



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

April 8, 2014

Cabinet Attendees: Lt. Governor Nancy Wyman, Patricia Baker, Vice Chair, Ellen Andrews, Anne Foley, Terry Edelstein, Bonita Grubbs, Cheryl Wamno, Kevin Lembo, Deb Polun, Katharine Kranz Lewis, Frances Padilla, Michael Michaud, Patricia Rehmer, Bob Tessier, Victoria Veltri, Peter Van Loon, Donna Moore, Anne Melissa Dowling

Absent: Roderick Bremby, William Handelman, Steven Hanks, Thomas Leonardi, Jeffrey Lucht, John Oraziotti, Margaret Smith, Shelly Sweatt, Linda St. Peter, Joanne Walsh

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	None.	
2.	Public Comment	No public comment.	
3.	Review & Approval of 3/11/14 minutes	None.	Minutes approved.
4.	Access Health CT (AHCT) Update, Peter Van Loon, COO	Peter Van Loon, COO of Access Health CT, delivered an update on AHCT's activities through the close of open enrollment. Peter explained that closing numbers totaled around 198,000 people enrolled through the Exchange before the close of enrollment on March 31 st . 77,000 of these were QHP, and the remainder Medicaid enrollments.	More information and updates will be provided continuously at www.accesshealthct.com

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		<p>Upon the close of open enrollment, there were about 9,500 people with incomplete applications that AHCT has been trying to reach out to, to help them complete their applications. Peter explained that there was special attention being paid to those applications, and that final numbers for enrollment would be available on April 21st. He outlined three main priorities that AHCT will be focusing on to improve before the beginning of the next open enrollment period: Customer service, Enrollment, and System Stability. Peter also explained that the decision for AHCT to only go with 70% functionality worked well over the course of open enrollment, we specific focus on security and regulations. Both the IRS and the Office of the Inspector General came to review the practices of AHCT and issued a clean bill. Education and training of consumers also went well, and functioned dependently on the very capable staff of Navigators and In-Person Assisters.</p> <p>Peter also outlined some improvements that will need to be made relating to:</p> <ul style="list-style-type: none"> • Training: it will need to be kept constant to ensure more successful enrollments. • Consumer engagement: keeping people engaged, starting well before the next open enrollment date in November • Collaboration and Communication: with carriers, with the Dept. of Social Services, and with consumers. <p>Though the race and ethnic data that was collected came to be inconclusive, remaining data will be made available to interested parties sometime in June. AHCT is in the process</p>	

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		<p>of sampling enrollees to find out how the “uninsured” population will be defined.</p> <p>Pat Baker, co-chair of the Cabinet, emphasized the importance of always improving the system and maintaining the focus on collaboration and communication.</p> <p>Lt. Governor Wyman asked about the idea of bringing the exchange to Maryland, to which Peter explained that the actual code for AHCT is owned by the federal government and available to any state. The hope is that CT will be able to share the people and process experiences in addition to the code, and promote similar success. Also to the point of “exchange in a box,” Kevin Lembo commented that this should not become a priority of the state, and that focus should stay here. Peter assured cabinet members that with much more to improve upon, the focus would remain on CT’s customers and their insurance.</p> <p>Ellen Andrews highlighted the importance of the NIPA program, and said she feels the state should dedicate resources to keeping it as robust as it has been through this first open enrollment. Victoria Veltri agreed that the program should be maintained and that they are exploring all avenues for funding. Ellen also asked about the “70% functionality” idea, to which Peter explained that both plan management and financial management make up the 30% that was sacrificed and will be more greatly explored now. Also that transparency will be improved in the coming months as a part of functionality. AHCT will also be working with the CT Insurance Department to get an idea of what plans worked best for consumers so that there can be more plan</p>	

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		<p>management when working with carriers.</p> <p>A representative from the Community Health Center Association of CT noted the positive working relationship between the NIPA program and FQHCs and CHCs. They'd like to see the process of identifying NIPAs become more comprehensive. Peter recognized the outstanding efforts of FQHCs and how necessary they will be in the next open enrollment phase. Donna Moore noted similarly that consumer outreach maintenance would be essential even through the period of time between open enrollment.</p> <p>To a question from Frances Padilla, Peter explained that the random sample for evaluation of race and ethnic data, and uninsured enrollee data, was in the process of being quantified for the most representative sample. Ms. Padilla explained that a similar survey done between health organizations could also offer some data or insight into the racial and ethnic makeup of the previously or still uninsured in CT.</p>	
5.	State Innovation Model (SIM) Update, Mark Schaefer, Director of Health Innovation	<p>Dr. Mark Schaefer provided an overall update on the progress of the State Health Innovation Model, and delivered two issue briefs to the Cabinet for discussion.</p> <p>Issue Brief #1: Care experience survey</p> <p>Ellen Andrews asked about how specialty care connected with primary care could be evaluated by this survey, and included that possible questions could bring in specialty care comments or evaluations as well as primary care. Commissioner Pat Rehmer asked also about how those</p>	<p>Updated information can be found at the SIM website.</p> <p>Issue Briefs #1 and #2 that were referred to and discussed during this meeting are available here.</p> <p>Comments and questions related to SIM can be submitted to sim@ct.gov.</p>

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		<p>served by the Dept. of Mental Health and Addiction Services could deliver their opinions about experience with doctors other than Primary Care Providers (PCPs).</p> <p>Issue Brief #2: Finance, New Service and Activities</p> <p>Donna Moore asked for an explanation of how bundle services might fit into the upcoming grant application, to which Mark explained that bundle services through this particular grant would not be available to all patients across the board.</p> <p>Ellen Andrews discussed her preference for option “A” over option “B” on the issue brief, citing that though treatments may be more expensive, if they are more comprehensive at treating diseases and conditions, they should be considered on the same level. Improving quality of experience adds value to the care itself. Ellen suggests that there should be clarification for certain services so that PCPs are not disincentivized from utilizing them. Option “D” also concerns her very much as it allows providers to pick and choose the services they provide.</p>	
6.	Next Steps	The next Cabinet meeting is scheduled for Tuesday, April 8, from 9:00am to 11:00am in Capitol Room 310.	
7.	Adjournment		

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