Nancy Wyman
LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

March 10, 2015

Cabinet Attendees: Nancy Wyman, Roderick Bremby, Terry Edelstein, Bonita Grubbs, Steven Hanks, Margaret Smith, Linda St. Peter, Robert Tessier, Victoria Veltri, Anne Foley, Katharine Lewis, Michael Michaud, Anne-Melissa Dowling, Josh Wojcik
Absent: Ellen Andrews, Patricia Baker, William Handelman, Thomas Leonardi, Jeffrey Lucht, Terrence Macy, Eugene Market, Donna Moore, John Orazietti, Francis Padilla, Patricia Rehmer, Shelly Sweatt, Joanne Walsh, James Wadleigh

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	None.	
2.	Public Comment	No public comment.	
3.	Review & Approval of 1/13/15 minutes	None.	No quorum
4.	Access Health CT Update, **James Michel, AHCT** **Chad Brooker, AHCT**	James Michel provided a summary of AHCT enrollment at close of open enrollment 2015. He noted the prospect of a special enrollment through April 30th but still working on details. Special enrollment period would be for individuals who discovered they have been charged a penalty for not being covered in 2014. Special enrollment will be to get coverage for the remainder of 2015.	More information and updates will be provided continuously at www.accesshealthct.com

OFFICE OF THE LIEUTENANT GOVERNOR, STATE CAPITOL
210 CAPITOL AVENUE, ROOM 304 HARTFORD, CONNECTICUT 06106
TEL (860) 524-7384 FAX (860) 524-7304 www.ltgovernor.ct.gov
LtGovernor.Wyman@ct.gov

Agenda Item	Topic	Discussion	Action
		James Michel provided a breakdown of individuals who purchased qualified health plans (QHPs) through ACHT during 2015 enrollment; Included was a breakdown of reenrollees and new enrollees. AHCT will conduct a survey over the summer to find out more information about people who bought QHP, and those who are on Medicaid. Survey will give breakdown of who had insurance, who has it now, how are they using it, who is still uninsured. Next open enrollment is 9/1 – 1/31; planning now so we can have successful enrollment next year. Lt. Governor Wyman asked whether new or reenrollment can be distinguished in overall enrollment numbers. James Michel indicated that AHCT can distinguish between those numbers. Lt. Governor Wyman asked whether we know the uninsured rate yet. James Michel indicated that the survey will tell us exact number, but we estimate about 2% (it was 4%). Victoria Veltri asked whether the new enrollment numbers include Medicaid redeterminations. James Michel responded that the new enrollments numbers mean that those individuals are brand new to the AHCT system. Victoria Veltri asked whether those new enrollees could have been on Medicaid previously. James Michel indicated that someone who was on Medicaid in the DSS system and is newly enrolled via AHCT would be included in the new	

Agenda Item	Topic	Discussion	Action
		enrollment numbers. There was a question as to whether there is a way to find out who has already been in the DSS system, and James Michel responded that he believed that was possible. Lt. Governor Wyman clarified that these enrollment numbers are for AHCT only. Commissioner Bremby noted that someone from DSS system would not be included in AHCT enrollment numbers. Bonita Grubbs requested more inclusive numbers combining DSS and AHCT data. Terry Edelstein asked whether methadone opioid treatments were covered. She noted service providers that are trying to understand available coverage for their clients are concerned that treatments covered under current Medicaid plan will not be covered under AHCT. Chad Brooker noted that the AHCT and Connecticare plans are different, and Terry Edelstein requested an informational slide that includes details on coverage – what services are available, what are the out of pocket expenses, deductibles, etc. Chad Brooker noted that costs are determined by services rendered. Victoria Veltri also requested a plan by plan comparison. Robert Tessier questioned the difference in plans available on and off the exchange. Chad Brooker noted qthat for United and Healthy CT, the products on and off the exchange are almost identical, but that is not necessarily true for other carriers.	

Agenda Item	Topic	Discussion	Action
		Victoria Veltri stated that there is a great need for an intense educational process for the public about the differences in plans, costs, etc. Terry Edelstein noted that the cost of coverage is affected by usage and questioned whether that was a disincentive for treatment. Chad Brooker encouraged investigation into specifics by going online to look at plans, and James Michel suggested generating a one pager to explain differences. Chad Brooker began his presentation with an overview of plan options: Silver plan is first plan people up to 200% of federal poverty line see; New federal poverty guidelines won't take effect until next year; 138-450% of federal poverty line to obtain 98% CSR (cautionary reduction: amount that the carrier would pay for average utilization; carrier gets reimbursed for paying above and beyond specified level by federal government); The out of pocket maximum does not include the premium, but once reached, consumer pays nothing more for the year. Terry Edelstein asked whether subsidies are included in max out of pocket costs, and Chad Brooker responded that they were. Chad also noted that CSR is only available with the silver plans. Josh Wojcik asked whether there was a disclaimer included in the bronze plan on the website that alerted consumers to the fact that the bronze plan benefits are significantly diminished. Chad Brooker responded that the question marks next to each plan explains that, while you may pay less in premiums with a bronze plan, you ultimately pay more	

Agenda Item	Topic	Discussion	Action
		for coverage. He also noted that subsidies will be forfeited if the bronze plan is chosen. Josh Wojcik noted that this information is very confusing for consumers, and encouraged AHCT to include more information about the implications of selecting the bronze plans. Victoria Veltri suggested creating a warning pop up box that alerts consumers that their purchase is final and how their selection impacts ultimate costs and eligibility for subsidies. Terry Edelstein suggested creating a one pager comparing plans so people will not just go to lowest cost plan. Lt. Governor Wyman asked what plan most people select – Chad Brooker responded that Silver was the most popular because it is the first one consumers see by default, and the system is designed so that it is not easy to get to the bronze plan. Chad noted that very few people fall out of silver tier; 80-85 percent ultimately select a silver plan. Robert Tessier asked Chad Brooker to explain the difference between CTHIX website and AHCT. Chad Brooker responded that CTHIX website has postings regarding policies, including details on plan designs, which AHCT does not have. Terry Edelstein asked whether we have data on 2016 premiums, and Chad responded that information on premiums is not available yet. Victoria Veltri asked whether costs will go down next year. Chad Brooker responded that they might, but cannot know for sure at this point.	www.ct.gov/hix

Agenda Item	Topic	Discussion	Action
5.	State Innovation Model (SIM) Update, **Victoria Veltri, State Healthcare Advocate**	SIM UPDATE – Advanced Medical Home Pilot, Final recommendations Brief overview of general updates for councils: Equity and Access council has been meeting intensively to come up with recommended safeguards for shared savings programs allowed in SIM; group decided four areas to concentrate: (1) patient attribution and cost benchmarks; (2) payment calculations and distributions; (3) rules and enforcement; (4) detection and monitoring. Four design groups working under the equity and access council have been meeting regularly to bring back recommendations to the council, which will bring those recommendations to the steering committee for consideration. Practice Transformation Task force has prepared recommendations for Advanced Medical Home Standards for AMH pilot. Qualidigm will be conducting pilot which will be launched in next several weeks. There will be two phases to the program – advanced medical home model; community and clinical integration. The task force recommended NCQA standards– 80% of market uses these standards. Task force also recommended that practices must obtain AMH designation through glide path process. The Task Force's recommendations emphasized key areas of NCQA and adjusted scoring for higher standards, keeping in mind NCQA standards are already high (task force wanted	Updated information can be found at the SIM website. Comments and questions related to SIM can be submitted to sim@ct.gov.

Agenda Item	Topic	Discussion	Action
		to avoid "impossible life" and disincentives for practices to participate). Key points on emphasis in our innovation plan – focus on health equity and whole person centered care CHF advised regarding health equity; Planetree advices on person-centered care. The design groups were tasked with submitting recommendations in their respective areas, designating additional must pass elements and critical factors (must score more than minimum) OR areas of emphasis. The groups considered the impact of each proposed change on the quality of care and clinical or administrative burden on practices. Some of the recommended changes include 19 areas of emphases – 10 core areas of emphasis, 9 elective areas of emphasis. Victoria Veltri noted that there will be a learning curve for practices, and so the learning collaboration was created to encourage group learning and help practices succeed. The learning collaboration is meant to be an active experience so that practices can share their best practices and post helpful experiences on the website. Questions: Kathy Lewis noted that the increased standards are a big ask for practices, and questioned whether the standards will be changed if no one meets them. Victoria Veltri responded	

Agenda Item	Topic	Discussion	Action
		that this was the purpose of the pilot. The pilot will test standards and requirements and the Steering Committee will address any changes that might need to be made. She noted that we are expecting a lot, but that is why we have vendor help. Margaret Smith also noted the high expectations and wondered whether there was an incentive for practices to get CT home certification considering the costs and time required. Victoria Veltri responded that this concern was part of the initial discussion. She noted that the elements and factors are the same, the changes relate to scoring and how much weight to give certain factors. Practices can achieve goals easier than they might think – they already have the tools to do so. Margaret Smith requested plans for public awareness – which practices are the best. She noted that most people don't know differences among accreditation standards. Victoria Veltri responded that the program needed to be evaluated first, and it still needs to be determined what data should be collected and how to report that out. Evaluation team is currently working on tools to evaluate success of AMH program. Lt. Governor Wyman stated that education for patients is critical, and they need to know what standards they are looking for in order to make the best choice for their needs. Michael Michaud commended the task force on its thoroughness.	

Agenda Item	Topic	Discussion	Action
		Bonita Grubbs applauded the hard work done by task force, and noted that there was still more work to be done Ann Melissa Dowling mentioned that she was in communication with her department during the meeting, and they confirmed that every plan in the exchange covers methadone. She encouraged everyone to submit plan specific questions to her, and she can find out answers from the carriers. Commissioner Bremby discussed the Health Information Technology workgroup. He explained HIT's status via an analogy of building a home: We have the materials and tools but need the specs; Tell us what data will determine success, where to pull it from, and we can create database. HIT is waiting on that information because it wouldn't be prudent to reengineer after the house is built. Commissioner Bremby also noted that there is still an issue regarding how to get permission from consumers to share their health data, although the Apple watch may have the answer.	
7.	Next Steps	The next Cabinet meeting is scheduled for Tuesday, April 14, from 9:00am to 11:00am in Capitol Room 310.	
8.	Adjournment		