



Strategy Subcommittee Meeting MEETING MINUTES

Location: Connecticut Historical Society
Date: April 7, 2016
Time: 10:00 a.m. - 12:00 p.m.

Members Present

Dr. Robert Scalettar; Vicki Veltri; Grant Ritter; Robert Tessier; Cecelia Woods; Paul Philpott; Commissioner Katharine Wade

Members Absent: None

Other Participants

James Wadleigh; Shan Jeffreys; James Michel; Ron Choquette; Andrea Ravitz; Kathleen Tallarita; Peter Van Loon

I. Call to Order and Introductions

Robert Scalettar, M.D. called the meeting to order at 10:00 a.m.

II. Review and Approval of Minutes

Dr. Scalettar requested a motion to approve the March 3, 2016 Regular Meeting Minutes. Motion was made by Vicki Veltri and seconded by Robert Tessier. ***Motion passed unanimously.***

III. Advisory Committees – Update

James Wadleigh provided a summary of the process for reconfiguration of the Advisory Committees. James Michel stated that a draft of the proposed new Consumer Experience and Outreach ("Consumer") Advisory Committee was reviewed with Vicki Veltri and Cee Cee Woods. The more critical area is the membership and skill set. It is important that there are consumers who have actually purchased a Qualified Health Plan (QHP) or is a Medicaid client to get their perspective. It is also important to have clinicians, doctors and social workers. It is proposed that the committee have 15 members. Ms. Veltri stated that it is important to have consumer representation. Work by this committee will also include collaboration on the plan design recommendations with the Health Plan Benefits & Qualifications ("Health Plan") Advisory Committee. Mr. Michel added that the mission will be modified from the proposed

*Connecticut's Health Insurance Marketplace
As approved by the Strategy Committee
On June 2, 2016*

draft to reflect the collaboration. Ms. Vicki added that the proposed committee skill sets are not necessary for every member. Mr. Tessier referred to the proposed mission and the use of the word "Ambassador". The mission should be clarified in that this committee's role and mission is to receive input and help provide information and direction. Ms. Woods added that originally this committee was a resource and provided guidance. Mr. Tessier thought that in looking at the other committees that it would be appropriate that the role for each advisory committee is to receive input and have a formal structure in place where stakeholders can provide input. Ms. Veltri's interpretation of "Ambassador" is that the committee would be an ambassador of the exchange. Ms. Veltri indicates that the second sentence is the heart of the mission. Dr. Scalettar asked as to timing of presenting to the board. Mr. Wadleigh suggested the May meeting. It is suggested to reach out to the current committee members before the proposed reconfiguration is presented to the full board. Mr. Tessier asked if the Consumer Advisory Committee has had a role and, should it going forward, on the issue of the difficult work of reaching the uninsured. Ms. Veltri replied that it was felt that it was and perhaps this should be reflected further.

Ron Choquette discussed the Broker, Agent and Navigator ("Broker") Advisory Committee. The proposed mission was reviewed. At the previous Strategy Subcommittee meeting, merging with the Small Business Health Options ("SHOP") Advisory Committee was discussed and it was decided not to merge. It is agreed that combined meetings would be held twice a year. A recommendation is made to change the name to Broker Advisory Committee. Mr. Ritter stated that the Broker Advisory Committee should have some input into the SHOP market as well. Mr. Choquette recommended that someone with SHOP experience should be a member on the Broker committee. Paul Philpott added that it is appropriate to add reference to the small business market in the Broker Advisory Committee mission. Mr. Philpott commented on the mission which is very consumer oriented. Brokers are partners and intermediaries and should not be the focus; the consumer needs to be. Mr. Philpott stated that it is appropriate to pick broker members who have "skin in the game" adding that some of the bigger producers may not necessarily be good contributors to the committee.

Ms. Veltri added that since there is overlap there should be coordination between committees adding that there is a broker member proposed to the Consumer committee. Ms. Veltri suggested adding a broker who has enrolled a Medicaid consumer. Mr. Choquette stated that some lead brokers have enrolled Medicaid consumers. Mr. Choquette stated that a broker for SHOP will be added. Mr. Wadleigh suggested the future Strategy Committee meetings dive into the strategies of each Advisory Committee once the missions are established. There are opportunities to make the individual and SHOP programs be more successful and suggests making the broker and SHOP committees a topic at a future Strategy Committee meeting.

Mr. Tessier referred to the list of expertise and the carrier representatives. Mr. Choquette stated that there is one from product marketing and one from actuarial. Their experience has been helpful. Mr. Wadleigh added that the Brokers have been very vocal on cost.

Mr. Choquette reviewed the SHOP Advisory Committee. The mission is the same as the Broker Advisory Committee except that it is for small business. The Strategy Committee members were reminded that an ex-officio board member is required to be a member on all advisory committees. A new name is recommended – Small Business Advisory Committee.

Discussion turned to the Health Plan Advisory Committee. Shan Jeffreys met with Mr. Tessier to discuss the committee's goals, mission and possible member participation. The mission has roughly stayed the same. Goals have remained about the same as well. There is more work to be done on the mission and goals. Ms. Woods suggests adding input from the Consumer Advisory Committee. Mr. Tessier provided some comments and requested affordability be incorporated into the mission given its importance. Success has a lot to do with the affordability of the plans and it would be helpful to build it in. Mr. Philpott referred to the AHCT vision statement which has a clear reference to reasonable and predictable cost. This should filter down to all or some of the committees suggesting adding the issue of affordability.

Mr. Wadleigh asked who the Board Member Co-chair would be for the Health Plan Advisory Committee. There needs to be a conversation. Mr. Tessier stated that it should not be a Board Member co-chair designee. Mr. Jeffreys added that 13 to 14 members are suggested. It is suggested that members include a representative from a university or research organization. Mr. Tessier added that there needs to be a strong statement in the Health Plan Advisory Committee mission or statement as to the joint process with the Consumer Advisory Committee in recommending plans to the Board.

Proposed next steps were summarized by Mr. Wadleigh. Committee feedback needs to be finalized. The next goal for the May Strategy Committee meeting will be to make a recommendation and as a group determine recommendations as to how to move forward. There have been conversations between Mr. Wadleigh, the Lt. Governor and Ms. Veltri as to how to move the process in a way that expresses the sincere gratitude the organization has for the work taken place to get AHCT to where it is today. A letter will be drafted for the Lt. Governor to review and discussed further. Once it is determined what the process should be, the letter will be sent to the Strategy Committee for feedback.

Mr. Tessier inquired about the committee member selection process. Mr. Wadleigh stated that there is more to come on the selection process. Mr. Ritter added that the Board Member co-chairs were involved in the past in looking at resumes and giving recommendations to the Lt. Governor.

IV. AHCT Strategy -- Update

Mr. Wadleigh thanked the AHCT Senior Leadership Team for their time in developing the strategy plan. Mr. Wadleigh has been discussing strategy with other states. Other states are utilizing external companies to develop their strategy. Connecticut's strategy will be a good template for other states.

As a collaborative group, very strong headway has been made on the vision. Under the vision, is the mission which is more detailed. This has been driven into the Advisory Committees. It will allow the organization to set goals for all staff members so that expectations are understood. Organization accomplishments were reviewed. Organization accomplishments in functional areas were reviewed.

Mr. Wadleigh summarized the strategic overview. The four pillars of strategy have been defined – data analytics; innovated solutions; customer support; and, education/engagement and were summarized. More detail was provided as to where the pillars are in supporting the organization.

Cecelia Woods left at 11:29 a.m.

Three year strategic initiatives were summarized – access to quality; deliver a positive customer experience; reduce disparities in health care; improve quality and cost transparency; and, healthier people, healthier community, healthier Connecticut. The appendix goes into more detail by department. Over the months of April and May, goals will be defined for each team member and incorporated into their annual reviews. From top to bottom, the mission and strategy fold in. Three years' worth of initiatives has been vetted out and work has begun. Peter Van Loon added that behind each initiative are a multitude of tasks to make the initiatives real. There is significant detail including tactical and measures.

Mr. Tessier commented on the enormous work surrounding preparation of the strategic plan and congratulated staff. Mr. Tessier referred back to outreach of the difficult to reach uninsured population thinking one piece missing is an outreach plan for that group. There is a component missing – person to person contact. Ms. Ravitz stated that there is now a push from enrollment to care. The focus is to partner with community leaders that will help with the marketing and communication strategies. AHCT will be partnering with a year-round outreach partner who will hire individuals to go into the communities. Research is important. The member census this past year will have an additional layer as to where the rest of the uninsured are and understand the reasons why.

Mr. Wadleigh added that future board meetings will have a topic related to the strategy and to get the group more in the know as to what is going on in the communities. Ms. Veltri stated that it is important to acknowledge work with partners across the state.

Mr. Philpott asked what the definition of “residents served” means. Mr. Wadleigh replied that it is not the same person and the number is cumulative and unique. Even though in draft form, the strategy is reflective that it is a great team and organization and congratulated the team. He feels that the one thing missing is affordability. Both the mission and vision statements have reducing cost engraved in them.

Dr. Scalettar complimented the team on the wonderful and thoughtful piece of work. Dr. Scalettar asked what can be done in the short term to remind everyone of where AHCT has been and where it is headed so as to inform and re-energize the board, membership and citizens of Connecticut. AHCT is a serious player.

Mr. Wadleigh raised the question as to what should be presented to the Board. From his perspective, there will always be feedback. The strategy will be shared with the community to let them absorb it and comeback as to how they can help our customers.

Dr. Scalettar asked if this should be presented sooner rather than later and it is agreed to present at April Board meeting. Mr. Tessier stated that Mr. Philpott is on the right track with

affordability and the topic should be explored further at the Board level and have a robust discussion.

V. Adjournment

Dr. Scalettar requested a motion to adjourn. Motion was made by Vicki Veltri and seconded by Paul Philpott. ***Motion passed unanimously.*** Meeting adjourned at 12:11 p.m.