

OHA Advisory Committee Meeting
January 26, 2021
12:00 p.m. to 12:30 pm
Via Teams
Minutes

Meeting convened at 12:06 pm (Sean chaired the meeting)

Attendance: **Members in attendance** – Lynne Ide, Steve Wanczyk-Karp (joined late), Dina Berlyn, Susan Halpin, Mark DeWaele
OHA Staff –Valerie Wyzykowski, Sean King, Adam Prizio, Denise Ramoutar and Sherri Koss

1. Welcome & Approval of Agenda and Minutes

- Motion to approve January 26, 2021 agenda; Mark DeWaele motioned to approve and Lynne Ide seconded; No discussion, no nays, motion carried unanimously
- Motion to approve October 27, 2020 minutes; Lynne Ide motioned to approve and Dina Berlyn seconded; No discussion, no nays, 1 abstention; motion carries
 - Lynne - yes
 - Dina - yes
 - Susan - yes
 - Mark DeWaele - abstained

2. Administration Report

a) **Budget**

- No updates at this time
- There have been no requests for bi-annual budget, but OHA expects this to be forthcoming soon; expects the Appropriations Committee to request our proposed budget
- State budget projections are more positive, with no deficit this year and with a smaller deficit for next biennium. No questions at this time from the committee.

b) **Personnel**

- Stable, no new employees, no employees left the agency; stability been good for the agency
- Discussion of possible executive session to discuss candidates for the appointment/reappointment of the State Healthcare Advocate position
 - Sean reminds committee that he reviewed the process at the last quarterly meeting
 - The Governor's Office is supposed to notify this committee to come up with a list of names for consideration. This has not happened. Until a new Healthcare Advocate is appointed the current one remains in the position. In the absence of the notice from the Governor's Office, Sean does not feel there is an issue with this body discussing potential candidates including, if it's the choice of this body, to recommend the re-appointment of the current HA. The Board can meet in Executive Session to discuss possible appointments to the Healthcare Advocate
 - Does not have to do this today, but have that option
 - A motion is required to go into executive session and has to be approved by 2/3 of committee members in attendance, which would be 3 out of 4
 - Sean opens it up to the committee for questions, comments, discussion
 - Lynne Ide states that herself and other members were on the interview committee when Ted was the person proposed to the Governor. Hasn't been on

the board long enough to go through one cycle of this. In past years, is it standard practice to interview at this juncture or is it ok if we decide that we don't want to? Dina doesn't think they do interview just that the Advocate is reappointed. Mark agrees with Dina, doesn't recall interview when it was time to reappoint Victoria Veltri. Sean recollection is there was a vacancy which is a different process rather than a sitting healthcare advocate being re-appointed. Dina asks if we can put that to the Governor, that this body recommends reappointment? Sean states that if this is the will of this body that can be done, if in executive session or right here. Mark is looking for a confidence vote in Ted and to be reappointed. Marks is fine with executive session or here in this venue. Lynne asks if he is making a motion. Mark is happy to do that but wants a sense of the committee whether or not there is a need to go into executive session and is happy to do that with the sole purpose of having the discussion of reappointment or just make a motion within this meeting to have a confidence vote in Ted sent to the Governor. Susan is comfortable with the latter. Lynne states she is happy to go into executive session and even if one of us feels it's important we should do that. Dina doesn't feel it's necessary unless someone else does - happy to just vote and asks if anyone feels we should go into executive session. No comments. Sean then suggests a motion that "the Advisory Board recommends sending to the Governor's Office a recommendation that he reappoint Ted Doolittle as the Healthcare Advocate for another 4 year term." Motion moved by Susan Halpin and seconded by Mark DeWaele. Mark feels that Ted has been incredibly forward thinking in having monthly conversations individually with each Board member and brings members up to date. Thinks it's really a great thing to do. Found this vehicle very helpful. Lynne concurs with Mark's statement about the monthly calls. It should be communicated to Ted that this is very helpful, the once a month calls. Susan Halpin agrees.

- The committee votes to recommend Ted's reappointment to the Governor's office. No nays, no discussion; no abstentions. Motion carries. Lynne suggests that someone reach out to Steve Karp and let him know that this action was taken as he was not in the meeting. Sean will take care of that. Mark suggests that we could note he was contacted and that he was in favor of this action. Because this vote was unanimous we could mention that to the Governor. Sean likes that suggestion and will handle that.
- Other
 - Nothing at this time

3. Data Reports

- Sean reviews the data report with the committee and Val shares her screen with the data report open
- Sean discusses our initiative within the office where staff reach out, (Steve just joined the meeting and we will reach back around to him) primarily to provider offices to make them aware of our existence and what OHA does. This rolled out in mid-December. They make 5-10 provider calls per staff member and we are starting to see an uptick in cases from that.
- Val wants to add that Denise and Val have been doing at least 1 – 2 presentations weekly
- Started off with collaboratives and has 30 – 80 people attend. We are starting to schedule out in April
- Val is it your sense that the DCF cases are a little bit higher? Val believes it is a little bit higher and there was a transition made in the DCF, no longer called voluntary services switched to VCMP (Voluntary Care Management Program and now Beacon Health is the

administrator of it) Since Beacon Health took over there has been an uptick in cases. Feels this is also due to COVID.

- The high Medicaid on this slide reflects DCF cases, but Val shares that it's a combination of that and all of the people out of work applying for Medicaid for the first time. A lot of new people coming onto Husky plans and a lot of education happening. Mark asks on this chart do we generally see quarter by quarter that these carriers carry the same spot within this chart. Is Anthem BC/BS the highest? Is this consistent every quarter? Is there something we should do to better understand why one is more than the other and maybe affect a change and try to not have this be a consistent pattern. Lynne feels this trend may have something to do with the number of lives covered by the different plans. This doesn't mean that just because a carrier has more OHA cases that the carrier has more issues. Susan states that Anthem BC is by far the largest carrier in the market in terms of covered lives followed closely behind by United Healthcare. The total number of cases for each carrier makes perfect sense based on the market share. Mark asks if we took that factor out, then they are all basically equal but because some carriers cover more people they will have more issues. Susan states that it's partly based on enrollment, largely, but also thinks which market they may be involved in. Anthem and ConnectiCare are the only two on the individual markets here in CT. And all the rest are in a combination of small group, large group and self-insured. But you would expect that individuals, particularly on the exchange, might be seeking additional assistance in managing and understanding their benefits. Val states that Susan is correct in all that she states. She also states that sometimes there are multiple issues with a particular carrier and those are addressed directly with that carrier to see what's happening, how it can be corrected and what can be done about it. That usually resolves the issue. Sean states that OHA can look back at prior quarters and make sure that this is the curve. Denise states that it is. This is consistent with past reports. Val asks if the committee would like us to add to future reports. Mark states that it would be helpful to him, but he feels his question has been answered.
 - A pretty close balance between Mental Health and Medical cases
 - Sean updates Steve on the action regarding Ted's re-appointment and to hear Steve's thoughts, suggestion or comments. He feels the Healthcare Advocate has done a terrific job. Steve votes yes to recommend re-appointment of Ted
4. COVID19 Update – Office Status.
- Nothing new to report at this time. The last projection staff would be brought back in on a more permanent basis is sometime this summer
5. Other Business
- Lynne wants to thank the staff for doing their jobs remotely and as effectively as they have

Mark DeWaele motioned to adjourn and Lynne Ide seconded; no nays; no discussion motion carries unanimously; Meeting adjourned at 12:44 pm.

**The next meeting is scheduled for
Tuesday, April 27, 2021
12:00 – 12:30 PM**