AHCT) needs guidance from the Committee to provide assistance to the underserved members of the society.

B. Public Comment

No public comment.

C. Mission and Vision of the Committee

Tammy Hendricks, Director of Health Equity and Outreach, provided a brief introduction of the proposed mission and vision of the Committee. Ms. Hendricks stated that AHCT is Connecticut’s official health insurance marketplace where people can shop, compare and enroll in quality healthcare plans, and it is the only place where consumers can qualify for financial help to lower costs or be eligible for free or low-cost coverage through Medicaid/Husky and the Covered CT Program.

Ms. Hendricks reviewed the mission and vision of AHCT. She noted that AHCT has a strategic focus on health equity, improving access to health insurance throughout Connecticut, especially in the hard-to-reach communities that have higher uninsured

rates. Ms. Hendricks provided a brief overview of the health disparities study that was conducted by AHCT and noted that despite Connecticut's high ranking in life expectancy compared to other states, significant income and health disparities exist, particularly in minority communities.

Ms. Hendricks provided an example from the health disparities study where the lives of two theoretical individuals, one living in West Hartford and the other one in Hartford were examined. Ms. Hendricks emphasized that the lack of proper access to health insurance and prevalent poverty, caused the person living in Hartford to have a much lower quality of life and lower life expectancy. Ms. Hendricks added that based on the real data, the life expectancy of a person living in Hartford is 68.9 years while his counterpart in West Hartford is 86.2 years.

Mr. Michel emphasized that health and income disparities have been increasing over the years and it is crucially important that these issues be addressed. Mr. Michel expressed his hope that with the guidance of this Committee, AHCT will be able to help in providing real life solutions for these problems. Mr. Michel added that AHCT has already started this process, but much more is needed to achieve better results. Mr. Michel pointed out that the healthcare delivery system in those communities is sometimes substandard as compared to the more affluent areas of the state.

Ms. Hendricks elaborated that the Health Disparities Study identified areas that need to be addressed. Ms. Hendricks told the Committee that one of the most concrete steps that AHCT has undertaken was to establish a Health Equity and Outreach Department and one of the first initiatives was to provide Connecticut consumers with health disparities information and data on the website.

D. Current Health Equity and Outreach Efforts and Future Plans

Ms. Hendricks discussed the roles of the Health Equity and Outreach Team at AHCT. Ms. Hendricks emphasized that AHCT will continue to support and promote initiatives aimed at reducing health disparities, such as the Broker Academy. Ms. Hendricks mentioned that AHCT will also conduct more targeted outreach to expand partnerships that provide healthcare services, assistance, and information to underserved groups and individuals. Promotion of the Certified Application Counselors (CAC) training to qualified organizations, hospitals, and health centers to ensure proper CAC coverage throughout the state will also be continued according to Ms. Hendricks.

Mr. Michel further explained that CACs serve a vital role in enrolling people in healthcare coverage and provided a theoretical example of an uninsured individual at the hospital and with the CAC's help onsite, that person may be able to obtain health insurance coverage. Mr. Michel emphasized that it is AHCT's aim to have CACs available to assist patients in every hospital and major medical facility in Connecticut. Ms. Rich-Bye added that not only are staff at medical facilities certified to serve as CACs, but also governmental entities such as local health departments have staff certified as CACs as well.

Ms. Hendricks told the Committee that the Health Equity and Enrollment event webpage will be updated to make it more engaging and educational for consumers and community

partners. Ms. Hendricks elaborated on the accomplishments as well as ongoing initiatives, which include but are not limited to expanding the Navigator Program as well as launching of the Broker Academy, among others.

Ms. Hendricks continued with the description of the Broker Academy and the reasons behind launching this important initiative. Ms. Hendricks remarked that a lack of trust exists between individuals in the underserved areas and healthcare systems, and it often prevents them from obtaining healthcare services. Ms. Hendricks stated that providing these residents with better information and education on the complexity of the health insurance plans was one of the major reasons behind the decision to create the Broker Academy.

Ms. Hendricks stated that the Broker Academy 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. Ms. Hendricks emphasized that AHCT hopes that those trained brokers will be successful and pointed out that 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.

Ms. Hendricks reiterated that the objective is to reduce the uninsured rate and address health disparities in Connecticut. Ms. Hendricks announced that AHCT successfully launched the first Broker Academy class on June 1. Ms. Hendricks stated that it was an enormous effort to initiate this important undertaking. Ms. Hendricks stated that the three day in-person classes were held at Capital, Gateway, and Housatonic Community Colleges.

Ms. Hendricks provided demographic statistics on students who have enrolled in classes. Ms. Hendricks added that 71 of the students attending the training had passed their class test and up to this point, 30 students passed their state licensing exam and are entering the mentorship portion of the program. Deborah Polun inquired about the demographic of the students.

Ms. Hendricks provided the following classroom statistics: 71 Total students in three locations: Bridgeport: 85% Female, 15% Male; 57% Black, 28% Hispanic; New Haven: 64% Female, 29% Male, 47% Hispanic, 30% Black, 5% Asian; Hartford: 75% Female, 25% Male, 75% Black, 12% Hispanic, 10% White, 3% Asian. Ms. Polun followed up with another question pertaining to the placement of those students. Ms. Hendricks stated that through a mentorship program those licensed students are matched with experienced brokers where they spend three months receiving hands-on experience.

Ms. Hendricks outlined the Committee goals. Ms. Hendricks clarified that the broad goals for this Committee include improving consumer access to health insurance, expanding community partnerships and increasing outreach opportunities and state-wide collaborations. Ms. Hendricks encouraged Committee members to provide their own committee goals' proposals.

Chair Theodore Doolittle indicated that he was able to talk with each committee member individually about their expertise and pointed out that very important information was obtained from those conversations and will be discussed at future meetings of the Committee. Mr. Doolittle stated that Committee members would like to actively participate in the formulation of strategies. Karen Siegel asked what kind of collaboration is anticipated between Connecticut Insurance Department (CID) and Department of Social Services (DSS) that handles Medicaid, particularly with the Public Health Emergency (PHE) unwinding and all of the dramatic changes in the health insurance area over the last few years, including incorporation of the Covered Connecticut Program and other changes that were made on the federal level. Ms. Siegel stated that those changes place a burden on the consumers who many times may not be fully knowledgeable about their impact.

Chair Doolittle explained that during the PHE which was caused by the COVID-19 pandemic, Medicaid provided only one option of enrolling and redeterminations for eligibility were not performed. Mr. Doolittle noted that there are many individuals who might not be eligible for extended benefits offered under the PHE, with some estimates indicating that it could be as many as 15 million individuals nationwide and potentially 150 thousand in Connecticut. Mr. Doolittle added that some of these consumers may be able to obtain health insurance coverage with a Qualified Health Plan (QHP) offered through AHCT.

Mr. Michel stated that both the DSS Commissioner, and CID Commissioner are members of the AHCT Board of Directors and emphasized that cooperation between AHCT, DSS and CID is very close. Mr. Michel added that collaboration with DSS is extremely close since the two agencies are operational partners through the integrated eligibility system. Mr. Michel noted that AHCT has been strategizing with DSS about the end of the PHE and mitigation techniques that could be utilized in the PHE unwinding implementation. Mr. Michel provided real-life examples of consumers who may face problems in medical coverage and how AHCT staff works diligently to provide solutions to consumers who could face issues in having coverage for life-saving medications.

Mr. Michel emphasized that AHCT is a mission-driven organization and assisting the vulnerable populations is extremely important. Mr. Michel added that AHCT is working diligently to minimize the potential negative effects that the unwinding of the PHE may have on those vulnerable populations. Ms. Siegel added that there is a lot of opportunity around the end of the PHE to work through community partnerships to make sure that people have access to individuals who they trust who may help them with unexpected losses of services and other issues. Ms. Siegel expressed her words of appreciation toward AHCT for its efforts and encouraged exploring additional avenues to enhance on this approach. Gerard O'Sullivan added that CID has been working closely with AHCT, DSS along with the Office of Healthcare Advocate (OHA).

Sheldon Toubman provided a brief comment that during the PHE there are redeterminations performed by DSS, however, those individuals who are deemed ineligible, can continue receiving extended benefits until the PHE is ended. Mr. Toubman

informed the Committee that a class action lawsuit against the Health and Human Services (HHS) is in the courts because according to Mr. Toubman, not everyone who receives the extended benefits is being kept on. Mr. Toubman added that 42 percent of the Modified Adjusted Gross Income (MAGI) population is utilizing extended benefits because of the PHE. Mr. Toubman reiterated Ms. Siegel's point of working collaboratively with community-based organizations in reaching those individuals who are at risk of losing their healthcare coverage as soon as the PHE ends. Ms. Polun suggested having a committee representative from Community Health Center Association (CHCA) since that organization assists in enrolling consumers. Ms. Hendricks responded that the AHCT Outreach team works closely with the CHCA. Brief discussion ensued around possibly of adding a QHP consumer as a member of the Committee.

E. Essential Community Providers

Susan Rich-Bye, Director of Legal and Governmental Affairs, provided a description of the Essential Community Providers (ECPs). Ms. Rich-Bye stated that an ECP serves predominantly low-income, medically underserved individuals, and includes Federally Qualified Health Centers (FQHC) as well as other types of providers. Ms. Rich-Bye noted that AHCT has always had a higher requirement than the Federally Facilitated Exchange (FFE) has used, and AHCT's ECP standard is for carriers to contract with 50 percent of the FQHCs and 50 percent of the non-FQHC providers on the AHCT ECP list.

Ms. Rich-Bye added that the participating carriers worked diligently to have doctors from the ECPs in their networks. Ms. Rich-Bye provided that many times a consumer's coverage may change, for instance if they are determined to be ineligible for Medicaid and may enroll in a QHP. The purpose of having ECPs in the carriers' networks for the QHPs is so that they can continue their care without changing doctors or providers. Ms. Rich-Bye stressed that it is very important to have this continuity of care and that it helps to lessen health disparities. Ms. Rich-Bye briefly discussed the important role that the ECPs serve.

Public Health Emergency (PHE) Update

Ms. Rich-Bye provided an update on the Public Health Emergency (PHE). Ms. Rich-Bye stressed that AHCT is partnering closely with the Department of Social Services (DSS) on this initiative. Ms. Rich-Bye declared that currently, there are over 400,000 enrollees benefiting from the extended HUSKY coverage and the Health and Human Services Department is expected to announce a PHE renewal in October of 2022. Ms. Rich-Bye stated that the PHE renewal periods have historically been 90-day extensions.

Ms. Rich-Bye stated that AHCT continues to delay action on open verification requirements for the QHP customers for the duration of the PHE. Ms. Rich-Bye explained that the call center will be ready for the increased number of inquiries that will come when the PHE unwinding begins and will have increased staffing levels sufficient to service these consumers. Mr. Michel emphasized that AHCT is working closely with the carriers to address this issue.

Ms. Rich-Bye detailed that preparation for the eventual end of the PHE is well underway and includes the following:

- Reverting eligibility/enrollment requirements to pre-PHE thresholds/configurations
- Planning the unwind schedule, enrollment volume, and renewal rules
- Communication strategy and coordination with internal/external stakeholders
- Operational readiness for increased customer support

Brief discussion ensued around the outreach efforts.

Covered Connecticut Update

Ms. Rich-Bye discussed the Covered Connecticut Program. Ms. Rich-Bye conveyed that it is a no-cost health insurance for adults who are ineligible for Medicaid due to income and have an annual income up to 175 percent of the Federal Poverty Level (FPL). Ms. Rich-Bye noted that it covers the consumer portion of premium after Advanced Premium Tax Credits (APTC) under the Affordable Care Act (ACA), and consumer cost-sharing amounts under a QHP. Ms. Rich-Bye identified that it also provides dental and non-emergency medical transportation benefits, and enrollment is through AHCT while the program is administered by DSS.

Future Meeting Cadence

Discussion ensued around the future meeting cadence of the Committee. It was determined that in the next few months, the Committee will be meeting on a monthly basis. Mr. Michel stated that during the unwinding of the PHE, the Committee will be provided with updates from AHCT about the progress being made and advice may be sought from Committee members about hosting community events.

Adjournment

Chair Theodore Doolittle requested a motion to adjourn. Motion was made by Deb Polun and seconded by Sheldon Toubman. Roll call vote was taken. **Motion passed unanimously.** Meeting adjourned at 11:30 a.m.