*As approved by the Strategy Subcommittee*
*on February 4, 2016*

# Strategy Sub-Committee Regular Meeting
# MEETING MINUTES

Location: LOB, Room 1B
Date: November 12, 2015
Time: 10:00 a.m.

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

**Other Participants**
James Wadleigh

**Members Absent**
Katharine Wade; Vicki Veltri

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## I. Call to Order and Introductions

Dr. Robert Scalettar called the meeting to order at 1:00 p.m.

## II. Review and Approval of Minutes

Dr. Scalettar requested a motion to approve the minutes from the August 27, 2015 Regular Meeting. Grant Ritter made the motion and Robert Tessier seconded. ***Motion passed unanimously.***

## III. 2016 Strategy Committee Meeting Schedule

A proposed list of meeting dates was provided. Dr. Scalettar proposed meetings take place from 10:00 a.m. to 12:00 a.m. The schedule will be posted.

## IV. Review of Advisory Committees

Dr. Scalettar provided a brief overview of the formation of the Advisory Committees. Robert Tessier requested the actual Affordable Care Act language which addresses advisory committees. It was a challenging task in the first year and going forward has been a relatively easy task with credit to the staff for presenting the options in ways that have been helpful for Open Enrollment years two and three. The stakeholder advisory role should be retained going forward.

Cecelia Woods added that in terms of the Health Plan Benefits & Qualifications Advisory Committee (HPB&Q), the key focus was defining the plans with the Consumer Experience and

Outreach Advisory Committee (Consumer). Now, the Committee serves more as a reviewer further adding that the definition of this Committee perhaps should be changed.

James Wadleigh suggested that the HPQ&B be tasked with how to disrupt the marketplace for the betterment of the consumers and should start moving away from certification and decertification. Mr. Wadleigh reiterated the importance of this Committee. Grant Ritter suggested diving into network adequacy adding that nationally it is a large problem. Paul Philpott stated that it is whether it should be a maintenance approach such as tweaking plan designs and deductibles while market disruption could be a goal by keeping the benefits the same and reducing premiums by 15%. The HPB&Q needs to determine if market disruption is a goal or whether it would continue in a maintenance role. Mr. Wadleigh stated that the Committee should update its mission and make sure the right people are on the Committee. Mr. Tessier stated that this would be a conversation for the Committee itself. He further thinks that as long as the actuarial calculator gets changed annually, there is a level of maintenance which is an annual process. Mr. Philpott clarified that the Committee should be left as is. Mr. Tessier added that it is very much the unknown as to how to disrupt and one thing that has changed is that the entire provider community profile has changed. Mr. Philpott would be curious as to how instructive the All Payer Claims Database tool will be. Some of the disruptive products may not cover the entire state and should not be a reason not to do it.

Dr. Scalettar summarized that the HPQ&B as initially formed did a good job. But now the HPB&Q was an area for some ideas to move towards affordable and quality healthcare. That would be work going forward. Dr. Scalettar looked at the current list of Committee members and whether the membership needs a new skill set.

Mr. Ritter asked if there is anything that can be done with the carriers short of decertifying to get the carriers to move in the direction AHCT wants them to. Also, are the carriers really providing the Essential Health Benefits adequately? HPB&Q needs to remain vigilant in this role.

Mr. Tessier reviewed the process of serving on the advisory committees. Board members were asked to serve on the advisory committees and to make suggestions as to stakeholders who, if they were willing to serve, were thought to be helpful. Invitations were made by AHCT staff. Mr. Ritter added that some individuals were self-nominated but there was generally a vetting process. Ms. Woods suggesting polling current members as to whether they would like to continue to serve and to think about what types of members should be added that would be helpful to the mission.

Dr. Scalettar suggested to first think about the skill sets on the committees to see if there is an evolution of the entire picture and Ms. Woods agreed. Dr. Scalettar inquired as to whether the Strategy Committee should undertake revisiting the selection process or if it would be a staff task. Mr. Wadleigh replied that as far as the process is concerned, there is a need for physician and nurse representation. Further, there needs to be representation from pharmaceutical companies, hospitals and carriers. Also, should customers and businesses be included to make sure there is feedback? The question is how to update the mission for the group and who are the right members adding that the conversation has to be held by the appropriate individuals. Dr. Scalettar stated that this would be reported at the next board meeting.

Discussion turned to Small Business Health Options Program (SHOP) Advisory Committee. Mr. Wadleigh stated that this Committee is important and there are opportunities to make headway. The SHOP composition has only one or two business owners and is still tilted towards the broker side. Mr. Wadleigh asked if AHCT has the right products for small employers. Mr. Tessier stated that close to two years ago there was a meeting of all of the Advisory Committees. At that time, Kevin Counihan raised the question of merging the Advisory Committees and asked if mergers should be raised again in the context of this current advisory committees role review. In particular, the suggestion was a merger of the HPB&Q and Consumer and merging the SHOP and Brokers, Agents and Navigators Advisory Committee (Brokers). The reasoning behind the latter proposal is that brokers were going to mostly be signing up small business employers but that has not been the experience. There seemed to be total agreement on a merger of SHOP and Broker Committees but it did not happen. Mr. Tessier wanted to discuss this further. Mr. Wadleigh replied that he thought that was the right way to go because of outside influencers and it is thought to keep the two Advisory Committees separated. Mr. Philpott asked what the protocol would be to add members that would assist in making this a strategic operation. It is important to see who the members currently are. Mr. Philpott views that if one of the aspirations is to have more enrollment, a small business program is necessary. Unlimited choice may not be the answer but a limited choice may be. There is a need for some acquisition channel partners to bring in unsubsidized enrollment.

Discussion turned to the Consumer Experience and Outreach Advisory Committee. Ms. Woods stated that it has been an active committee with a good mix of members and has done what it needed to do. Focus can be a little different but it should continue to review the Essential Health Benefits and health plans in addition to making sure that the consumer experience is worthwhile. There should be coordination with the State Innovation Model (SIM) and health prevention; racial disparity remains an issue in Connecticut. Dr. Scalettar added that in the building phase it was a no-wrong door and the Committee really understands the needs of the Medicaid population as well as the consumer side. The Committee itself was particularly skewed towards the side for Medicaid population. This may be an evolving item going forward as it becomes clearer and clearer that the Department of Social Services is responsible for Medicaid. Mr. Ritter added that there is no economist on the committee and asked if the committees are too homogeneous. Dr. Scalettar stated that memberships could be more specifically identified.

Dr. Scalettar summarized that the plan is to keep all four committees as is and revisit their focus. A key piece is skill sets across committees and reselection of members participating including Board of Directors and staff identification to help build quality healthcare as a goal. Mr. Philpott added that the current AHCT staff supporting the Brokers Advisory Committee is the correct group to support. Mr. Philpott added that as a result of some discussions, additional Broker Advisory Committee members were identified and if a similar process might be helpful for other Committees.

Dr. Scalettar asked if there are any areas not imagined in the current committee titles that can be discussed in the future and where it would actually fit. Mr. Ritter suggested that education should perhaps be added to the Consumer Committee. Mr. Wadleigh added that the updated mission for the Consumer Committee should include having the consumers visit and select a family doctor. There are other opportunities in leveraging current member expertise.

## V. Adjournment

Dr. Scalettar requested a motion to adjourn. Motion was made by Robert Tessier and seconded by Paul Philpott. ***Motion passed unanimously***.

Meeting adjourned at 2:10 p.m.