Strategy Sub-Committee Special Meeting
MEETING MINUTES

Location: Legislative Office Building, Room 1B
Date: July 13, 2015
Time: 10:00 a.m.

Members Present
Dr. Robert Scalettar; Vicki Veltri; Paul Philpott; Grant Ritter; Robert Tessier; Cecelia Woods

Other Participants
James Wadleigh

Members Absent
Katharine Wade

I. Call to Order and Introductions

Dr. Robert Scalettar called the meeting to order at 10:04 a.m.

II. Review and Approval of Minutes

Dr. Scalettar requested a motion to approve the minutes from the June 11, 2015 Regular Meeting.

Paul Philpott made the motion and Cecelia Woods seconded. ***Motion passed unanimously.***

III. Annual Calendar of Decision and Board Reviews

Dr. Scalettar began the discussion with process and structural issues. One of the suggestions is the idea of a calendar of decisions. James Wadleigh stated that Boards in other states are utilizing a calendar of events. Many Access Health CT (AHCT) activities are repetitive. This will also allow the community to see what is anticipated. Discussion turned to the board decision of approving plan design and the antecedent events and interdependencies. Robert Tessier added that there will be a need for staff input and review into the calendar and the Advisory Committees process needs to be built in to the timeline.

Vicki Veltri added that Qualified Health Plan criteria needs to be added into the timeline to see if there should be any changes. Mr. Wadleigh added that during the summer details need to be vetted with detailed conversations and the carriers in play. Work should begin in April walking through to September or October so that when January approaches, discussion can begin about

plan design. Mr. Wadleigh believes that this is an opportunity. Mr. Tessier added that this year part of the process should include taking into account and begin to plan to address the provisions of Public Act 15-146 which strongly recommends that the Exchange begin to encourage use of tiered networks. This now gives the Exchange specific direction. Mr. Wadleigh replied that there is some time before this implementation. These will be topics for discussion with different committees. Discussion took place regarding a resource to track the different topics. Dr. Scalettar asked Mr. Wadleigh to work with staff to map critical topics.

Paul Philpott added that with regard to plan design there are a couple of elements. There are actuarial factors. Mr. Philpott is more interested in what as a Board or what AHCT can do to impact affordability, access, etc. If there is some point in the process where these types of discussions can be had, this fulfills what the Strategy Committee ought to be doing. Finally, the entire rate making process including the Wakely review should be included on the calendar. Mr. Wadleigh replied that in the future, it is hoped that the Connecticut Insurance Department (CID) can be leveraged for the rate review. Mr. Tessier pointed out while there is nothing AHCT can do to affect the rates at filing, AHCT can establish criteria that will allow the Board, once rates have CID approval, to review the approved plans and make decisions about whether or not they can be offered through the Exchange based on affordability. This is a potential review process that the Board has elected not to pursue preferring in the early years of the exchange to support the rate review process at CID. This is a valid review and criteria process that can be established. Ms. Veltri stated that there was criteria set in the past and if a plan is too high, the Board can reject a plan.

Mr. Philpott added that in his view, Wakely should not necessarily simply look over CID's review to check the math. However, there are certain items he would be interested in Wakely reviewing such as what is the utilization "in" the exchange versus "outside" the exchange. Mr. Wadleigh added that Commissioner Wade has this data which is required in the carrier submissions. The carriers are reimbursing the providers for Exchange customers at approximately the Medicare Plus rates. Mr. Tessier asked Mr. Philpott that for the utilization comparison would it be both individual and small groups "in" and "out" of the Exchange or just broad benchmarks statewide. Mr. Philpott replied that one method is the utilization of the block of exchange business that is going through the tighter network and tighter formulary versus the utilization of the block that is in the broad network and more liberal formulary. This is a more strategic item. Mr. Wadleigh added that a staff member will work with CID and then follow up with a joint presentation. What is preventing providers from joining the Exchange network are the low reimbursement rates. Mr. Philpott added from a marketing perspective it is difficult to market a tighter network and formulary. If utilization is the same, the premium should reflect that.

Mr. Tessier reminded the Committee that another tool is the All Payer Claims Database (APCD). AHCT should have its own source of data and information. If there are differences in data interpretation, then additional conversations can be pursued with more information rather than less. Mr. Wadleigh added that from an analytics perspective – how should the organization be reshaped to be able to become more analytically driven. Mr. Philpott stated that it will be important to properly frame the assignment for Wakely. When CID looks at rates, there are differences at review based on the differentiation between an indemnity company and a managed care company limiting what CID can do.

Dr. Scalettar suggested that it would be valuable to have the Board members speak with Commissioners Bremby and Wade as to critical issues because of the work with AHCT. The commissioners have offered their time.

Mr. Wadleigh reminded the Committee that the federal government sets the open enrollment period and ultimately can change that period. Dr. Scalettar suggested setting out the processes followed by the actual dates. This will give an understanding as to the flow and challenges.

IV. Annual Projects List

Dr. Scalettar continued with the projects list – what they are and responsible party. This includes budget and priorities. Mr. Wadleigh replied that generally in a large scale organization once a budget is finalized work begins on the next year's budget. There is a list prioritizing work with the Department of Social Services for this year. Question is when does the process start for next year. Other projects include reducing organizational costs. With regard to the calendar, when does the process start for next year. Planning year is from January to December but from a financial perspective it is July to June. Mr. Wadleigh provided the definition of prioritized projects which are IT items such as system changes. These require financial investment. Further projects include business projects internally. If they require an IT investment they are on the IT list. There are other business projects not IT related such as 1095A and change of income for DSS clients transitioning to AHCT. Mr. Tessier asked for a draft project list for both IT and non-IT for the Strategy Committee.

Mr. Philpott believes that a project list should be such items as the Wakely review; mission related to health status; open enrollment time period. Board has a responsibility to measure the level of risk for the organization and Mr. Philpott added that he would like that information. Mr. Philpott suggested a staff person dedicated to keeping the special projects moving forward. Dr. Scalettar stated that a strategic opportunity would be which items to be tracked are a priority. Mr. Wadleigh agreed adding that the next step will be 1:1s with board members revisiting AHCT's mission and getting consumers enrolled.

Ms. Veltri suggested that the Board have a picture Access Health CT's direction and how it interfaces with funding. It would be a benefit to have a presentation as to the direction and how the state's responsibilities interface with the Exchange.

V. Dashboard of Key Metrics

Dr. Scalettar suggested that a good starting point to understand would be what the required reporting requirements of AHCT are to CCIIO and the State of Connecticut; metrics used to manage the internal day to day operations of AHCT and from those three areas pick and choose the key items that become the composite or identify any items absent to track the success of AHCT.

VI. Revisit Committee Structure

Mr. Wadleigh began the conversation concerning the number of committees and the expectation that AHCT is running the committees. It had been decided that the Chairs would drive the meetings. There is confusion as to what are the roles of each of the committees and who directs the subcommittees. There is the question of merging committees and changing the members bringing in new thought process into some or all of the committees. Mr. Philpott asked if it would be beneficial to invest in an individual to keep strategic projects coming out of the Strategy Committee moving between meetings. Is it worthwhile to invest in this type of dedicated support. Mr. Wadleigh stated that there should be a focus on efforts which is currently working on consumer issues. Mr. Wadleigh referred back to the yearly calendar which should be tied back to the budget. Ms. Veltri suggested combining committees or getting more board members to participate. Cecelia Woods stated that particularly with the Consumer Committee she would like to see it re-energized. Mr. Ritter added that it was the amount of work the committees have. There is a suggestion to merge the Agent, Broker and Navigator and SHOP Committees which should be discussed.

Dr. Scalettar requested that Mr. Wadleigh and AHCT staff to focus on Agenda items 3, 4 and 5 particularly 3 and the process maps. Dr. Scalettar also discussed how to bring the Strategy Committee efforts to the Board beyond the brief updated provided at Board meetings.

VII. Adjournment

Motion was made by Robert Scalettar, MD to adjourn the meeting. Motion was made seconded by Paul Philpott. ***Motion passed unanimously.*** Meeting adjourned at 12:01 p.m.