



Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting

Meeting Minutes

Thursday, February 23, 2023
Remote

Members Present: Theodore Doolittle (Chair); Cecelia Woods, Deborah Polun; Sheldon Toubman; Kevin Galvin (Stakeholder Chair); Karen Siegel; Giselle Carlotta-McDonald; Leslie Greer; Holly Hackett; Gerard O’Sullivan (Subject Matter Expert)

Access Health CT (AHCT): James Michel; Rebekah McLearn; Daryl Jones; John Carbone; Tammy Hendricks; Glenn Jurgen; Luis Irizarry; Ellyn Laramie; Karen Perez; Marcin Olechowski

A. Call to Order and Introductions

Chair Theodore Doolittle called the meeting to order at 3:00 p.m. Roll call for attendance was taken.

B. Public Comment

No public comment was submitted.

C. Review and Approval of Minutes

Chair Theodore Doolittle requested a motion to approve the October 27, 2022 Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting Minutes. Motion was made by Cecelia Woods and seconded by Deborah Polun. Roll call vote was taken. ***Motion passed unanimously.***

D. Committee’s Role

James Michel, Chief Executive Officer, provided an overview of the role of the Committee. Mr. Michel expressed his words of appreciation to the members of the Committee who volunteer their time and expertise to serve on it. He emphasized that the Health Equity, Outreach and Consumer Experience Advisory Committee (HEOCE AC) is crucial to Access Health CT (AHCT). The members of this Committee represent a variety of constituencies in the areas of health equity work, community serving organizations, navigator organizations, brokers and members of the AHCT Board of Directors.

Through the meetings held for this Advisory Committee, AHCT shares information with Committee members on various initiatives such as its health equity work including the

Broker Academy, outreach efforts – especially for the upcoming Unwind of the Continuous Medicaid Coverage under the Public Health Emergency (PHE).

AHCT also shares information pertaining to work with community partners and AHCT's Navigator organizations, and on the consumer experience which includes consumer education and increasing health literacy, enrollment assistance and year-round assistance to help consumers use their health insurance plans for healthier lives. The Committee can then provide its valuable input on these topics and assist AHCT in its work.

Karen Siegel inquired whether the Committee's role is not limited to outreach only. Mr. Michel confirmed that it is not limited to outreach only, but also to other areas such as education. Mr. Michel encouraged members of the Committee to provide ideas on how to improve on engaging with the population with an emphasis on residents that are uninsured.

Ms. Siegel asked about the possibility of addressing equity through procedural action and through benefit design. Mr. Michel noted that the Chair of the HEOCE AC is also a member of the Health Plan Benefits and Qualifications Advisory Committee (HPBQ AC) that makes plan recommendations to the Board of Directors. Mr. Michel encouraged members of the HEOCE AC who have ideas on how to enhance plan designs, to provide information which can be shared with the HPBQ AC.

Chair Theodore Doolittle suggested that members of this Committee also consider the consumer experience aspect, such as a customer-friendly website and other elements. Mr. Michel added that AHCT is also looking for the Committee's assistance in health literacy enrollment assistance.

E. Medicaid Unwinding Preparations

Rebekah McLear, Director of Technical Operations and Analytics, presented the Medicaid Unwinding Projections. AHCT has worked extensively with the Department of Social Services (DSS) and the Office of Healthcare Strategy (OHS) for over a year on this plan. Ms. McLear explained that the Medicaid Extension will be ending on March 31, 2023 and DSS has worked on a 12-month plan to redetermine eligibility for that population.

Ms. McLear remarked that currently, over 434,000 individuals are enrolled in the Medicaid Extension and based on projections, over 334,000 will remain eligible for the Medicaid or Transitional Medical Assistance (TMA). Ms. McLear added that based on those projections, over 30,000 will possibly be eligible for Covered Connecticut while over 65,000 for the Qualified Health Plan (QHP) with or without financial assistance through AHCT.

Ms. McLear provided a timetable with the total projection volume for a 12-month period starting in April. Mr. Michel pointed out that over 75 percent of the current Medicaid Extension recipients will be automatically re-enrolled into Medicaid or TMA. Mr. Doolittle inquired about a typical consumer experience for Medicaid Extension enrollees who qualify for automatic re-enrollment. Ms. McLear responded that those individuals will be included into the regular Medicaid monthly renewal process. Ms. McLear noted that 60

days before the expiration of their benefits, enrollees will receive a letter from DSS explaining their options. Ms. McLear added that if their eligibility qualifies them for Medicaid, no action will be needed on their part to continue this coverage.

Ms. McLear added that if the information in the AHCT/DSS system is inaccurate, they would then have to update it and their final projection will be accurate. Ms. McLear stated that if the information was updated, then a recipient will receive a final determination letter which would explain different scenarios, including one that would involve a recipient being requested to take additional action.

Sheldon Toubman referred to the prior meeting of the Committee and asked whether a representative from DSS was invited to participate in the meeting. He stated that a request had been made to have a representative from DSS at the meetings that discuss Medicaid Unwinding. Marcin Olechowski, Governance Specialist, indicated that no communication with DSS on that matter materialized. Mr. Toubman followed-up with a question about whether the projections included the non-MAGI individuals and other types of Medicaid coverage. Ms. McLear noted that this information does not include recipients who are enrolled in Medicaid outside of the AHCT system. Ms. McLear added that DSS is required to contact those individuals who cannot be auto-renewed for their Medicaid coverage. DSS has a process in place that includes updating and verifying the consumer information. DSS is compiling the data for the number of individuals who are Medicaid recipients outside of the AHCT system. Discussion ensued around methods of contacting Medicaid recipients through the Integrated Eligibility System (IES).

Kevin Galvin inquired whether notices will be consumer-friendly and if there will be language accommodations in this correspondence. Mr. Galvin inquired whether the HEOCE AC can also review them before they are sent out. Caroline Ruwet, Director of Marketing indicated that these notices are being produced by DSS and in some capacity, they are sharing some information with AHCT for the review and input. AHCT will contact DSS about possibility of sharing the intended consumer notices with this Committee.

Ms. Ruwet pointed out that in terms of the language assistance, DSS will also be contacted about it, however the AHCT call center can service customers in over 100 languages and consumers have the option to elect to receive notices in Spanish. Ms. Ruwet noted that notices which AHCT sends out are written in a consumer-friendly language, and DSS likewise uses consumer-friendly language. Mr. Galvin echoed Mr. Toubman's comments and encouraged having a DSS representative on this Committee.

Karen Siegal discussed solutions and statutory barriers that would help to alleviate obstacles that Medicaid recipients face and pointed out that some of them are already being introduced in other states. Mr. Michel noted that AHCT has spoken with the California and Rhode Island Exchanges about some strategies and explained the differences that would hinder AHCT's efforts in this area.

Marketing

Caroline Ruwet, Director of Marketing, provided information on the Medicaid Unwinding Preparations from the marketing perspective, including existing marketing efforts. Ms. Ruwet elaborated on the amplification efforts on the part of AHCT of DSS' advertising campaign entitled "Update Us So We Can Update U." Those efforts include social media and email updates to customers, community partners, Brokers and Certified Application Counselors (CACs). Ms. Ruwet added that it also includes review, input and cobranding of notices being sent out to Connecticut residents impacted by the Medicaid Extension Unwinding.

Next there was a review of the potential elements of the Medicaid Unwinding advertising campaign which would be a 12-month, targeted campaign including statewide coverage and concentrations on communities that have high populations of residents impacted by the Medicaid Extension. It is expected to launch in May, and it would follow the outreach plan of targeting certain communities by town and at the zip code level.

AHCT is currently working to secure funding for the campaign. AHCT is working closely with DSS, Office of Health Strategy (OHS) and Office of Policy and Management (OPM) on this undertaking. The potential campaign elements include broadcast and streaming television, terrestrial and streaming radio, billboards posters and potentially transit.

Other campaign elements that potentially may be utilized include minority newspapers and community papers, social media as well as digital advertising. The timing of the campaign was reviewed, with the expected launch in May.

Mr. Michel added that AHCT will fund the Medicaid Unwinding Marketing Outreach to a limited extent and the overall amount of that will depend on securing funding from other sources. Mr. Michel noted that AHCT's portion will be financed from the organization's reserves. Mr. Toubman reiterated that a DSS representative would be helpful on this Committee. Mr. Michel noted that going forward, DSS will be invited to the meetings of the HEOCE AC. This Committee's role is mostly to assist AHCT's QHP population. Mr. Michel stressed that AHCT has a limited role in the Medicaid redetermination area and indicated that once the Medicaid Unwinding concludes, DSS's role on this Committee most likely will be very limited. Mr. Doolittle stated that DSS should participate in the Committee meetings while the Medicaid Extension Unwinding is taking place.

Outreach

Tammy Hendricks, Director of Health Equity and Outreach, provided the Medicaid Extension Outreach Update. Consistent meetings with community partners, hosting various educational presentations for consumers and providing direct in-person enrollment opportunities throughout Connecticut are important components of outreach

campaign. A list of target cities broken down by the county was reviewed. Ms. Hendricks noted that the outreach plans will remain flexible.

The AHCT outreach team works with over 1,800 community partners, which includes community organizations, state agencies, religious organizations, hospitals, and others. Outreach efforts include monthly healthy chats, partner presentations, regional planning meetings, engaging Navigators, Certified Application Counselors (CACs) and Brokers.

The Broker Academy is also a major component of the Outreach efforts. Ms. Hendricks described in detail the cooperation between AHCT Outreach Team and community partners and followed with a month-by-month timetable to achieve the successful outreach objectives. Brief discussion ensued around the training of the call center's representatives in coordination with DSS pertaining to the issue of coverage eligibility for immigrants.

Deborah Polun commented about the possibility of reaching out to individuals times other than when they are considering enrolling in the healthcare coverage, such as the Volunteer Income Tax Assistance Program during the tax filing season, the back-to-school time or Energy Assistance time periods. Ms. Hendricks stated that AHCT is utilizing some of those opportunities, but the organization will explore more of them. Ms. Hendricks encouraged members of the Committee to provide any suggestions that may enrich the outreach efforts.

F. Future Agenda Items

James Michel briefly described future agenda items. He noted that before the outreach and marketing materials for the Medicaid Extension Unwinding are finalized, they will be distributed for the Committee's input.

G. Adjournment

Chair Theodore Doolittle requested a motion to adjourn. Motion was made by Deborah Polun and seconded by Holly Hackett. Roll call vote was ordered. ***Motion passed unanimously.*** Meeting adjourned at 4:30 p.m.