



Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting

Draft Meeting Minutes

Wednesday, February 7, 2024
Remote

Members Present: Sean King (Chair); Deborah Polun; Sheldon Toubman; Leslie Greer; Holly Hackett; Gerard O’Sullivan (Subject Matter Expert – SME);

Access Health CT (AHCT): Susan Rich-Bye; Rebekah McLearn; John Carbone; Tammy Hendricks; Caroline Ruwet; Marquese Davis; Karen Perez; Luis Irizarry; Ellyn Laramie; Jessi Ewart

Other Participants: Donna Balaski; Yvonne Pallotto (Department of Social Services – DSS)

A. Call to Order and Introductions

Chair Sean King, Acting Healthcare Advocate, called the meeting to order at 11:00 a.m. Roll call for attendance was taken.

B. Public Comment

No public comment was submitted.

C. Review and Approval of Minutes

A motion was requested to approve the September 28, 2023, Health Equity, Outreach and Consumer Experience Advisory Committee Special Meeting Minutes. Motion was made by Leslie Greer and seconded by Sean King. Roll call vote was ordered. **Motion passed.** Deborah Polun abstained.

D. Department of Social Services Update

Yvonne Pallotto, Non-Emergency Medical Transportation (NEMT) Contract Manager at the Department of Social Services (DSS), provided an overview of the NEMT Services. Ms. Pallotto noted that DSS oversees the NEMT program, including the overall program design in line with the Federal requirements regarding NEMT services and added that DSS currently partners with a single entity to manage and administer the CT NEMT Transportation program and to improve the collection, analysis and reporting of data in the service delivery.

Ms. Pallotto added that the CT Medicaid program pays for NEMT services for eligible and enrolled Medicaid Members and Covered CT Program enrollees through the Section 1115 Medicaid Waiver to travel to non-emergency medically necessary services which are covered under the Medicaid program.

Holly Hackett joined at 11:05 a.m.

Ms. Pallotto explained that the Covered CT Program also provides NEMT services for members enrolled in a Qualified Health Plan (QHP) within the Covered CT Program and added the program offers no-cost health insurance, dental insurance and non-emergency medical transportation to all Connecticut residents between the ages of 19 and 64 that qualify. Ms. Pallotto added that the NEMT Mode mix includes public transportation, mileage reimbursement for use of personal vehicles, transport by taxi, livery or sedan, transport by wheelchair accessible vehicle, ground and air ambulance (on a limited basis) and stretcher vans.

Ms. Pallotto provided metrics on the monthly unique membership served which varied from 15,000 to 22,000 clients served monthly from January to October of 2023. Other metrics were also presented. The NEMT Outreach Program was described.

Sheldon Toubman shared his concerns about the the apparent low quality of services provided by the current NEMT contractor, and information how Veyo, which was the previous provider, was acquired by MTM. He asked about the number of complaints received pertaining to the quality of the services rendered. Ms. Pallotto noted that the transition period started on September 1, 2023, and the first three months were quite challenging due to a variety of reasons, such as platform changes and indicated that a lot of complaints have been received. Ms. Pallotto stressed that since that time, the situation has been stabilized; meetings with the stakeholders resulted in the improvement of the services provided; data on the number of issues will be shared with the Committee.

Brief discussion on the Medicaid Unwinding and the effects it had on the NEMT services as well as the high call volume which was caused by the technical challenges that consumers might have experienced when trying to book services online.

Donna Balaski from DSS, provided information on the Covered CT Dental Benefits. The importance of oral care was discussed, and its inclusion in the benefits for the Covered CT Program.

The Covered CT program is a part of the Connecticut Dental Health Partnership (CTDHP), benefits are identical to the current HUSKY dental benefits and coverage is a little different for children and adults. Ms. Balaski added that in HUSKY, benefits for children includes anyone under 21 years of age and adults are anyone age 21 or older.

Other aspects of dental coverage were discussed, including its robust network of 2115 unique providers in 900 locations. Some challenges remain in appointment availability in certain areas due to the lack of an adequate number of providers. Adults have an annual dental benefit cap of \$1000, but it can be exceeded for reasons of medical necessity when documented by network dental providers; there is not out of pocket cost for covered services and children's covered services are unlimited and include orthodontic coverage.

For the utilization of its services, the approximate average is anywhere between \$150,000 and \$160,000 total cost of dental services per month.

Susan Rich-Bye, Director of Legal and Governmental Affairs, commented that in order for consumers to be enrolled in the Covered CT program, they must be enrolled in a Silver Cost Sharing Reduction (CSR) plan. These QHPs provide pediatric dental benefits up to the age of 26 due to the Connecticut law that extended that coverage from age 19 as it is written in the ACA. Mr. Toubman shared his concerns about the non-covered dental benefits, such as bridgework and implants since it runs counter to the federal law. Ms. Balaski expressed that they are typically not covered, but sporadically they are due to the medical necessity. Mr. Toubman pointed that the slide may be misleading, and consumers should request a prior authorization for those services if their dentist believes they are medically necessary.

E. Open Enrollment 11 Update

Tammy Hendricks, Director of Health Equity and Outreach, presented the Open Enrollment 11 (OE11) Update with an emphasis on the OE metrics. The Call Center handled approximately 260,000 calls and 24,000 chat sessions for a record number of consumers; 129,000 enrolled in a QHP, and close to 27,400 of those consumers are enrolled in Covered CT. During this past OE AHCT saw record enrollment in the Stand-Alone Dental Plans (SADP), for a total of 14,050 enrollees. There were 88.3 percent of the total number of enrollees who were eligible for Financial Assistance (FA) and almost 50,000 were determined eligible and completed applications for Medicaid.

Ms. Hendricks also provided information about the continuing Medicaid Unwinding efforts, which includes fairs, monthly Healthy Chat presentations for consumers and monthly Community Partner presentations. Mr. Toubman inquired about the call center's timelines in responding to phone calls and whether they meet the contractual requirement. Ms. Hendricks noted that this information will be researched, and an answer will be provided at a later meeting.

Caroline Ruwet, Director of Marketing, provided information on the Medicaid Unwind Leaver Survey. The survey was conducted to better understand why individuals are leaving health coverage through the Medicaid Unwinding process. Methodology of the survey was explained.

AHCT partnered with Market Street Research (MSR) to develop and administer the survey. Over 24,000 households received the survey and about 700 survey responses were collected. Some of the top reasons why survey respondents left coverage through Medicaid, or the Exchange include gaining employer coverage – 35 percent of the respondents indicated that type of coverage now. Other reasons include being uninsured, obtaining Medicare coverage, gaining coverage through a family member or moving out of state. 12 percent of respondents cited other reasons.

Most of the individuals surveyed pointed to the cost of the coverage as the number one factor. The Leaver Survey recommendations were presented which include leveraging all available options to make coverage affordable, continuing to drive awareness of redetermination and expand outreach to groups that are less likely to have health

coverage. Brief discussion took place about the significance of the survey, the possibilities to enroll for those individuals who remained uninsured following the Medicaid Unwind and issues surrounding healthcare literacy.

F. Broker Academy Update

Tammy Hendricks, Director of Health Equity and Outreach, presented the Broker Academy Update. She stated that this is the third year of the program, and the application for admission opens on March 1 with a deadline of March 31. The goal is to accept up to 80 students this year for two class locations – with the exact locations to be determined. Class days are scheduled from June 3 through June 7. Ms. Hendricks mentioned that traffic to the Broker Academy website has increased showing rising interest in program. Ms. Hendricks also provided additional details pertaining to the Broker Academy.

G. Community Outreach Update

Ms. Hendricks continued her presentation with the Community Outreach Update. The number of outreach events increased by 21 percent increase when compared to a prior OE, with overall 166 events taking place. Other outreach occurrences also saw significant increases, such as 350 onsite visits to community partners. Increases have also been seen in the number of the Certified Application Counselors (CACs) who assisted consumers in enrollment, and there has been a 19 percent increase in visitors attending the enrollment fairs and an overall 31 percent increase in enrollments from those participating in them.

H. Future Agenda Items

No future agenda items were discussed.

I. Adjournment

Chair Sean King requested a motion to adjourn. Motion was made by Deborah Polun and was seconded by Sean King. Roll call vote was ordered. **Motion passed unanimously.** Meeting adjourned at 12:10 p.m.