Nancy Wyman
LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

September 8, 2015

Members in Attendance: Jim Wadleigh, Greg Stanton, Patricia Baker, Bonita Grubbs. Commissioner Rod Bremby, Anne Foley (for Ben Barnes), Ellen Andrews, William Handelman, Shelly Sweat, Francis Padilla, Terry Edelstein,
Members Absent: Gary Letts, Margaret Smith, Robert Tessier, John Orazietti, Joanne Walsh, Linda St. Peter, Steven Hanks, Victoria Veltri, Commissioner Jewel Mullen, Kevin Lembo, Commissioner Katharine Wade, Commissioner Morna Murray, Commissioner Joette Katz, Commissioner Miriam Delphin-Rittmon.

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	None.	
2.	Public Comment	No public comment.	
3.	Review & Approval of minutes	None.	No quorum at that time.
4.	**Access Health CT Update,** Jim Wadleigh, CEO AHCT	Jim Wadleigh provided an update on Access Health CT: We are now 50 days from open enrollment, which begins on November 1 and continues through January 31, 2016. It has been a busy summer for AHCT: 1. Access Health CT is beginning the transition to next phases that are seen as critical for success	

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		of the ACA. The focus is on education and working with customers to educate them. Access Health has had number of meetings with carriers to start implementing education programs. During the next few board meetings, Andrea will provide more updates. So far, carriers have been eager to work with Access Health and share their technology on opportunities for improvement from an educational perspective. 2. Access Health is currently looking to improve the support coming out of the call center. The biggest change so far has been to create a lead broker program. Access Health has been working with the broker community. Access Health has submitted an RFP and will begin transferring calls out of the call center to broker organizations when customers ask for help. This will help improve customer experience and help customers select the best plan for them. Many customers (35%) are selecting bronze plans even though it may not be the best plan, and missing out on cost sharing reductions and better benefits. 3. Access Health has been working with advisory groups on a new decision support tool. The tool is working its way through final testing and Access health will receive an update later this week.	

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		Access Health has received question and feedback from around the country and is doing presentations to other states who are interested. The data collected is specific to New England. There are claims data available in the marketplace, which is a precursor to the all claims database. There have been a number of system improvements. During mid-October there will be a big release to prep for open enrollment. There are stores in New Britain and New Haven and Access Health is in the process of hiring staff to fill those positions in the stores and working with local community colleges. More information will be released at upcoming board meetings Jim Wadleigh discussed Access Health's work around upcoming open enrollment. Access Health is working on reenrolling customers back into same or similar plan automatically. The only thing customers need to do is to change their address and income. So far, the Access Health has received about 20% kickbacks from customers who have moved with no forwarding address. Access Health is asking for help from organizations to get people to update their contact information prior to enrollment.	

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		AHCT has begun rolling out and sharing its next strategic direction. The goal is to expand work with advocates, federal community health centers, community centers to increase education. The public will begin seeing AHCT take steps towards improving customer service. Access Health views itself as one of the better customer service organizations in the country, but the bar is not that high. Access Health is improving, and will share more as it moves forward. Questions: Ellen Andrews would like to know more about the education programs. She requested that Jim Wadleigh send out information on the programs to everyone as everyone at the table is working on education and should be working with the same message. She also asked how many brokers Access Health has to which it is referring people. Ellen would also like to know more about the database, and would like to participate in the webinars to help engage policy makers from other states. Jim Wadleigh answered that he will send out the data for the top 10-20 procedures taking place according to the all payer claims database. Access Health has 700 certified brokers that are working with it, or say they are. Access Health is now re-vetting brokers because it is finding that there are a number of brokers who say they are working with Access Health but haven't	

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		enrolled anyone. Access Health is working through what it can do to help brokers get more engaged. For instance, the southeast corner is not getting a lot of coverage, so it depends on the area of the State. Access Health is looking at data to see where it can improve. Organizationally, it's made changes because it acknowledges the importance of data, and it's refocused on creating a new technical data team. In the October board meeting, Access Health will share with the board its new data warehouse and the plans to work with DSS so that is also has access. There will be a presentation on data at the October board meeting. The data can be broken down to zip codes and streets, which is really exciting. Jim Wadleigh revealed that he uses this data when he gives presentations and can speak to the actual surrounding neighborhood. More on this will come on that in October. Access Health will be sharing more on education programs. It is in its infancy right now, but CT is used as a poster child for education and outreach programs. There are opportunities for improvement. Carriers invest millions to acquire customers, but more can be done to ensure retention of customers through customer service and outreach, among other things. Carriers are beginning to do that, and Access Health is focusing on that aspect as well. Access Health is facilitating carrier driven programs like outreach fairs.	

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		A question was asked to whether the database was coverage or claims based? Jim Wadleigh answered that Access Health is just about finished up with the security review and then it can start testing with carriers. It will include claims data for the first quarter time frame of next year, and Access Health is confident that it will start seeing some really good information. It will take 2-3 years to reach maturity from the technology perspective. Bonita Grubbs asked how Access Health was communicating with individuals that open enrollment is taking place. She asked what the outreach plan was. She also asked about the interface between DSS and AHCT and what kinds of things have been put in place for the purpose of making the transition easier, smoother, and better for customers. Jim Wadleigh answered that Andrea Ravitz is the expert on outreach and she will give an update next Thursday at the board meeting. Jim Wadleigh suggested that members reach out to her because she has a lot of plans for outreach. Jim Wadleigh answered that next Thursday Access Health will do a full deep dive into survey results which will show board members some pretty amazing numbers about the uninsured rate. Now that the data is available, Andrea will set up programs to focus on those areas	

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		that need improvements. She will give two updates, one next Thursday and October. In regards to the integration with AHCT and Medicaid, over the last couple of years DSS and AHCT teams have met on a regular basis and have done a number of thing to prioritize the most impactful customer items. Commissioner Bremby and Jim Wadleigh have begun having their teams meet on a biweekly basis above and beyond what they already have in order to work and make sure that all everyone is all on the same page and there is a common message for all initiatives. There is always opportunity for improvement. DSS is not the only business partner seeking improvements, carriers also want improvements. Commissioner Bremby replied that he agrees with Jim Wadleigh, the opportunity to improve is based on greater integration between the two systems. This summer DSS was able to advance the auto renewal process, and enhanced customer service will lead to less back and forth. Currently, auto renewal at 55%. Lt. Governor Wyman commended both Commissioner Bremby and Jim Wadleigh on their cooperation and leadership as other states do not have as great of a working relationship. Bonita Grupps wonders if at a future meeting of this body there can be a presentation on customer	

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		service. She suggests maybe next month or month after. She asked about the plans to reach out to individuals and whether that is doable. Jim Wadleigh responded that yes, but he prefers to have staff with expertise come in for such a presentation. Bonita Grubbs responded that she doesn't sit on AHCT board and would like to hear what's happening. Pat Baker noted that the survey data is really important and asked whether that data can be shared with the cabinet. Jim Wadleigh responded that he will try to do that. That report will be on the website. Lt. Governor Wyman stated that her office will send out a link to the report to the cabinet members.	
5.	**2015 Legislative Session Update,** Anne Foley, Undersecretary, Policy Development & Planning, Office of Policy & Management	Anne Foley gave an update on the 2015 legislative Session. There were four Governor's bills: one had to do with commercial insurance coverage for autism disorders. The Governor was very interested in making sure that, as the State expanded Medicaid coverage for those with the disorder, all children, no matter what they were covered by, had the same or	

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		similar coverage. That bill did pass. The administration is very pleased that going forward the State requires some commercial coverage for autism disorders. The second bill, the substance abuse and opioid prevention bill, requires continuing education for practitioners, strengthens prescription monitoring that the State has in place, and increases access to overdose drugs. The implementer bill implemented a number of things in the budget like the HUSKY adult transition that Jim Wadleigh and Commissioner Bremby are working on. Right now, the bulk of those folks will transition next year because of the requirement for transition assistance under Medicaid. That bill also does some things in terms of long term services and support system. It extends the moratorium on nursing home beds and requires notice when patients are eligible for Medicare. There were 10 state agency bills this session: Concerning emergency medical services, establishing a hierarchy for responders in emergency situations, enacting various revisions to statutes, allowing out of state nurses to temporarily care for Connecticut residents for 72 hours without obtaining a DPH permit. DSS had several bills – one of which expanded	

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		the type of over-the-counter drugs that are covered by Medicaid. Previous law was very restrictive, and this expands the ability of DSS to cover lifesaving, over the counter medications. There was also a childhood vaccine bill that tightened up religion exemptions to opt out of vaccines. Now, anyone who wants to opt out is required to provide notarization of those religious attestations. The State is hopeful that this will protect kids who are susceptible to diseases. Anne Foley then described the sections of SB 811 – the bipartisan hospital round table bill: The round table was led by Senators Looney and Fasano. A workgroup convened last fall to develop policy recommendations, and met 5 times on various topics. The nine bills that resulted from that discussion were merged into one very large bill after a lot of negotiation with different parties. Anne Foley goes on to highlight a few parts of the bill. One of Governor's bills was incorporated. The bill enhanced the transparency of executive pay in hospitals because it was felt that this was important for the public to see. The rest of bill has number of provisions in a number of different areas. They include increasing consumer access to coverage and pay and creation of a consumer health information website. The website	

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		will enable consumers to have easy access to information on healthcare. Some other provisions have to do with streamlining process to determining coverage – providers must determine coverage before scheduling a procedure. This provision will help the patient find out in writing whether they will be charged for unforeseen procedures. Consumer transparency will be increased. Other provisions will decrease costs for consumers in two major ways: one is limiting surprise billing by saying that healthcare carriers are prohibited from requiring prior authorization for emergency services and the second is prohibiting charges that are higher than in network out of pocket costs. Surprise billing is when you go into the emergency department assuming you will be treated by in network doctor but aren't, and subsequently receive a surprise bill. The bill also limits facility fees that institutions can charge. The bill also advances health information technology. Commissioner Bremby is taking the lead in the HIT council. Commissioner Bremby replies that the bill creates a 28 members council to assist in the RFP process and strategic plan for HIT for the entire state of CT. The advisory council will meet three times prior to January 1. The first meeting was held prior to September 1. The bill also identifies the RFP process through which the State will procure the HIT exchange. The attempt is to identify a health information exchange vendor	

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		that is already providing service in other states, and hopefully, they will be able to leverage existing technology within the State's infrastructure so that the State does not have to re-procure services and systems that are already in place. Questions? Dr. Handelman asked whether the bill address a situation where a surgeon participates in network, but other consultants do not participate. Anne Foley answered that the provisions only limit out of pocket costs for emergency service, and does not address that situation. Concerning the provisions impacting DPH, the bill strengthens the certificate of need process for applications for transfer of ownership of hospitals – the provision ensures that affected communities continue to have access to quality and affordable healthcare. The provisions that impact the Cabinet are contained in section 17 of PA 15-146. Anne Foley will send out a detailed summary for Cabinet members. Section 17 requires this body to study healthcare cost containment models in other states, and to identify the successful practices and programs that might be implemented in CT. As a body, the Cabinet would take a look at what other states are doing with regard to cost containment and identify what members	

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		believe is successful and might be implemented here in CT. The Cabinet has to submit a report by December 2016 to the general assembly on the findings of the study and submit recommendations for policy changes. The policy changes could be administration, regulatory, or other kinds of policy changes that the Cabinet thinks would provide a useful framework, mechanism, and authority to implement service delivery reforms and implement other policies that would contribute to containing healthcare costs and promoting high quality and affordable care. The bill gives specific structure and framework to work off of for the next year and a quarter as the Cabinet works together to focus on. It's a significant amount of work, and there was some funding put into DSS to implement provisions of bill, and the administration has looked very closely at what it can do with the resources provided. Lt. Governor spoke to the project and resources. The Lt. Governor said that this is a big job, and an expert is needed to do an objective study. There is some money for the report, but the Lt. Governor's office is looking at getting matching grants. Lt. Governor has asked OHA to come up with the procurement, and she will track the legislation requirements so that it is in procurement. Information from the study will come back to everyone so they all have the information and	

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		the Cabinet can work as a team and members can express their views. Questions: Ellen Andrews asked whether there will be public input. Lt. Governor replied that yes, the public can come and give comment at the Cabinet meetings.	
6.	**State Innovation Model Update**, Mark Schaefer, Director of Health Innovation	Dr. Mark Schaefer provided and update on SIM. He walked through a few of the work streams that are underway. He begin with a reminder of the broader governance structure/planning structure of the various SIM work streams. The work stream has broadened as SIM has outlined a clear role of partner groups, for example, DSS and care management under MAPOC. With regard to MQISSP, Kate McEvoy has been working with mercer and the Care Management Committee. Kate McEvoy has finalized benefits and is preparing a concept paper. The current timeline is that the RFP would proceed in January, and would continue seeking comment from stakeholders during that time. The start date is 7/1/16. With regard to the quality council, it is preparing a set of statewide quality measures with the goal to accelerate quality improvement and enable providers to focus on a	

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		smaller set of measures that are adopted across payers. That common measure set would enable SIM to make comparisons across providers, as well as being picked up for value based payment programs under SIM. Work of the quality council began with a comprehensive set of measures in use under DSS's medical home program, by the various commercial payers, by Medicare and then supplemented under measures that have been developed nationally and endorsed by the National Quality Foundation. SIM is going through additional culling processes and have completed level two, which considers the population health, feasibility, and quality improvement opportunities. SIM is about to embark on the last phase of measured development, which is taking the current 50 or so measures that exist and eliminate measures that don't rank high on criteria, including whether they are outcome vs process and whether there is a measurable opportunity for improvement. The PMO had been preparing to present in the October steering committee, but after conferring, it might be moved to November given that October will be focused on CCIP. Kate McEvoy will present the concept paper, which will be release for public comment. PMO has been developing with the task force standards for care, behavioral health integration standards, etc. These standards reflect most of the areas that were discussed in the test grant as priority	

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		areas to develop. Some areas, like community health workers, are embedded in other areas. These are standards that participants in MQISSP would be required to meet. During the past 4 months, PMO has conducted research and interviews that look to national and state experts to develop high level design considerations with design groups as part of the task force. It is in the process for discussing and editing, and drafts are complete in every area. They will be posted on the website today, and will be presented to Care Management Committee and opened up for comment as the task force oversees this work. The goal is to complete drafting the standards/guidelines for the Steering Committee on October 8. Dr. Mark Schaefer stated that he was pleased to see consumer engagement plan presented to the Steering Committee in August because it highlights focus areas, and also sets up a number of different activities that facilitate consumer engagement. Dr. Schaefer provided an update on the Equity and Access council. Public comment on that report ends this week. Dr. Shaefer provided an update on the HIT council. He stated that a couple of design groups have been established on short and long term tech solutions.	

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		The PMO is preparing for edge server demonstrations, and DSS is awaiting the program requirements from CCIP so that the work that the task force is doing on CCIP program will help define technology solutions. Commissioner Bremby clarified that the HIT council is awaiting requirements of program, not DSS. Dr. Schaefer stated that for the AMH program, the pilot is off and running. The final set of practices were just recruited, and it is very near the goal of 50. There will be a more formal kick off within the next two weeks. DPH has a modified behavioral risk factors surveillance survey to incorporate, and will be doing an over sampling designed to assess health behavior and health needs. Questions: Commissioner Bremby asked whether BRFS will be picking up ACEs module in the survey? Dr. Shaefer replied that he doesn't know, and asked how extensive that module is. Commissioner Bremby answered that it was used in 2011, formatted by CDC, but he does not know the exact number of additional questions.	

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		Dr. Mark Schaefer replied that he will follow up Francis Padilla asked whether there was an opportunity in consumer engagement arena to collaborate with AHCT in education and the actual take up of insurance since many newly insured are not using their insurance. She stated that there is opportunity on the SIM side to engage consumers on understanding how best to use their insurance. Dr. Mark Schaefer replied that he believes there is an opportunity to help educate consumers as to their role in health care settings and process. How to use benefits wisely and how insurance works can be part of that. SIM would be happy to partner with AHCT on that Jim Wadleigh remarked that Mark came in last week, to start having conversations on a number of items, and Francis Padilla's suggestion piggy backs on that. Bonita Grubbs commented that she sits on CAB and one of the things CAB is concerned about is the degree to which individuals understand and can be an active part of how SIM is implemented that is friendly to consumers. She questioned how to get the word out to consumers in order to have a greater impact on the process. The CAB would be interested in taking up and looking at how people can be better informed,	

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		and she is really interested in the consumer empowerment process. Dr. Mark Schaefer replied that he appreciates Bonita Grubbs' comments and is also interested in exploring with CAB how best to achieve what she described. Mark Schaefer believes that the plan that has been developed provides an overall direction where CAB is going to go, getting a coordinator who is dedicated to that work will allow SIM to get to more detailed planning in the way Bonita Grubbs just described. Pat Baker commended that the burden is on the consumer, and she hopes that there is a feedback loop because it is a partnership. Dr. Mark Schaefer replied that he is encouraged that SIMs overall engagement of providers will highlight person centered care as the AMH program did that. In the CCIP standards, there are health equity standards and improvements around ensuring interventions to subpopulations. Guidelines will be generally available and open to comments before a finalized draft is released. Bonita Grubbs commented that her natural inclination is to make sure that the Cabinet can make trouble, good trouble. The idea is that if the process is going to work, it must work for the underserved. As the	

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		Cabinet moves forward with CAB and plan, there will be an opportunity to lend a voice to these complicated initiatives within SIM. Bonita Grubbs commented that it would not make sense for consumers not to be informed and able to participate in systemic improvements. Dr. Mark Schaefer replied that he looks forward to the engagement and the trouble making. Then moved for minutes to be approved, motions carries.	
7.	Review & Approval of minutes	Lt. Governor requests a motion to approve minutes for January 13, March 10, and May 12.	Motion to approve minutes by Pat Baker, seconded by Francis Padilla, passes unanimously.
7.	Next Steps	The next meeting will take place on Tuesday, October 13, 2015. Lt. Governor asks if cabinet has an issue with changing time to 1-3pm – no objections.	
8.	Adjournment	Lt. Governor requests a motion to adjourn	Motion to adjourn by Pat Baker, seconded by Bonita Grubbs