

**OHA Advisory Committee Meeting**  
**July 23, 2019**  
**12:00 p.m. to 12:30 pm**  
**Minutes**

*Meeting convened at 12:03 pm*

Attendance: **Members via Phone** – Lynne Ide, Mark DeWaele, Steve Wanczyk-Karp,  
Sue Halpin  
**Others via phone** – Matt Pilon from the Hartford Business Journal  
**Members Absent** – Dina Berlyn  
**OHA Present** – Ted Doolittle, Valerie Wyzkowski; Sean King, Adam Prizio and  
Sherri Koss

1. Welcome & Approval of Agenda and Minutes

- Motion to approve July 23, 2019 agenda; Sue Halpin motioned to approve and Steve Wanczyk-Karp seconded; No discussion, no nays, motion carried
- Motion to approve April 23, 2019 minutes; Lynne Ide motioned to approve and Steve Wanczyk-Karp seconded; No discussion, no nays, motion carried

2. Administration Report

a) **Budget**

- Nothing to report at this time. Our budget held steady.

b) **Personnel**

- We now have a full complement of staff
- Will allow us to focus on outreach now
- Claribel Bermudez joined us since last meeting. She becomes our third Customer Service Representative.

3. Data Reports

- Ted reviews the data report for 2019 Q2
- Open and closed cases about the same – quite a bubble when ACA was implemented
- New metric – savings per closed case used the past few quarters
- Tracking cases by carrier – more difficult to track cases by carrier to see if there is a disproportionate number of complaints or less complaints, i.e. if Anthem insures 50% of population, do we receive 50% of cases from Anthem, or do we see proportionately more of less than 50%. OHA will continue to work on developing this metric.
- Susan Halpin shares that it may be beneficial to split exchange plan carriers cases received vs non-exchange exchange carriers, if OHA is looking to quantify complaints by carrier. Ted states OHA will do that.
- Separate data section on Access Health CT has been removed because the ACA is now matured and stabilized, so less focus needed on detailed tracking of AHCT cases by type and issue.
- New to data report: Medical vs Mental Health and Mental Health split out by case types within Mental Health

- The split is new IICAPS category is a huge amount of our case load
- Val to share what IICAPS is – Intensive In-Home Child and Adolescent Psychiatric Services; generated form DCF Voluntary services project
- Steve still states that Mental Health is equal and we still have a long way to go so people don't have to fight for it.
- Steve states that it was very informative to break out the Mental Health by case types
- Lynne agrees with Steve's comments and questions what IOP stands for
- Ted answers Intensive Outpatient; Getting discharge for an intensive program and needs a lot of in-home care
- Susan needs clarifying – some of our cases are navigation, not pure denials? Ted concurs.
- Val shares that we educate the providers as well to help them find a lower level care or for medical to find rehab facility
- Susan comments still have a fair amount of Medicaid which Val states that is an array of services – eligibility to denials to fair hearing; haven't seen too many fair hearings (roughly, Medicaid appeals). Do the numbers include Medicaid cases as well? Ted responds yes.
- Mark thinks data is great, looking at a more local perspective; do we have a role to play in working with other agencies, the Governor's office to try and do more for Mental Health in the State of CT. Sees demand way beyond the supply.
- Ted states that we have partnerships with other State Agencies including DCF; most of our DCF cases are classified under mental health cases
- Partnership to build with DDS
- Help connect consumer to DDS as many consumers don't understand the waiver programs
- Ted states new commissioners are in place at the various healthcare state agencies (DDS, DCF, DSS, etc.) and we hope to meet with them soon to discuss issues

#### 4. Legislative & Policy Report

- Budget Bill Sec. 247 - High Deductible Health Plan Task Force; members have yet to be designated; will convene to explore these plans and come up with recommendations of reforms for the next session to help ease the burdens for consumers. This is a temporary task force.
- Lynne asks if people have ideas of people for task force what can they do. Ted explains that OHA and other groups have made their recommendations. Ted is confident that they have enough suggestions to be considered
- Public Act 19-70 – Council on Protecting Women's Health – similar to the HDHP task force. Some ex-officio members including OHA other members will be designated by the House and Senate
- Concept behind this task force to monitor changes going on at the Federal level through legislation, regulations or litigation that could impact women's healthcare in the State of Connecticut. Rate Filings – the rate changes range from almost 10% CTCare HMO individual plans which covers about 550 lives up to 22% increase for Aetna's small business which covers about 700 lives
- Plans have identified some of the driving forces
  - Primary driving force is the medical trend
  - Utilization of services

- Unit cost of those services
  - Driven by provider contract changes
  - Demand for certain services
  - Certain benefit modifications
  - One carrier identified some additional driving factors mandate benefits – prosthetics, mammography
  - Return of the health insurance tax; automatically tacking on 3% for each rate
- Lynne asks do we know what carriers will be involved in the Sept 4 hearing
- Sean states that the Insurance Department states it's an informational hearing designated for AHCT plans

Susan Halpin motioned to adjourn and Mark DeWaele seconded; no nays

Meeting adjourned at 12:33 pm.

**The next meeting is scheduled for  
Tuesday, Oct 22, 2019  
12:00 – 12:30 PM**