



Strategy Sub-Committee Regular Meeting **MEETING MINUTES**

Location: Connecticut Historical Society
Date: Thursday, March 13, 2014
Time: 2:00 p.m.

Members Present

Dr. Robert Scalettar; Vicki Veltri; Cee Cee Woods; Anne Melissa Dowling; Ted Kennedy, Jr.

Members Absent

Robert Tessier

Other Participants

Kevin Counihan; Tamim Ahmed

I. Call to Order and Introductions

Dr. Scalettar opened the meeting at 2:19 p.m.

II. Public Comment

No public comment

III. Review and Approval of Minutes

Dr. Scalettar requested a motion to approve the November 13, 2013 minutes. Veltri Veltri made the motion and Grant Ritter seconded. Motion passed unanimously. It was noted that Grant Ritter was not a member of the Strategy Committee in November, 2013.

IV. State Innovation Model

Vicki Veltri provided an update on the State Innovation Model (SIM) plan which was submitted on December 31, 2013. Plan is complex and robust. The next activity is the possible \$35 million to \$50 million funding opportunity announcement from CMMI which is not expected until March. Mark Schaffer is now directing the grant as Director of Health Care Innovation. A newly composed steering committee has been increased to include more representation from providers and consumers and has been involved in working with the newly reconstituted advisory board to ensure there is heavy consumer engagement. The consumer advisory board has put out solicitation to get consumers and consumer advocates involved in both the board and four work groups set out in the innovation plan. Consumer advisory board is in charge

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on May 19, 2014*

of recruiting, vetting and recommending consumers and consumer advocates to all those groups. Providers are also being solicited for provider practice transformation, quality council and the diverse membership of those groups. Governor Malloy has included \$3.2 million into the OHA budget for SIM that represents nine full time permanent positions and \$2.2 million surrounding other expenditures. A survey will be created with the help of UCONN and the Connecticut Department of Public Health and will be part of the annual licensure process. A website will be launched that is SIM dedicated.

Dr. Scalettar asked for the timeline as to the funding opportunity as well as the actual implementation timeline since it is synced with AHCT. What items are imagined as part of the SIM grant? Ms. Veltri replied that the timeline as it is understood is to be that the funding opportunity will come out with a three month response time. There is a lot of ground work especially with practice transformation. The timeline has now shifted but the goal is still to implement in July 2015. AHCT, APCD and Choosing Wisely will play a role. NIPA may still be involved throughout the SIM process as well as plan designs.

Grant Ritter asked if there is acceptance from the physicians. Ms. Veltri responded that there are physicians in workgroups and steering committees and APRNs will be added. A medical doctor will be hired part time to lead a medical practice engagement effort. Primary care physicians are well engaged but have not all bought into it. Harder groups to sell are the specialists. There is a sense that there is a fear of a change of the model to fee for service plus value and a shift towards more primary care leading to less specialist care.

Ted Kennedy, Jr. asked whether the \$3.2 million in the Governor's budget is contingent on the state being awarded the grant. Ms. Veltri replied that it is not contingent and is a regular budget item. The state has to show its commitment and the \$3.2 million is good evidence of that. There is also \$1.9 million in bonding for HIT. There was also a \$2.8 million model design grant. Dr. Scalettar inquired about the practice survey and whether it is incorporated in the yearly licensure. Ms. Veltri replied that Mr. Schaffer will be able to provide more detailed information. The initial licensure survey will serve as a baseline.

V. Review of Core Strategic Initiatives

Mr. Counihan provided an AHCT Performance Update. Enrollment is strong at 160,589 as of March 12, 2014. It is found that enrollment is approximately 2,000 per day with approximately 600 enrolling in QHPs. Connecticut does not feel it will have a large surge and believes total enrollment will be at about the 170,000 to 180,000 mark with QHPs at about 70,000 to 75,000 thousand. Cost of sales at the retail stores is approximately \$196 per enrollee which is significantly lower than expected. A third store may be opened in Fairfield country in the fall. The satisfaction survey as of February 25 showed 92% satisfaction with 70% extremely or very likely to recommend Access Health CT to a friend or colleague. The *New York Times* showed that for the fifth consecutive month, Connecticut lead the country as a percentage of goal at 218% compared to approximately 75% to where the federally run exchange currently stands. A summary of plan enrollment s in Connecticut versus the rest of the country was provided.

Mr. Counihan indicated that the numbers represent those who enrolled. Paid premium for January is approximately 90%; paid premium for February is approximately 70%. Anne Melissa Dowling indicated that not all payment numbers are firm. Mr. Counihan added that these numbers are approximately 10% higher than other states.

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Mr. Ritter asked how many of those enrolled are new and did not previously have health insurance. Mr. Counihan replied that there is a Connecticut analysis by a Boston consultant and he contends approximately 30,000 to 40,000 are newly insured. It is unsure as to where this data comes from.

Mr. Kennedy asked what percentage of consumers are logging in and enrolling online versus navigators versus storefronts. Mr. Counihan replied that broadly speaking 76% of consumers are coming in on line including brokers, assisters or direct; 22% are coming through the call center; 2% are coming through paper. Broker enrollment is approximately 30% with approximately 22,000 coming through the IPAs.

Ms. Veltri asked if there has been any communications from providers concerning the grace period and if there is anything that can be done to address this issue. Mr. Counihan replied that this is a provider concern nationally. Grace periods are very liberal and can run up to 90 days.

Dr. Scalettar asked who is getting the message out regarding the enrollment penalty. Mr. Counihan responded that a public service announcement (PSA) is being filmed with Senator Murphy. A press conference will be held to raise awareness and is meant to be more educational. Ms. Woods asked if there is any possibility of deferring the penalty. Mr. Counihan replied no. AHCT computers, however, have been programmed to allow open enrollment to run until the end of May. There have been 1,200 enrollees through the new Spanish website.

Mr. Counihan reviewed the Board approved strategies for the next three years. Exchange business process outsourcing strategy was reviewed. One state appears to be interested in the code. A federally facilitated marketplace (FFM) state will be coming to Connecticut for their back office work. There is an opportunity for revenue and reduce costs of doing business and AHCT is extremely sensitive to this. The timeline for the BPO was reviewed. Consumer education and empowerment was reviewed.

Ms. Woods asked when open enrollment begins again. Mr. Counihan replied that the federal exchange open enrollment begins November 15 and ends February 15 while the state based exchanges have flexibility. The AHCT Board could decide to change it. Dr. Scalettar asked with regard to the education needs that if education is going to be a core strategy or a larger statewide resource. Mr. Counihan stated that it is proposed to be a larger statewide resource. Ms. Dowling suggested a centralized education resource. The third core strategy is APCD – promoting delivery system change through information and analytics. Metrics and timeline was reviewed. Tamim Ahmed, Executive Director of APCD, provided an APCD update. Ms. Dowling asked about the APCD financial model. Mr. Ahmed responded that rules and regulations will be firmed up to determine the user fees and conditions.

VI. Choosing Wisely

Mr. Counihan provided an update on Choosing Wisely. Choosing Wisely was initiated by the American Board of Internal Medicine and Consumers Union. It is focused around being a patient centered mechanism to help drive more value in terms of provider practice patterns, how to select a physician, types of dialogues to have with physicians, etc. AHCT's retail stores can be an effective way to implement Choosing Wisely. The Donohue Foundation, Universal Healthcare and others have also combined to create their own affiliation. The medical director for the program is coming to Connecticut in April to meet with the Connecticut State Medical Society Board to discuss Choosing Wisely and to help solicit some physician leadership which is critical to its success. Ms. Veltri added that there have been discussions in the SIM

process surrounding Choosing Wisely. The program would try to eliminate unnecessary provider treatment if at all possible but also to engage the providers to doing it themselves.

VII. Networks and Quality

Dr. Scalettar wants to assure the greatest value of the exchange health plans to its members. In reviewing the original QHP application, Dr. Scalettar stated that he was mindful that there was a lot to learn. Mr. Counihan indicated that recertification criteria will be presented to the board on March 27. Dr. Scalettar asked what role AHCT has in being a supporter of value based purchasing; and, what are carriers doing to promote quality of care and service to enrollees. Ms. Veltri indicated that this does piggy back on SIM and there needs to be a cohesive path. Mr. Kennedy stated that plans that are administering the insureds are complying with concerns and asked for specifics. Ms. Dowling stated that what can be looked at is defining network adequacy as a real holy grail. The carriers are interested in having conversations concerning offering many plans with narrow networks. Carriers can then offer plans with much lower premium. The second issue is what is expected of reimbursement rates. The Strategy Committee could look at how to define adequacy. Ms. Veltri stated that network adequacy is more of whether providers are accepting new patients. Mr. Counihan stated that in November of 2012 the AHCT board approved standard plans with networks substantially similar to the network in the most popular commercial product -- 80 to 85%. Mr. Counihan suggested that network adequacy is a strategic issue and can be addressed by the Committee.

Mr. Ritter asked if an exchange product is also offered the exchange, the premium price has to be the same; do the networks have to be equal; and, do the payments have to be equal. Mr. Counihan replied that premium price has to be the same if all things are equal. Mr. Ritter further asked for examples. Ms. Dowling stated that the exchange networks are 6.7% less expensive based on the network. Mr. Counihan added that the PPO option with Anthem is very expensive and not offered on the exchange. Mr. Counihan asked Ms. Dowling if there was any sense from the carriers as to whether they have added net new lives. Ms. Dowling stated that the carriers would not know if they took an enrollee from another carrier. Further, Ms. Dowling stated that the data is probably not available until enrollment is completed.

Mr. Counihan stated that issues on quality and metrics are important and further commented that SIM may be the group to focus on quality and metrics. Mr. Kennedy stated that perhaps some firms could be identified that could actually be consultants to SIM or AHCT to assist with the quality and metrics. Ms. Dowling stated that the NCQA has offered to come to Connecticut free of charge to brainstorm. Mr. Ahmed added that a lot of this data can be done through APCD.

Dr. Scalettar asked if the carriers offering products on exchange have the same attributes as those off the exchange. Mr. Counihan replied yes. Mr. Counihan added that recertification criteria will be sent out to the strategy committee and board members. The plan is to bring new plan designs to the board on March 27.

VIII. Adjournment

The meeting adjourned at 4:10 p.m. Motion made by Vicki Veltri and seconded by Cee Cee Woods.
Motion passed unanimously.