



Strategy Subcommittee Meeting MEETING MINUTES

Location: Connecticut Historical Society
Date: March 3, 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;

Members Absent: Commissioner Katharine Wade

Other Participants

James Wadleigh; Shan Jeffreys; Susan Rich-Bye; James Michel; Ron Choquette

I. Call to Order and Introductions

Robert Scalettar, M.D. called the meeting to order at 10:02 a.m.

II. Review and Approval of Minutes

Robert Scalettar, MD requested a motion to approve the minutes from the February 4, 2016 Regular Meeting. Robert Tessier made the motion and Paul Philpott seconded. Dr. Scalettar requested that the minutes be amended to correct the spelling of the word "auspicious"; at the top paragraph on page 3, the second sentence be corrected to read "Covered California documents serve as..."; in the second paragraph on page 3, insert the word "create" between "would" and "its"; and, in the next line, change the word "amongst" to "among". ***Motion to accept the minutes as amended passed. Cecelia Woods abstained.***

III. Advisory Committees – Ongoing Discussion

Susan Rich-Bye provided an overview of the by-laws which govern the Advisory Committees. They are considered ad hoc committees of the Board. The Board has the prevue to create any ad hoc committees it feels are appropriate. State and federal statutes discuss the types of stakeholder input continuously required which has driven the types of committees AHCT had and the membership. The by-laws also provide for number of members; the makeup of board members for ad hoc committees; and, also what constitutes a quorum. By-laws also provide that the Board shall appoint and remove anyone to the committees. The Advisory Committees

*Connecticut's Health Insurance Marketplace
As approved by the Strategy Subcommittee
on April 7, 2016*

have remained somewhat the same with a few brokers added to the Brokers, Agents and Navigators Advisory Committee ("Brokers") last spring. Now is the time to determine what the needs are, what the committees are to be and their makeup.

Mr. Wadleigh summarized what has been driving the context of the Advisory Committees. The committees were originally organized when the organization was trying to create itself. Over the last year or two, there has been a waning of the use of the committees because the mission the committees had was focused on AHCT's creation. Staff feels it is time to redefine the committees, how many committees and the membership as well as what is the mission, roles and responsibilities and having more formality around the committees themselves. A number of chairs, co-chairs and members have come to staff requesting changes to the membership and mission. What is being presented is a draft. At the highest levels, a board member should be a member of each committee. One member from the Senior Leadership Team has been aligned to each advisory committee. Next steps would be for a board member and the Senior Leadership Team ("SLT") lead vet through the advisory committee's mission and current membership. Mr. Wadleigh is recommending that members bring certain skill sets to the table. Currently, some advisory committees have members who publicly are not supporters of AHCT. Ms. Rich-Bye added that some members have personal business interests contrary to the advisory committees' purpose. Dr. Scalettar added that another piece missing to redefining the advisory committees is the point of view of the members. He sees as there being three big buckets -- AHCT leadership, the Board and public. Paul Philpott added that one key item is that up until now there have been no term limits to serving on an advisory committee and is recommending a term limit so that the membership is rolling.

Mr. Tessier stated that there have been discussions regarding the makeup of the advisory committees. There have been different perspectives and perceptions of the committees by the Board, staff and members. Determining what has and has not worked would help in working towards goals. The Board needs the advisory committees to be able to meet AHCT staff needs and for the committee process not to be unduly burdensome but helpful. The first concrete step to accomplish is to determine what the process is to get this done. Ms. Woods stated that there is some obligation to those who have served a long time to ask them to see if they wish to continue serving.

Mr. Wadleigh summarized this is not meant to be a top down process and it has to start someplace. The next step is for the SLT lead to sit down with the board chair of the advisory committees to determine the process. Perhaps a global process should to be determined. There are different motivating and intrinsic factors that go through the process. AHCT really needs the advisory committees and it needs to empower them. The advisory committees need to be working committees making recommendations and proposals to AHCT. In years past, advisory committees have been driven more by AHCT.

Dr. Scalettar stated that in the beginning, the advisory committees were more a legislative requirement. Staff had limited time and hours to do the large, heavy lift. It was viewed more as a necessity as opposed to expanding the brain power. This is now understood, and reinvention of the committees should be considered in the best quality and spirit.

*Connecticut's Health Insurance Marketplace
As approved by the Strategy Subcommittee
on April 7, 2016*

Mr. Philpott feels that not everything AHCT does needs to mimic the private sector; however, it is important to note that in the private sector, one of tests of anything is relevance. In a fast changing environment, relevance is quickly lost. For the Brokers Advisory Committee, brokers and the AHCT broker staff are involved because it is relevant to what they do and a large piece of how on-exchange products are distributed. However, the navigator aspect has not been active. Mr. Wadleigh stated that the navigators will begin to come back. As AHCT hopes to continue to lower operating expenses, the goal is to free up investment dollars for other initiatives which includes creating a year round outreach program. There is an RFP that has been issued for year round outreach functions. Ms. Rich-Bye provided some examples of some issues that occur year round and how the year round outreach efforts could help educate the consumer. Mr. Tessier commented that it is imperative to have a targeted outreach strategy to the uninsured and ensure they understand their options. James Michel added that there is a certain population that receives information from different formats. There is a need to get into those communities and determine how to communicate to them. There is also a need to have people take better care of themselves and engage their doctor. Informing is the first step and action is the next. Ms. Rich-Bye added that the Feds are expanding the role of navigators now. Mr. Philpott stated that after the first open enrollment navigators did not have the same relevance so those committee members did not continue to participate in the meetings. However, the broker participation kept rising. If navigators are going to play in the distribution strategy then perhaps they should remain in the Brokers Advisory Committee but if it is about continuous outreach, which is more consumer related.

Mr. Tessier is concerned about existing committee members being consistently active and supportive. The question is whether to start a process or, where in the process, do we engage the committee memberships as they exist today. Mr. Wadleigh replied that next steps will need to be determined. Dr. Scalettar sees some structure and process points for proposed governance and most fit with what has worked and not worked in the past. There needs to be regularity to keep members engaged and valued and not requested to meet only when needed. There needs to be a commitment to meeting attendance. Staff support to the advisory committee process is critical. Mr. Wadleigh stated that AHCT will now need to be cognizant of when and where meetings occur. Dr. Scalettar added that perhaps each committee can come to their own separate conclusion regarding scheduling.

Dr. Scalettar turned the discussion to the immediate next steps. He suggested convening a meeting of each of the four advisory committees to revisit their mission. Mr. Tessier added that there is work that would be wise to do in advance of convening a meeting with outreach and communication with a few members of each committee. Dr. Scalettar added that there are two parts – determine documents to be distributed in advance such as a draft mission. The second part would be for the current chairs to call current members to determine if they are willing to continue to serve. Mr. Wadleigh suggested perhaps a letter from him and the Lt. Governor. Ms. Woods suggested adding to the letter whether the committee member wishes to continue to serve.

Discussion turned to combining the Small Business Health Options Program (“SHOP”) and the Broker Advisory Committees. Mr. Philpott recommended that the Broker and SHOP advisory committees continue as two separate committees. Mr. Choquette feels that it is all about the broker whether individual or SHOP. The SHOP committee is interested a bit on the individual.

*Connecticut's Health Insurance Marketplace
As approved by the Strategy Subcommittee
on April 7, 2016*

Navigators seem to be more a part of the Consumer Experience and Outreach Advisory Committee ("Consumer"). The broker piece has become even more relevant. Mr. Philpott commented that he had thought about combining the committees. The commonality is the brokers. The difference is that on the SHOP advisory committee there are people from the small business community or advocates for small business. The idea was for those members to weigh in on issues related to purchasing insurance for a small business. That part of the committee's mission is being outweighed by the broker side. Mr. Wadleigh stated that what he is hearing is that the composition of the committee should not be all brokers. Mr. Philpott stated that there is enough of a difference for now to keep them separate. The proposed committee member skill set was reviewed as well as the strategy. Mr. Ritter stated that this will have to be re-written to reflect keeping the committees separate. Dr. Scalettar asked if there is value in bringing the two together from time to time. Mr. Ritter added typically there have been combined meetings at certain times of the year. Mr. Choquette recommended perhaps having every other meeting be combined. Mr. Philpott added that there is a lot of crossover. For expertise, Mr. Philpott recommended rotating the carrier representation. Mr. Wadleigh added that there have been meetings with carriers and committee structure has been brought up to the carriers. He is looking to get Anthem and ConnectiCare representatives on the committees.

Turning to the name of the committee, Mr. Choquette recommended using just Broker Advisory Committee. Mr. Philpott recommended changing the name if there is not an ongoing navigator participation and unless the mission changes. Mr. Philpott suggested the next step would be for Mr. Choquette to bifurcate the recommendation because committees will remain separate and suggests sending the recommendation back to committee chairs.

Shan Jeffreys began the discussion concerning the Health Plan Benefits and Qualifications Advisory Committee ("Health Plan"). AHCT is now at a different stage. Looking through the current member roster, Mr. Jeffreys sees a lot of the members from experience stand points that are represented but is not sure how involved they have been. He does not think the overall vision and mission of the committee has changed except now with limitations around the actuarial value calculator and regulations, it starts to limit the ability to move levers. Some individuals with recommended skill sets are already included in the present roster. There needs to be carrier representation. There needs to be Connecticut Insurance Department engagement early on and the department does have some ideas. Another area to focus on from a strategic point is the view of the overall market across the country. There is a division in Wakely Consulting that looks at other states and seeing what is trending in the market. There needs to be earlier engagement and it goes back to relevance to make sure committee members have the information they need. Mr. Philpott views this group as a maintenance exercise for standard plans. This group can have real value by coming up with something disruptive. At some point, the affordability issue will come back around and AHCT will be asked what has been done about it.

Mr. Tessier reflected on the past year emphasizing communication to the committee and others as well. Critical to success is an effort in consistent communication and relations building on an ongoing basis. Further, he is open to industry participation and representation. There will be important stakeholders who may not want industry involvement. Mr. Jeffreys

Connecticut's Health Insurance Marketplace
As approved by the Strategy Subcommittee
on April 7, 2016

recommended provider representation from the back office side. Mr. Tessier suggested that an advisory committee chair not be a board member designee.

Mr. Wadleigh asks the strategy committee to think outside by looking at other foundations or think type organizations as well as industry representatives to reach out to. Mr. Tessier suggested universities.

Vicki Veltri arrived at 11:59 a.m.

Mr. Tessier requested a copy of the current Health Plan Advisory Committee roster from Mr. Jeffrey as a starting point.

Mr. Wadleigh revisited the next steps. Each of the AHCT Senior Leadership Team lead will meet with the advisory committee board member chair. Mr. Jeffreys will meet with Mr. Tessier and Mr. Ritter concerning the Health Plan Advisory Committee and look at the mission and recommendations for co-chairs and membership. Mr. Michel will meet with Ms. Veltri concerning the Consumer Advisory Committee. Mr. Choquette will meet with Mr. Philpott and Mr. Ritter concerning the Broker and SHOP Advisory Committees. Further, this is not meant to be exclusionary and other board members should be active in the discussion. Mr. Tessier is recommending speaking with the Lt. Governor once the recommendations and process have been determined and advise of the proposed next steps. From a timing perspective, Mr. Wadleigh asks that the meetings take place within the next month. Dr. Scalettar suggested providing some sort of questionnaire to current committee members. Mr. Tessier recommended thought as to the transition from the existing committees to the new committees including soliciting thoughts and ideas such as a combined meeting of all four advisory committees. Ms. Rich-Bye recommended creating a survey to get stakeholder input and interest.

IV. Long-term Strategic Plan Update

This agenda item was not covered.

V. Adjournment

Dr. Scalettar requested a motion to adjourn the meeting. Robert Tessier made the motion and Grant Ritter seconded. **Motion passed unanimously.** Meeting adjourned at 12:05 p.m.