



Strategy Sub-Committee Meeting MEETING MINUTES

Location: Connecticut Historical Society
Date: March 12, 2015
Time: 1:00 p.m.

Members Present

Dr. Robert Scalettar (Chair); Anne Melissa Dowling; Grant Ritter; Cecelia Woods

Members Absent

Vicki Veltri; Robert Tessier

Other Participants

James Wadleigh; Tamim Ahmed

I. Call to Order and Introductions

Dr. Robert Scalettar opened the meeting at 9:02 a.m.

II. Review and Approval of Minutes

Chair requested a motion to approve the minutes from the October 9, 2014 Special Meeting. Motion was made by Grant Ritter and seconded by Anne Melissa Dowling. ***Motion passed unanimously.***

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III. Update

Tamim Ahmed, Executive Director, provided a broad overview on APCD activities in the areas of data collection; development of a mission statement; data analytics and reporting; strategic direction from legislative mandate; price transparency; designing price transparency information; web reporting timeline; data privacy and security subcommittee activities; and short and long term road maps for APCD.

Dr. Scalettar asked about HealthyCT being omitted as an incoming data submitters slide. Mr. Ahmed replied that HealthyCT requested a registration waiver based on 2014 eligibility because

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As approved by the Strategy Sub-committee
on April 9, 2015*

they were well below the 3,000 lives threshold. When HealthyCT does the registration this year, that level will have gone up over 3,000 lives and it will be required to be on that list.

Mr. Ahmed discussed the data submission timelines and the progress that submitters are making to be able to submit data. Mr. Ahmed explained that the APCD is moving with the assumption that the submitters will be able to start submitting test data between 3/25/15 and 4/24/15. Dr. Scalettar asked if the data submission timeline dates will hold based on the time it took to execute a contract with our data vender. Mr. Ahmed replied that not all carriers are moving at the same pace. Mr. Wadleigh added that a deeper security review is occurring adding that a different vender has been deployed to do an evaluation pushing heavily on the timeline dates. Mr. Wadleigh further added that it is critical that the correct processes and procedures are in place causing some of the dates to move to the right a little bit. Anne Melissa Dowling asked if any self-insured plans are willing to voluntarily submit. Mr. Ahmed replied no, but that the APCD is ready to accept the data should they choose to submit. Mr. Ahmed did state that some carriers do not have ASO data. Mr. Ahmed further stated that state plan data is included in the group of submitters. Mr. Wadleigh added that it may be helpful to show what percentage of Connecticut residents the APCD data collection captures.

Focus groups have been conducted to determine what kind of web reporting would be provided to the public. A mission statement has been crafted stating that the advisory group will be allowed to provide strategic direction in choosing what sort of reports will be created for population health, price transparency, disparity of care and healthcare determinants for consumers. Several reports have already been selected to produce, but there will be between 10-15 such reports that will cover areas to be decided upon by the advisory committee. Short term and long term roadmaps were reviewed. Mr. Ritter asked if a template has been developed for the web environment. Mr. Ahmed replied that focus groups were held to determine what consumers are looking for. Mr. Ahmed also confirmed that the data collected is more detailed than just what the focus group requested. Ms. Dowling asked that telemedicine be added to the data if that access is possible since that is being used by CID to assess network adequacy. Further, she is concerned as to data being socio-economically skewed being that it relates to people who can pay. Mr. Ahmed replied that APCD is trying to incorporate commercial data the first year and hopefully collect DSS data next year. Medicare data collection has been approved by CMS and will be incorporated after we are past the first hurdle. Medicaid will hopefully be included in the second year.

Mr. Wadleigh provided a brief update on Access Health Exchange Solutions (AHES). Mr. Van Loon has been dedicated to going out and meeting with as many states that will talk with AHES. The discussion has been wrapped around shared services with the goal of reducing operating expenses and making the exchanges sustainable. In the first week of April, all of the State Based Marketplaces will be meeting in Denver to discuss shared services. These activities will continue to gain momentum until the Supreme Court issues its decision. There have been meetings with states to discuss running their exchange. Ms. Dowling asked about the collaboration with Maryland. Mr. Wadleigh replied that AHCT is acting as a consulting agency to Maryland. Mr. Wadleigh reported that he believes that at the Board meeting, Maryland's enrollment quadrupled after adopting the AHCT system and our consulting activities. Mr. Wadleigh made reference to moving our environments into "the cloud" and how this untethering will allow us to better serve our efforts internally and with the states we are looking to collaborate with. Further, there may be additional opportunities with other big national firms.

IV. Metrics

Mr. Wadleigh stated that the Strategy Committee has proposed a number of high level metrics and goals that the committee and then eventually the board can track. Dr. Scalettar wanted clarification as to what the critical metrics the committee or the Board may want to see and what management may need to see. Another area Dr. Scalettar was concerned about was rewarding performance with some kind of modest bonus system to reflect the quasi-public sector and where the metrics, if any, fit into that thinking as well. Mr. Wadleigh stated that the Board tasked him and Melinda Brayton, Director, Human Resources, to come with what would be called a variable compensation process which is still being researched. Ms. Dowling added that there should be a metric of financial sustainability and should be the number one goal adding that variable comp should not be funded from assessments. Mr. Wadleigh replied that the assessment is the only revenue. Ms. Dowling asked as to what is the goal for revenue. Mr. Wadleigh replied that there are two revenue streams including Medicaid reimbursement and carrier assessment adding that currently the assessment is not covering the work related to carriers.

Dr. Scalettar left at 10:01 a.m.

Ms. Dowling asked about clarification of strategic goals versus operating goals with a lot of the metrics appearing to be operating goals. Mr. Wadleigh replied that metrics were created as a base line and were requested by the Committee. It was recommended that these be presented to the full board.

Metrics were reviewed in the areas of human resources; operations/call center user satisfaction; member retention; website user satisfaction; net promoter score; 2015 open enrollment goal; finance; and, SHOP. Ms. Dowling asked how the member retention goal was determined. Mr. Wadleigh replied that it was from conversations with various carriers. Ms. Dowling further asked that the source of the goal be cited. Mr. Ritter added that the source attrition should be determined. Ms. Dowling suggested that a human resources goal to be added in the future would be an employee survey.

For the open enrollment goal, Mr. Wadleigh stated that he would like to incorporate the Connecticut uninsured rate. There is a question as to how the uninsured rate is being measured in comparison to Massachusetts. Ms. Dowling recommended that the uninsured rate should be within the individual or small group markets.

Discussion turned to finance metrics. Ms. Dowling suggested that an YTD column be added, since it is on an AHCT budget year not a calendar year, and to add a sustainability goal metric.

SHOP currently has a new focus. There is a new broker strategy and the goal to go out to the broker community to propose new things. Open enrollment for SHOP is year-round. A number of big individual brokers are coming back because they are starting to sell small business. From a strategic perspective, the challenge will be the SHOP customer not going directly to the carrier. Marketing materials will reflect the advantage of purchasing through AHCT hoping that it will be viewed as a trusted advisor. The opportunities will come from the legislative pieces pending as well.

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Access Health Exchange Solutions metrics were reviewed. Revenue in the amount of \$250,000 has been received resulting in a \$150,000 net. A revenue goal will be added.

Mr. Wadleigh provided strategic perspectives which include AHCT's tie in with SIM, HIT, APCD and the reinsurance pool. A conversation with Massachusetts as to whether a regional reinsurance pool can be created has taken place. Further strategies include sustainability, DSS/AHCT delineation, education and a SHOP regional exchange.

V. Adjournment

The meeting adjourned at 10:53 a.m.