



Strategy Sub-Committee Regular Meeting MEETING MINUTES

Location: Connecticut Historical Society
Date: April 9, 2015
Time: 9:00 a.m.

Members Present

Dr. Robert Scalettar; Vicki Veltri; Katharine Wade; Grant Ritter; Robert Tessier

Members Absent

Cecelia Woods

Other Participants

James Wadleigh; Chad Brooker

I. Call to Order and Introductions

Robert Scalettar, M.D., Chair, called the meeting to order at 9:02 a.m. Dr. Scalettar introduced Katharine Wade, Commissioner, Connecticut Insurance Department and welcomed Ms. Wade to the Committee.

II. Review and Approval of Minutes

Chair requested a motion to approve the minutes from the March 15, 2015 Regular Meeting. Motion was made by Grant Ritter and seconded by Robert Tessier. ***Motion passed unanimously.***

III. Metrics

Dr. Scalettar stated that it is expected that the metrics will be finalized and presented to the rest of the Board. James Wadleigh, CEO, stated that there were a few metrics that required additional information and that another metric was to be added. The takeaway from the last meeting was whether the metrics presented were the right metrics from an Access Health CT (AHCT) perspective to gauge organizational success moving the forward. Mr. Wadleigh suggested clarifying this at the next meeting. Another takeaway was why there are metrics conversations in the Strategy Committee meetings. Mr. Wadleigh stated that it is something the Board in total has wanted and it would start with the Strategy Committee before going to the Board.

Mr. Ritter stated that the Human Resources criteria needed to be fine tuned and some of the wording might need to be amended to add greater clarity. Further, Mr. Ritter added that the Board has also requested information as to the distribution of those consumers receiving subsidies versus not. Metrics have been requested as to race. Mr. Wadleigh stated that the expectation is for data to come out of survey coming out shortly that might provide greater information on those individuals who have signed up through AHCT. Mr. Ritter added that an additional metric was whether the consumer had insurance before or not. Dr. Scalettar reviewed the origin of the metrics conversation in order to update Commissioner Wade. The metrics surround the bigger picture and strategic plan. Mr. Tessier suggested a metric recap at the next Strategy Committee.

Dr. Scalettar stated that some of the strategic plan may need to be updated, but there may also be a need for a more private forum through which to discuss such. He suggested thinking on the horizon level over the next three years. Mr. Wadleigh stated that as the mission and vision is reviewed, the focus has been increasing the number of insured in Connecticut. Expectations need to be revisited and it is expected that the organization will continue to improve. However, in order to leverage the opportunities and relationships it will likely be a three year process. Mr. Wadleigh discussed that given the success and increased profitability of insurers, many states have considered an alteration of the medical loss ratio (MLR) caps in order to help control insurance premium costs. He also mentioned that other cost-saving strategies may also need to be pursued. Mr. Tessier stated that the full Board chose not to get involved with the negotiation of rates and maybe the Exchange may need to set different criteria on what plans should be approved to sell on the Exchange. Vicki Veltri added that one of issues is when criteria will be revisited for Qualified Health Plans to improve not only prices but the value of plans as well. She also discussed the use of Value Based Insurance Design. Mr. Wadleigh suggested that there should be a break out of a couple of different work streams in order to discuss the potential to pursue these strategic initiatives. He also discussed another improvement which is not often discussed in Strategy Committee meetings; the interactions with the Department of Social Services (DSS). AHCT still does not have an integrated strategic vision integrated with DSS. At times the mission is different. A common eligibility system is being used as a core to success and strategically it is critical for all. However, Mr. Wadleigh thinks that it is important to stress that AHCT is not the Medicaid agency for the state and that enrollment information and strategy for HUSKY members ought to be managed by DSS and not AHCT. Mr. Wadleigh anticipates that in two to three years the Department of Children and Families may want to come into the common architecture as well. The integrated pieces are all part of the strategy.

Mr. Ritter stated that at the last meeting, Mr. Wadleigh envisioned the call center no longer being with AHCT and moved over to DSS. Mr. Wadleigh replied that the State of Connecticut needs, from a pure call center perspective, a Tier 1 call center -- no matter what the issue is, i.e., Medicaid, SNAP, AHCT, this central location can help answer all of your questions. Then each organization can better focus on tier 2 and 3 support. There are conversations as to how to integrate better. Mr. Wadleigh pointed out that there tends to be an emphasis to use the resources of AHCT as they would not implicate the budgetary considerations of the impacted state agencies. However, increased negotiations with DSS are undergoing. This includes working on ensuring that our call center vendor has improved and better managed core SLAs to ensure that value is being delivered. Considering that there are about 100,000 calls a month, there is a great opportunity for improving SLAs and the information that is being transferred to the consumers. There is discussion with other states as to

how to collaborate on a call center, especially considering that many of the surrounding states are using Maximus as their vendor. A consultant has been hired to review and discussions are beginning with Maximus. Further, other states are craving call center discussion on collaboration efforts and many other states are using Maximus. There may be opportunities to lead the region.

Mr. Ritter discussed a growing issue in the enrollment of Medicare eligible persons onto the exchange. Mr. Wadleigh did express that this is an issue that AHCT is working with CMS and with the IRS in an attempt to help these persons transition onto Medicare through a special enrollment period and to ensure that these persons will not be subject to a late enrollment penalty. Mr. Wadleigh asked Chad Brooker to share with the committee some of the eligibility parameters issues that the exchange is seeing and what AHCT is doing or can do in order to help curtail the enrollment of these persons who may not be eligible for the coverage offered through AHCT and to ensure that consumers are better informed.

Mr. Wadleigh shared that one of the major organizational goals is member/enrollee education. Retention is a topic with carriers such as ConnectiCare as well as how the consumer can enroll with a primary care physician. Ms. Veltri stated that it needs to go beyond the carriers. AHCT is a trusted messenger. Mr. Wadleigh further added that retention; carrier outreach; and, community outreach should all feed up to a strategic vision where AHCT may be a piece of that initiative. Mr. Wadleigh shared recent focus group results. Consumers do not want to be educated on healthcare especially the younger population.

Dr. Scalettar stated that the three pieces of education following enrollment are: (1) does AHCT have a role in insurance literacy; (2) what is AHCT's role around health literacy which is distinguished from health system navigation; and, (3) health system navigation (use of coverage). Katie Wade stated that there are lots of components to consumer education including what is driving health care costs; how do benefits work; what happens when a bill comes from an out of network provider. This cannot be done as a single agency and there needs to be collaboration. It is very important to CID to educate consumers and is open to those conversations. Ms. Veltri added that a lot of work is being done behind the scenes as to how to facilitate efforts to get quality measures to track statewide. This includes work with community health workers, the SIM initiative, Choosing Wisely and many other organizations ... the exchange being one mere part in the process. Dr. Scalettar was concerned about having to wait another two years for the SIM initiative to be able to impart a change on the health market. Dr. Scalettar asked what can be done today that can begin to address some education issues. He used Choosing Wisely as an example and how it can create connections with other organizations. Ms. Veltri recommended having the Navigators as a year round education vehicle. Mr. Tessier stated he would like to see enrollment results by location and the strategy for next year's open enrollment so that the most robust system can be built to get into those communities at the real grass roots data. Mr. Wadleigh stated that the data is available.

Dr. Scalettar asked how does AHCT get the carriers to connect the dots on education. Mr. Wadleigh replied that each carrier has a different culture and strategy that bisect AHCT goals.

Discussion turned to QHP certification criteria. Dr. Scalettar suggested that the carriers should be required to have some sort of ongoing active Choosing Wisely program or pilot. Mr. Tessier supports the suggestion but a starting point could be asking senior level AHCT staff and Commissioner Wade to

engage the carriers as to their overall strategy to help bring down cost. Ms. Veltri stated there is carrier strategy discussion in SIM and suggested asking the carriers to contract so that cost coverage goes down. Mr. Wadleigh asked if it would be helpful for each carrier to come in and discuss the direction of their cost-containment strategies. Ms. Wade discussed that a number of strategies are being pursued by the carriers and that they are attempting to leverage a number of strategies to see which ones prove most efficient. Ms. Veltri replied that a lot of that is being done in the SIM vehicle, but that there might be opportunities to require certain things such as site neutrality to help reduce costs. Mr. Wadleigh recommended giving carriers a voice in this process. Ms. Veltri sought that the Board define what criteria is best for the residents of the state. She did clarify that it would be discreet, concrete requests of the carriers such as by adding requirements to their carrier contracts with the exchange to include certain items that can drive immediate changes. Mr. Tessier suggested that since it is too late this year, it is not too late to begin the discussion at the board level and maybe even in carrier plan development with the understanding that the Board may require certain items a year from now. Commissioner Wade stated that there is a need for a level of understanding as to what is currently in place to help policy making for the future. Mr. Wadleigh stated that AHCT's role in this process needs to be determined by the Strategy Committee. Dr. Scalettar stated making Choosing Wisely, as an example, a QHP certification criteria, and possibly require that all carriers embrace Choosing Wisely in order to satisfy new QHP requirements. Mr. Ritter was concerned that these initiatives might increase the cost to the plans available inside or outside of the exchange and could cause enrollment to flow into lower cost products outside of the exchange. Dr. Scalettar said that a number of carriers are embracing these strategies so there are metrics out there. Mr. Brooker added that beginning in 2016 most exchange carriers will be required to institute a quality improvement strategy ("QIS"). He expressed that part of a QIS is a derivative of a Medicare Shared Savings Program-like model that provides increased reimbursement or other market-based incentives associated with quality of care that can work to lower overall costs of care and increase health outcomes. This would not have to be implemented by AHCT as it is a federal mandate. AHCT contracts for this year require that carriers share with AHCT what steps have been taken to establish the QIS.

Actions Steps:

1. Presentation to Board as to ACA quality and cost requirements – Chad Brooker
2. QHP Certification planning going forward tying in with the ACA – Julie Lyons/Chad Brooker
3. Carrier conversations regarding education efforts – Jim Wadleigh
4. Cost and quality work done by carriers through SIMS – Vicki Veltri
5. Revisit Metrics with comments back to Jim Wadleigh – Strategy Committee Members
6. Discussion on education/insurance literacy as a whole project

Dr. Scalettar added Consumer Reports has done an excellent job on education including insurance literacy and should be reviewed –Choosing Wisely is a small piece of this project. Ms. Veltri has a list of organizations that can be included into this effort.

IV. Adournment

Connecticut's Health Insurance Marketplace
As approved by the Strategy Sub-Committee
on June 11, 2015

Chair requested a motion to adjourn. Motion was made by Robert Tessier and seconded by Vicki Veltri. ***Motion passed unanimously.*** Meeting adjourned at 11:02 a.m.