

SustiNet Health Partnership Board of Directors

Co-Chairs
Nancy Wyman
State Comptroller

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State Healthcare Advocate



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Meeting of November 30, 2009 Meeting Minutes

Board Attendees (Appointing Authorities in parentheses): Nancy Wyman, Comptroller, co-chair; Kevin Lembo, Healthcare Advocate, co-chair; Paul Grady, Mercer (Rep. Lawrence Cafero); Norma Gyle, DPH (Governor M. Jodi Rell); Bruce Gould, AHEC (Sen. Donald Williams); Sal Luciano, Council 4 AFSCME (Rep. Christopher Donovan; Jeffrey Kramer, UConn School of Business (Rep. Denise Merrill); Joseph McDonagh, Self-Employed (Sen. Martin Looney); Bonita Grubs, (Comptroller Nancy Wyman); Estella Lopez (Healthcare Advocate Kevin Lembo); Paul Lombardo for Thomas Sullivan, Insurance Commissioner, ex-officio; Ellen Andrews, Connecticut Health Policy Project; Lucy Nolan, co-chair, Tobacco Cessation Task Force; Christine Vogel, Office of Health Care Access Commissioner, ex-officio; Dr. Robert Zavoski, DSS, ex-officio

Absent: Jamie Moonie, Norwalk Hospital (Senate Minority Leader); Robert Galvin, DPH Commissioner, ex-officio.

Members and representatives introduced themselves to the public. Nancy Wyman asked for approval of minutes from the last board meeting. Sal Luciano made a motion to approve the minutes which were unanimously adopted by the board.

Nancy Wyman introduced Ellen Andrews to give an overview of the state medical assistance program.

The following is Ellen's overview:

Ellen noted that Medicaid is the largest of the state assistance programs with over 461,944 individual participants. Husky A is a part of the Medicaid program while HUSKY B falls under CHIP. 373,753 individuals participate in HUSKY A and B making it the largest purchasing pool in the state followed by the state employee pool. CHIP or HUSKY B has 15,665 only children participating while the SAGA program has 42,950 individuals. The Charter Oak program has 11,343 participants as of November 1st.

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Bruce Gould • Paul Grady • Bonita Grubbs • Norma Gyle • Jeffrey Kramer
Estela Lopez • Sal Luciano • Joseph McDonagh • Jamie Mooney

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As of 2008, the number of uninsured in the state equals either 311,000 or 343,000 individuals.

Medicaid is a joint state/federal partnership, where the state has a great amount of flexibility run by DSS with some guidelines created by CMS. Connecticut gets the minimum 50% match due to high per capita income, but currently gets 60% under increased Federal stimulus monies. Legal immigrants are covered under Medicaid. There are dozens of eligibility categories, including low income children and parent caregivers, low income seniors, the disabled and a spend down category for those with higher incomes. Eligibility levels and the application process vary by category, for instance, there is an asset test for seniors and not children. It is, however difficult to find participating providers and physician fees are lower than commercial insurers. Provider fees are lower in most other states, as Connecticut ranks 4th in the Nation.

Medicaid covers 185% of FPL for a family of three, or \$33,874 a year. A family of four is covered at \$40,733 a year. It covers all medically necessary services for children; the problem is to find physicians willing to participate.

While total membership is dominated by children and caregivers, the majority of spending goes into care for the disabled and elderly. Connecticut pays out \$3.9 billion dollars a year.

HUSKY is the managed care program for children and families in the state. There are three HMO's, in which Ellen questions their poor performance and the value they add. She commented that PCCM model, which is being piloted now, might be a better option. The care is capitated at around \$200 pmpm. Last year there was a 24% reimbursement rate, and it is possible that the state is gearing up for another large one in the coming year. Ellen stated that the HMO's have been fighting fiscal accountability, specifically citing a comptroller audit finding the state overpaid them by \$50 million dollars last year. She also cited issues surrounding transparency.

HUSKY is divided into two groups, Part A with 358,088 members. Part B, the CHIP program has 15,665 members. Part A has no cost sharing and goes up to 185% FPL for children and parents/caregivers. CHIP has co-pays to 235% FPL with co-pays and premiums to 300% FPL. There are no subsidies over 300% FPL and includes only children. It is a capped program theoretically.

SAGA is for very low income state residents, between \$506.22 to 610.61 a month depending on location. The asset limit is very low at \$1,000 per household. It is a capped appropriation with hospital pools and everything else. Managed care is provided though Community Health Network with very few providers participating. The program is fully state funded and has a spend down category.

To be eligible for Charter Oak one has to be uninsured for six months or paying 33% of income on premiums. It is run through three HUSKY HMOs and costs approximately \$250

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a month. There are subsidies up to 300% FPL with over 90% of members subsidized and co-pays and premiums at all income levels. Very few providers have participated. Prescriptions are capped at \$7,500 a year, \$100,000 annual cap and \$1 million lifetime cap. Dental and vision care are not

Nancy opened it up to questions from the board. She asked about physician fees, as lower than commercial. Does that take into account cost of living in the state? Ellen answered no, that is not factored in. She did not think there were currently any studies taking place examining this.

Norma Gyle questioned Ellen on whether parents and caregivers would have to wait to go on HUSKY when their child entered the program. Ellen said that they were eligible if they were below 185% FPL. From the audience, Steve Levinson, a retired physician asked about the HUSKY 200 PMPM, he asked if that was the same for commercial. Ellen said the it was much higher for HUSKY.

Paul Grady asked about the uninsured in the state and those that are eligible for state assisted programs. Ellen cited that the numbers varied widely between 10,000 and 70,000 individuals. Paul asked about reimbursement rates. Ellen cited the variability in different practices. She cited physician survey's regarding low participation rates. Paul asked Ellen to talk about Medicaid funding over the years. She said that it has gone up faster than commercial rates, but was still inadequate. The big question she raised was whether we were getting value for the care.

DSS commented on Medicaid not treating providers well, in comparison to other state programs. Sal commented on the large increase in Medicaid program. Ellen cited that the bad economy as a factor and that more people are coming into the programs and not leaving. More people are leaving employer sponsored programs into state programs. Kevin asked about the 11,000 participants in Charter Oak and the mitigation program. She said roughly 25,000 people have been denied coverage. DSS said there were changes in cost sharing. Senator Prague spoke about the Comptroller's audit regarding over payment to the HMOs. Nancy said that the governor has accepted the Comptrollers numbers and have included them in the budget.

Dr. Levinson cited that Medicaid repayment was far below 50% to physicians, with additional hurdles in collecting payments.

Kevin thanked Bonita and Estella for their work in putting together the Equity and Disparities committee. Kevin read off the following list of names:

- Board Liaisons are: Rev. Bonita Grubbs and Estela Lopez
- Jacqueline Olayiwola (Co-Chair), MD/MPH/FAAFP, Medical Director Community Health Center of Meriden

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- Rafael Perez-Escamilla (Co-Chair), PhD, Professor, Yale School of Public Health
- Yolanda Caldera-Durant, Fairfield Co. Community Foundation
- Leo Canty, Vice President, AFT Connecticut
- Asher Delerme, MSW, Executive Director, Multi-Cultural Ambulatory Addiction Services
- Grace Damio, Hispanic Health Council
- Esperanza Diaz (Alternate to Dr. Luis Anez), M.D., Assistant Professor, Psychiatry, Medical Director, Yale University School of Medicine, La Clinica Hispana, Yale University School of Medicine"
- Barbara Dicks, PhD, Associate Professor/Coordinator, MSW/MPH Dual Degree Program, UCONN School of Social Work & Co-Editor Journal of HIV/AIDS Prevention in Children and Youth"
- Comalita Elliot, President, Northern Connecticut Black Nurses Association, Inc.
- Ayaz Madraswalla, M.D., Family Practice Physician
- Reza Mansoor, M.D./FACC, Clinical Cardiologist, Cardiac Care Association
- Yvette Martas, M.D., Physician, Mansfield OB/GYN Associates, PC
- Sharon Mierzwa, MPH/RD, Health Equity Alliance Project Director, Connecticut Association of Directors of Health
- Elaine O'Keefe (Alternate for Mierzwa), M.S., Executive Director, Center for Interdisciplinary Research on AIDS, Yale, Office of Community Health
- Stephanie Paulmeno, MS/RN, Principal & CEO, Global Health Systems Consultants, LLC
- Brad Plebani, Attorney and Deputy Director, Center for Medicare Advocacy, Inc. and Fellow, Connecticut Health Foundation Health Leadership "
- Ann Purcell-Murray, RD, Past President, CDA
- Arvind Shaw, Executive Director, Generations Family Health Center

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- Marie Spivey, PhD, Board President, Nursing Career Center of Connecticut
- Marcella Nunez-Smith (Alternate), MD, MHS, Faculty, Yale School of Medicine and Assistant Director, Robert Wood Johnson Clinical Scholars Program

Bruce Gould made a motion to accept and the slate was accepted unanimously. Kevin turned to Bonita for comment on leadership of the committee. She addressed the large size of the committee by stating their desire to be as inclusive as possible. She cited that they may break down the group into separate committees. She recommended Jacqueline Olayiwola, MD/MPH/FAAFP, Medical Director Community Health Center of Meriden as co-chair.

Estella recommended Rafael Perez-Escamilla (Co-Chair), PhD, Professor, Yale School of Public Health as the second co-chair.

Sal moved to recommend Dr. Olayiwola, she was confirmed unanimously. He then made a motion to accept Dr. Perez-Escamilla, he was confirmed unanimously.

Kevin proposed a work plan for the equity committee. The plan was adopted unanimously by the board. Kevin moved to other business regarding additions to the Advisory Board:

Patient Centered Medical Home Advisory Committee:

- Amy Casavina Hall, United Way of Greater New Haven
- John Serafin, DC, Private Practice, Glastonbury, CT
- Keith Vom Eigan, ACP, CT Chapter, Assistant Professor, UCON School of Medicine, Attending Physician at Burgdorf Health Center, St. Francis Hospital and Medical Center

A motion was made by Bruce and Sal to accept, the board vote unanimously.

Kevin made a call to nominate the following individuals:

Healthcare Provider Advisory Committee:

- Nelson Shub, MD, Private practice, Oxford, CT
- Art Tedesco, Danbury Hospital CFO, Retired
- Joseph Treadwell, DPM, Plainville
- Robert Scalettar, MD, Woodbridge, CT

A motion was made by Sal seconded by Paul and was accepted unanimously by the board.

Kevin reminded task force co-chairs that they were welcome at the table. Margaret Flinter noted that the Provider Advisory Committee was coming up on Thursday, December 17th. Lucy Nolan commented on the Obesity task force and their upcoming meetings. Sal commented on the workforce task force. He was interested in working on the pharmaceutical aspect of health care reform. Kevin mentioned that that does need to be addressed. Bruce spoke about the medical home committee and noted that it is also a large committee.

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Kevin mentioned that he would ask co-chairs to regularly report back to the board. He reminded the board that they would not meet until January. E-alerts will be available and minutes will be posted on the website. The meeting schedule will have to be set for 2010. He would like to move to monthly meetings. The board decided that the second Wednesday at 9:00 a.m. would work best.

The Dorn Gruber call is currently being rescheduled. Kevin asked for presentation ideas for the group. Paul would like to see a presentation on provider transparency. Cristine Vogel said she would explore presenters from other states. Margaret cited the HealthFirst Authorities recommendations. Jeff cited another HIT presentation, borrowing innovative ideas from other states. Paul wanted to post the HealthFirst report on the website.