



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes December 17, 2013

Cabinet Attendees: Lieutenant Governor Nancy Wyman, Chair; Patricia Baker, Vice Chair; Ellen Andrews, Kathy Brennan, Jason Madrak, Bonita Grubbs, Kevin Lembo, Timothy Lyons, Terrence Macy, Eugene Market, Katherine Kranz Lewis, Patricia Rehmer, Anne Foley, Robert Tessier, Victoria Veltri, Joanne Walsh.

Absent: Terry Edelstein, William Handelman, Steven Hanks, Joette Katz, Thomas Leonardi, Jeffrey Lucht, Donna Moore, John Oraziotti, Frances Padilla, Margaret Smith, Linda St. Peter, Shelly Sweatt.

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	None.	
2.	Public Comment	No public comment.	
3.	Review & Approval of 11/12/13 minutes	None.	Minutes approved.
4.	Community Health Center Association of Connecticut: Txt 2B Heard Project, Deb Polun	Deb Polun of the Community Health Center Association of Connecticut shared the Txt 2B Heard Project's documentary of results, interviews and conclusions. The project's main goal is to give Connecticut citizens an outlet for expressing their concerns and outlook on healthcare and reform. Deb assured members that those who chose to be video interviewed were helped with their concerns or questions	The full documentary for the Txt 2B Heard Project can be viewed here . For more information, please visit www.chcact.org

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		<p>immediately after filming.</p> <p>Vicki Veltri noted that the feedback captured by this documentary were similar in concern and value to the State Innovation Model (SIM)'s consumer outreach feedback. The documentary covers the wide range of consumers that SIM's outreach methods hope to reach. Rev. Bonita Grubbs pointed out that shared respect and decision making between consumers and providers seemed to be a common thread throughout most of the testimony. Vicki Veltri explained that one of SIM's goals is to focus on encouraging shared decision making and improving consumer experience.</p> <p>Commissioner Rehmer and Lt. Governor Wyman drew the conclusion that access to information during the implementation of reform will be one of the most important issues to resolve in the interest of consumers. Deb explained that though some of the concepts are brand new to people, there is hope that education through in-person outreach and more widespread resources will advance and prove to be helpful.</p>	
5.	<p>Access Health CT (AHCT) Update, Jason Madrak, Chief Marketing Officer</p>	<p>Jason Madrak, Chief Marketing Officer at Access Health CT (AHCT) provided an update on the health insurance exchange's progress.</p> <ul style="list-style-type: none"> • Of the 20,000 people enrolled in Qualified Health Plans (QHPs), 70% are doing so through subsidies, 30% without subsidies. • 30% of enrollees are under the age of 35, and another 30% are over the age of 65. • 55% of QHPs are enrolled in Silver plans • 29% in Gold plans • 14% in Bronze plans 	<p>More information and updates will be provided continuously at www.accesshealthct.com</p>

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		<ul style="list-style-type: none"> • Roughly 2% in Catastrophic plans • 17,000 people have qualified through Medicaid <p>Total of 42,000 enrolled on the exchange since October 1, and the goal is to reach between 50,000 and 60,000 by the first deadline of December 23rd. Partnerships with Federally qualified Health centers and brokers have produced nearly 25% of the enrollment numbers, and feedback from brokers has been positive thus far. AHCT's storefronts in New Haven and New Britain have been enrolling people at a rate of 70 per day, and during any of the 115 enrollment events the rate has been roughly 10 people per hour. Though the performance of the call center has been less than desirable, the exchange is taking steps towards improving consumer experience and will be evaluating new methods of handling broker, navigator and assister phone calls. There continues to be an ongoing evaluation and tweaking process throughout the website, including the correction of some navigation issues.</p> <p>Anne Foley wondered how early consumers could expect coverage if they enroll after Dec 23rd, and Jason explained that they would be covered on February 1. Pat Baker inquired about the collection of race and ethnic data from enrollment applications. Jason explained that at first, alignment with the suggested Center for Medicaid and Medicare Innovation (CMMI) and Health and Human Services (HHS) applications was the initial plan, but that implementing the collection of this data is coming, as it is important information to a number of different groups. Commissioner Rehmer asked about changes to Husky C plans under the expansion of Medicaid through the Affordable Care Act. Vicki explained that it is those covered</p>	

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		<p>under Husky D currently will be able, as of January 1st, to apply and enroll in Medicaid using the Access Health CT enrollment process. This applies to nearly 18,000 people in Connecticut who are eligible under the Medicaid expansion.</p>	
6.	<p>State Innovation Model Grant (SIM) Update Vicki Veltri & Michael Michaud</p>	<p>Vicki Veltri, State Healthcare Advocate, and fellow SIM Project Manager Michael Michaud of the Dept. of Mental Health and Addiction Services updated the Cabinet on the progress of the State Innovation Model (SIM). As the deadline for submission of the State Health Innovation Plan (SHIP) nears, SIM leadership will be focusing on including the most important conclusions drawn from public comment into the final draft, due to CMMI on December 30th. Efforts will then shift to the governance model, implementation and next testing grant application. Michael explained that the SIM Project Management Office will reside in the Office of the Healthcare advocate, and will be seeking participation from liaisons of those agencies and departments that are already involved in SIM. They will be soliciting recommendations for people who will bring experience and knowledge to the table in work groups and taskforces, while ensuring transparency within these groups.</p> <p>Vicki explained the current reconstitution of the Consumer Advisory Board, that is charged with a high level of involvement in the implementation process. The Board's representation of consumers will be elevated to the level of the steering committee and Cabinet as the governance structure takes shape. Vicki read the names and qualifications of each member and Rick Porth, who assisted in putting together the Consumer Advisory Board, commended SIM leadership.</p>	<p>Updated information can be found at the SIM website.</p> <p>Comments and questions related to SIM can be submitted to sim@ct.gov.</p>

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		<p>Ellen Andrews pointed out that while under-treatment is still a concern of consumers, its presence in the SIM mission statement is important. She acknowledged differences in value based payment savings between Medicaid and commercial insurers, and asked how upside and downside risk will be factored in. Vicki explained that the differences in value based payment savings were just assumptions built into the model, as there is no established budget or clear policy statement being made and the actual difference is unclear at this time. Anne Foley responded that upside risk will be pursued in the short time, and dependent upon its success, there will be a possibility to consider downside risk; Vicki also explained that payers chose their own payment systems and whether or not they use upside or downside risk cannot be dictated by the SIM leadership. Commissioner Rehmer requested that SIM leadership provide a broadcast of what they are looking for in people to staff the work groups and task forces, so that useful and accurate appointments can be made. Deadlines for appointments will also be helpful to members of the Cabinet.</p>	
7.	Next Steps	The next Cabinet meeting is scheduled for Tuesday, January 14, 2014 from 9:00am to 11:00am in LOB Room 1D.	
8.	Adjournment		