Nancy Wyman
LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

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Healthcare Cabinet Meeting Minutes

November 10, 2015

Members in Attendance: Lt. Governor Wyman, Pat Baker, Victoria Veltri, Anne Foley (designee for Secretary Barnes), Larry Santilli,, Bob Tessier, Ellen Andrews, Kristina Stevens (designee for Commissioner Katz), Dr. Raul Pino (designee for Commissioner Mullen), Margaret Smith, Jim Wadleigh, Francis Padilla, Kate McEvoy (designee for Commissioner Bremby), Margherita Giuliano, Michael Michaud (designee for Commissioner Delphin-Rittmon)
Members Absent: Kevin Lembo, John Orazietti, Dr. William Handelman, Commissioner Morna Murray, Gary Letts, Shelly Sweat, Greg Stanton, Bonita Grubbs, Commissioner Katharine Wade, Steven Hanks, 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 minutes	October 13, 2015	Victoria Veltri, Seconded by Pat Baker, passed with no abstentions or objections.
4.	**Access Health CT/APCD Update,** Jim Wadleigh, CEO, Access Health CT	Jim Wadleigh provides updates on Open Enrollment and the All Payer Claims Database.	

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		Open enrollment began on Sunday, November 1st and runs through January 31st. All indicators show that things are progressing as expected. Already seeing new enrollment of a few thousand customers. Generally, new customers in the system means we are insuring new people, which will help continue to lower the uninsured rate. The store fronts in New Britain and New Haven are doing well, and traffic seems to be on par with open enrollment of the last few years. AHCT has six or seven community enrollment partners around the state. There is light traffic in those areas, but we are looking to see what we can do to increase traffic. AHCT has received 30,000 calls into the call center (both private and Medicaid), and expectations around timing and other metrics are being met, which reflects appropriate staffing levels. The broker supports are now out of call centers, and in their own lead broker program. AHCT has already seen tremendous success with that. At least half of new enrollment comes from the lead broker program. Marketing campaign is in full swing. Ads for AHCT are on the radio and TV. Social media has begun to attract and engage customers. Healthy Chats are being held to engage community leaders; many community organizations don't know what AHCT is and how they can help their customers.	

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		The All Payer Claims Database is an initiative run by AHCT. Last Spring, AHCT hired two security firms to review policies and procedures related to APCD. The information is sensitive and AHCT wanted to make sure that it's doing everything possible to protect that sensitive data. The security review was completed over the last month, and work on the project itself has begun. Jim Wadleigh will give an update on Thursday at the advisory group meeting and will have more information related to this. APCD is ready to begin accepting data from commercial submitters, and it is on track for implementation in the first quarter of next year. The advisory group will see early reports beginning mid next year. Senate Bill 811 reports will come out next summer. The consumer decision support tool went live this week. The site, which takes the top 20 procedures that are most likely to occur from a health care perspective and has pricing related to that from a New England cost of living perspective, has seen a significant amount of traffic. This is the basis for how the data will be used when the APCD is brought online. The database will take the customer's information and help guide the customer to a plan that is right for him or her. Over 2,000 users have used the tool, and visits to the site average nine minutes, which is a long time for the web. More on that will be presented as it gets further along.	

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		Pat Baker asks for an update on plans for Medicaid and Medicare data. Jim Wadleigh responds that there is a meeting on Thursday for how to integrate data from Medicaid. For Medicare, CMS has the data to send, and the database can absorb the data fairly easily when it's ready.	
5.	**State Innovation Model Update**, Faina Dookh, Project Manager, State Innovation Model Program Management Office, Office of the Healthcare Advocate	Faina Dookh provided an update on SIM consumer engagement efforts and shared with the Cabinet takeaways from a recent conference attended by SIM staff. The summit that SIM attended was hosted by Healthcare Learning Payment and Action Network. The network is a collaboration of stakeholders created by the federal government to advance the implementation of value based payment models. Medicare has set ambitious value payment goals. The goal is to move from a system that is producer and volume centered to one that is patient centered, creates incentives for outcomes, and is sustainable. CMS knows it has to expand beyond Medicare and that success depends on critical mass of partners adopting new models. The released white paper defines a framework for value based payment models to measure the progress in adopting value based models.	Presentation can be found here.

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		The white paper lays out a draft proposal on how to categorize different payment models. The paper outlines four categories. The first category is a traditional fee for service, which is not considered to be an alternative payment model. It is value driven, fragmented, and not linked to quality. The second category is a fee for service program that is linked to quality. Category three is built on fee for service architecture but payment is still triggered by services, although opportunities for shared savings exist. The fourth category is population based, and volume is not linked to payment. Clinicians are paid for care for more than a year. Currently, Connecticut's system falls mostly in category one, but Medicare is trying to make concerted effort to move towards subsequent categories. The framework relies on three pillars: quality (patients will receive appropriate and timely care), cost effectiveness (actual cost of care reflects what we expect), and patient engagement. The Secretary of HHS released goals for Medicare's value based payments: first is for 30% payments to be tied to APM by next year, 50% to be tied to APM by 2018, and for 85% of Medicare fee for service payments to be tied to quality. Ultimately, the smallest segment of the market will be in a traditional fee for service system. HCP LAN has similar goals across the system, which includes Medicaid and private carriers. These changes are in tandem with other reforms to healthcare to achieve SIM's triple aim.	

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		Ellen Andrews is concerned about data and results – states that the results of a value based system are mixed. She urges the Cabinet to keep in mind that reform is not for the federal government, but for the people of the State, and changes to the system should be with that in mind. Faina Dookh responded that the report does include data and the results of payment models across Medicare and the commercial space, showing the quantifiable results and improvements in both quality and costs. Vicki Veltri commented that the United States pays a lot on healthcare, and does not get a lot of value for its buck. The stakeholders involved in reforms have been focused on reforming Connecticut's system, which will also align with the federal government's vision. Francis Padilla asked whether partnerships with providers were being built? Faina Dookh responded that, yes, provider engagement is critical. In terms of consumer engagement, there have been a variety of stakeholders to engage. The consumer	

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		advisory board has been leading the charge, and has planned a series of events to enhance consumer engagement.	
6.	**Form 1095B** – Kristin Dowty, Medical Administration Manager, DSS	DSS's preparation for the issuance of their 1095B forms. The 1095B form originated under ACA, which requires consumers to either retain insurance or pay a tax penalty. The 1095 forms are necessary to complete taxes, and are issued by health insurance marketplaces and providers. Some employers and carriers will also be sending out 1095B. 1095C will be issued by many large employers. Many consumers will receive one or many of these forms. The form will be prefilled for consumers, much like W-2s. The forms are designed to be reference when filling out taxes. DSS is required to issue the forms by 1/31, and is required to send an electronic file to the IRS (Form 1094). DSS is working with Xerox to provide most aspects of administrative support. They will be generating, printing, and mailing, handling electronic transmissions, providing call center support with designated staff trained in how to answer questions around 1095B, with a designated phone number. The call center is opening December 7th. There will be an outreach flyer mailing for 600,000 households. Information on the forms will be on the DSS website, including FAQ document. The mailing will also include insert with information. The electronic submission will be done by 3/31 and then completed on a monthly basis thereafter.	Presentation can be found here.

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		The Lt. Governor asked about the addresses being incorrect and bouncing back. Kristin Dowty responded that DSS is prepared for that and is doing an early heads up mailing with "important tax information" on cover. Pat Baker asks whether consumers will be held harmless if they forget about the form given DSS has sent to IRS already? Kristin responds that the form is supposed to be helpful, but is not necessary to complete your taxes. Vicki Veltri asked whether there was a link between AHCT and DSS so if consumer has two forms coming, can get both issues resolved at same time. Kristin Dowty responded that DSS is working with AHCT on the mailings. They are trying to get their mailings out at around the same time. The teams are meeting this week on how to coordinate and when to make referrals to each other. Jim Wadleigh commented that AHCT is trying to make the process as seamless as possible. DSS and AHCT are convening meetings 1-2 times a week to work through these issues. DSS and AHCT can jointly give	

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		an update to the oversight bodies on how the agencies should be coordinating in order to handle the forms.	
7.	**Cost Containment Study Update** – Victoria Veltri, State Healthcare Advocate, office of the Healthcare Advocate	Vicki Veltri gave an update on the Cost Containment Study RFP. The RFP was put out last week. It is up on the Cabinet website and DAS portal. There have been a few minor addenda. Bidder questions were due yesterday, and answers will be posted by end of the week. Responses are due before Thanksgiving. Vicki Veltri can't answer any more questions because it is in the middle of procurement. Everything that was shared with the Cabinet is public information.	
8.	Next Steps	The next meeting will take place on Tuesday, December 8, 2015, 9-11am in LOB 1D.	
9.	Adjournment	Lt. Governor requests a motion to adjourn	Motion to adjourn by Victoria Veltri, seconded by Pay Baker.

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