

VERBATIM PROCEEDINGS

ACCESS HEALTH CT
NEW NAME FOR CT HEALTH INSURANCE EXCHANGE
STRATEGY COMMITTEE MEETING

FEBRUARY 21, 2013

STATE CAPITOL BUILDING
210 CAPITOL AVENUE
HARTFORD, CONNECTICUT

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RE: ACCESS HEALTH CT
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1 . . .Verbatim proceedings of a meeting
2 before Access Health CT, New Name for CT Health Insurance
3 Exchange, Strategy Committee Meeting, held at the State
4 Capitol Building, 210 Capitol Avenue, Hartford,
5 Connecticut, on February 21, 2013 at 2:10 p.m. . . .

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10 CHAIRMAN SCALETTAR: I'd like to welcome
11 everybody to the Strategy Subcommittee of Access Health
12 CT. First, I'm going to take a minute and ask everybody
13 to go around and introduce themselves. I'm Bob
14 Scalettar, the co-Chair, and down the table to my left is
my co-Chair, Mary Fox.

15

MR. ROBERT TESSIER: Bob Tessier.

16

MR. KEVIN COUNIHAN: Kevin Counihan.

17

MS. ANNE MELISSA DOWLING: Anne Melissa

18

Dowling.

19

COURT REPORTER: That's not working, that

20

one there.

21

MR. COUNIHAN: You know what? We do need

22

to get going.

23

MS. DOWLING: I'm less concerned with the

24

court reporting than I am with the -- (indiscernible -

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1 too far from microphone)

2 CHAIRMAN SCALETTAR: And then there's
3 Vicki Veltri, who is on duty. So let me call the meeting
4 to order and ask for approval of the minutes from our
5 prior meeting, which was January 24th.

6 MR. TESSIER: Bob Tessier, seconded.

7 CHAIRMAN SCALETTAR: Thank you very much.
8 Okay, so, let's launch right into --

9 CHAIRPERSON MARY FOX: (Indiscernible -
10 too far from microphone).

11 COURT REPORTER: That's not working.

12 CHAIRPERSON FOX: (Indiscernible - too far
13 from microphone) -- they're giving numbers of the wasted
14 expenditures equates to 31 percent of all dollars spent,
15 27.5 percent being unnecessary services and ineffective
16 care delivery, accounting for 17 percent. Is that of the
17 31 percent, because I just couldn't figure out what --
18 because that's actually useful information for us to be
19 working with if we have.

20 MR. COUNIHAN: The 31 that he's referring
21 to is from the (indiscernible - too far from microphone).

22 CHAIRPERSON FOX: Right, and I've seen
23 that a number of times, 30 or 31, but I just don't get
24 the others.

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1 MR. COUNIHAN: It's a good point.

2 CHAIRPERSON FOX: As we talk about
3 affordability and we struggle with how difficult it is in
4 the current paradigm (indiscernible - too far from
5 microphone) even with the new restrictions, in terms of,
6 you know, medical cost ratio and all that. We just have
7 to get a handle on what other things that potentially we
8 could (indiscernible - too far from microphone).

9 Is it reimbursement strategies? Is it
10 getting at the waste that is built into the underlying
11 cost (indiscernible - too far from microphone) and to
12 look for ways that we can influence that. (Indiscernible
13 - too far from microphone)

14 MR. COUNIHAN: We'll firm that right up.

15 CHAIRPERSON FOX: Thank you.

16 CHAIRMAN SCALETTAR: So we've approved the
17 minutes with that clarification on cleaning up that. So,
18 as we previously mentioned and as we talked about this
19 morning at the Strategy Committee update at the Board
20 meeting, our goal is to try and have this become a forum
21 for raising important topics that have more of an
22 opportunity for open discussion and really reflect the
23 strategy to get to our goal of affordable, accessible,
24 quality health care.

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1 And having speakers come from a variety of
2 different stakeholder relationships, we have started to
3 work that schedule going out over the ensuing couple of
4 months, and we'll have presentations by some folks from
5 hospital organizations, carriers, Health Care Cabinet
6 folks, but, today, we thought that we would start by
7 having a more in-depth discussion of a conversation we
8 started last meeting, Kevin, and that's on the all payer
9 claims database.

10 I think we all appreciate some of the
11 potential that the all payer claims database has for a
12 variety of constituencies and stakeholders, and we're
13 anxious to hear some of your thoughts on what that is,
14 and, then, we'll see where we go in conversation.

15 MR. COUNIHAN: Thank you, Bob. And, also,
16 Matt Salner from our office, who I think you may remember
17 from Jeanette's office, is now an Exchange employee, and
18 we're delighted to have him, and he's going to be joining
19 me, in terms of complimenting this presentation.

20 You probably all may remember from last
21 year that, I guess it was about a month or two ago, that
22 the Lieutenant Governor asked if the Exchange would take
23 on many of the key functions from OHRI, one of which was
24 the implementation of the APCD.

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1 And, so, the purpose of this presentation
2 today is really a few things. One is to provide a
3 preliminary vision for the use of the APCD.

4 The second is to summarize key functions.
5 The third is to identify core customers. The fifth is to
6 lay out a very basic organizational sense.

7 I had the benefit of working with a good
8 consulting firm, as well as talking to some other states,
9 to organize some of this. And the last is to give you
10 some highlights and timeline of our implementation plan.

11 So let me begin next with the vision. Our
12 preliminary vision for this, and, again, it's, you know,
13 we're new, is the following.

14 One is to provide actionable information
15 and reports. Some states have tried to shoot for the
16 moon with respect to how much data that they catch and
17 capture and have had a very difficult time either getting
18 that from the health plans and producing reports that
19 people can use.

20 That's not the vision I think we have for
21 this. We're not looking for a homerun. We're looking
22 for some good doubles and the triple, but we want to get
23 something out that people can use quickly, because,
24 particularly for consumers, this is sort of the ultimate

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1 decision support tool.

2 The second is -- approve decision support
3 for consumers. Not available for this year in our open
4 enrollment, but, next year, for open enrollment in the
5 fall of '14, we expect to have a terrific amount of new
6 information that consumers can start making decisions on,
7 that are going to help the selection of their products,
8 and we think are going to cascade throughout the market,
9 as well.

10 The third is to open the window into
11 spending and utilization, which I think is consistent
12 with the types of comments that Mary had just made.

13 The fourth is to promote innovation by the
14 plans, again, with more information and coupled with such
15 things as VBID, Value-Based Insurance Designs, perhaps
16 get more tailored networks.

17 Based on these types of this data, we
18 think this is going to help the marketplace, the plans,
19 consumers, small businesses, all be able to provide more
20 value-added networks and benefits.

21 And, finally, to be a catalyst for
22 reducing system inefficiencies, lowering cost and
23 improving value.

24 I don't know how that on the surface

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1 strikes the committee, in terms of a vision, but that's
2 kind of our initial sense of where we think we'd like to
3 go.

4 CHAIRPERSON FOX: Could you just give us a
5 little more flavor for the decisions (indiscernible - too
6 far from microphone).

7 MR. COUNIHAN: You know what? All the
8 microphones now are going to be considered working, and,
9 if they don't work, we'll fill it in, but that's the last
10 time with the mikes, but thank you very much.

11 I think we're going to be touching on
12 that, Mary, and, if it's not, then we'll keep moving.

13 The core functions of the APCD I think you
14 can see as follows. The first is that it provides a
15 statewide data warehouse. It securely complies to the
16 identified insured, ASO, Medicaid and Medicare data.

17 This is one of things that's incredibly
18 exciting. I think, on the basis of what I've been able
19 to glean from the reading I've had for just a fair amount
20 of time, we're going to be able to get data that should
21 be covering over 90 percent of insured people in our
22 state, which is extraordinary.

23 A key reason for that is because we're
24 able to get the self-insured claims data. The Medicaid

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1 we can obviously get, the Medicare A and B we can get
2 from the feds, and the C & D we can get from the plans,
3 so this could be an extremely rich warehouse.

4 Names, socials, addresses will be replaced
5 with unique identifiers. High-level aggregated
6 information will not be tied to any kind of individuals,
7 and any kind of reports to researchers and others must
8 comply with very strict security standards, including
9 being HIPAA-compliant.

10 Second function is highlighting variations
11 in payments for specific procedures. We know, for
12 example, that there's some wide variations in the payment
13 and cost of procedures throughout our state.

14 This is going to highlight that in a much
15 more credible way, and, so, a goal by 2015 is to have our
16 consumers, policymakers and other key stakeholders be
17 able to compare risk-adjusted, average-priced and quality
18 metrics for a broad variety of procedures.

19 MS. VICKI VELTRI: Kevin, will people be
20 able to compare not just the price? (Indiscernible - too
21 far from microphone).

22 MR. COUNIHAN: Yes. It's claims data.

23 MS. VELTRI: So will there be a way to
24 (indiscernible - too far from microphone).

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1 MR. COUNIHAN: I'm not so sure. I don't
2 know. I don't know about that, because you're trying to
3 get to actual cost of a procedure versus what is charged.

4 MS. VELTRI: Yeah. (Indiscernible - too
5 far from microphone).

6 MR. COUNIHAN: So that's not a core
7 function, typically, of an APCD, which is not to say that
8 it couldn't be enhanced with some of that, but it's a
9 good question, Vicki, and I think we just have to
10 understand that more.

11 Future enhancements that we see to this
12 kind of data will enable analytics to compare and
13 contrast payment models, which, again, is something that
14 Mary, I think, was getting at. See the impact of
15 different applications on costs, care applications, so
16 this could be such things as an ACO, PCMH, things like
17 that, and analyze outcomes, which I think, again, is very
18 much in the spirit of where the Exchange Board has always
19 wanted to take us.

20 MR. TESSIER: I just want to follow-up on
21 Vicki's question, because I'm not sure I understood,
22 Kevin, your response to it exactly.

23 Providers don't submit cost information.
24 They submit charge information, so where would cost

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1 information come from? Is this alternative databases
2 that you talked about?

3 MS. VELTRI: (Indiscernible - too far from
4 microphone).

5 MR. COUNIHAN: It would not be in the
6 APCD.

7 MR. TESSIER: Thank you.

8 MS. DOWLING: What is the enabling
9 authority to require participation?

10 MR. COUNIHAN: It was legislation that was
11 passed last year. As a matter of fact, if it would be
12 helpful to the Committee and to the Board, I can send a
13 copy of that, if that would be interesting at all.

14 MS. DOWLING: No. As long as --
15 (indiscernible - too far from microphone).

16 CHAIRMAN SCALETTAR: But to that point,
17 maybe it's worth just a quick summary of the enabling
18 legislation, as it's being passed over to a different
19 authority.

20 MR. MATT SALNER: Basically, it set up --
21 the all payer claims database requires, as Kevin
22 outlined, all the different payers to submit their claims
23 data to the central database.

24 It was originally set up with OHRI moving

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1 to the Exchange. It was based on legislation in a lot of
2 other states that have APCDs, New Hampshire, Maine,
3 Vermont, Massachusetts, Colorado, Utah and all the other
4 states, but, basically, it lays out how the, to some
5 extent, how the data would need to be submitted, and,
6 then, if it's not, then there's some sort of -- there's a
7 process by which, you know, there would be some kind of
8 consequence for payers not submitting the data.

9 MR. TESSIER: Financial penalties.

10 MR. SALNER: Exactly, yeah.

11 MR. TESSIER: Significant ones.

12 MR. SALNER: Yeah.

13 MR. COUNIHAN: I believe there are 18
14 states that have APCDs?

15 MR. SALNER: Yeah. Let me actually pull
16 up. There's this great group, called the APCD Council,
17 which we're part of, and they also help to, you know,
18 they have like kind of simple legislation that we talked
19 about.

20 I'm not the expert in this, but Bobby
21 Schmidt, who I worked with in our office, in the Office
22 of Health Reform and Innovation, really kind of got into
23 the details of the legislative, but let me pull up,
24 because the APCD Council I think they will list at least

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1 what states there are that have it.

2 MR. COUNIHAN: Okay, so, the warehouse is
3 going to include such information as where care is
4 delivered, how care aligns with best practice
5 recommendations, actual amounts paid by health plans and
6 consumers for a variety of services, frequency of
7 utilization for specific services.

8 And, again, because of the breadth of the
9 source, which includes the self-insured data, which many
10 states sometimes have a struggle to get, for example, in
11 Colorado, that was not in their legislation, and they
12 have to go to employer-by-employer to persuade them to
13 furnish the data, basically give a release to the health
14 plan, we'll be covering over 90 percent of our covered
15 lives in our state, so the data will be very, very
16 credible, we'll have it on a county basis, as well as
17 facility basis.

18 MS. DOWLING: Will it go down to the
19 actual physician?

20 MR. COUNIHAN: It should. Yeah, it's
21 claim-based.

22 MS. VELTRI: (Indiscernible - too far from
23 microphone).

24 MR. COUNIHAN: Yeah. The consulting firm

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1 we're working with is called Freedman Healthcare, which
2 is based in Boston, and they consult with eight states on
3 this stuff.

4 They've got a recommendation. Matter of
5 fact, if it would be helpful, it may be good to have them
6 come to a subsequent meeting.

7 They recommend, basically, a series of
8 reports, like stock reports, because they think they're
9 the most actionable for consumers.

10 It does capture this stuff, Matt, but I'm
11 not aware of how that's typically used, if that's
12 provided by physician.

13 MR. SALNER: I don't know the answer to
14 that question.

15 MS. DOWLING: Well I'm saying, if you're
16 looking and you want to know does somebody do one of
17 these a year or six a week, you know, kind of thing and
18 the relative --

19 MR. COUNIHAN: Right, right, right, right.

20 CHAIRMAN SCALETTAR: So, on that point,
21 Kevin and Matt, for the many states that already have up
22 and running APCDs, the only one that I know of that I was
23 able to spend a little bit of time to get on publicly was
24 Colorado, and I saw some of what I first called version

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1 one information that's available, and sort of saw their
2 plan out to version two and version three, etcetera.

3 Are any of the other states, particularly
4 the New England states, have accessible information to
5 the public at this point, or are they still in the
6 category of development, research, health service
7 research tools?

8 MR. SALNER: Yeah, I think New Hampshire
9 is -- I think they've had theirs for the longest amount
10 of time, and that's actually where the APCD Council is
11 based.

12 And I'm just looking at the map now, so
13 the other states that have APCDs that are currently
14 existing, up and running, are Maine, New Hampshire,
15 Vermont, Massachusetts, Maryland, Tennessee, Minnesota,
16 Kansas, Colorado and Utah.

17 Besides Connecticut, the other states that
18 are implementing APCDs are Rhode Island, New York,
19 Virginia, West Virginia and Oregon.

20 To answer your question, I've looked at
21 New Hampshire's a little bit, not that much in depth.
22 They, I think, have a pretty good example of, you know,
23 consumer information and that sort of thing.

24 CHAIRPERSON FOX: (Indiscernible - too far

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1 from microphone).

2 MR. SALNER: That's a good question, and I
3 don't know, specifically. I know that, just from hearing
4 a little bit from other states and, as Kevin mentioned,
5 from Freedman, who has been consulting with us, that
6 that's a goal, and that's what other states have done
7 generally.

8 Specifically, in terms of giving you
9 specific examples, I'd have to look into that.

10 MS. VELTRI: (Indiscernible - too far from
11 microphone).

12 MR. COUNIHAN: I think that's a really
13 good idea, and I think that Linda Green from Freedman
14 would be a good person to bring here, because I think
15 she'd have a lot more depth.

16 I think she's consulted personally with
17 eight states in implementing this. Do you agree, Matt?
18 She would probably know this.

19 MR. SALNER: Yeah, she's really the
20 expert, in terms of, you know, as Kevin mentioned, in
21 terms of using that sort of data, and there were, just to
22 add, there were a lot of discussions along the process,
23 in terms of the legislation the past year or two with the
24 payers about what kind of -- and the kind of data that

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1 they collect on health disparities and race and
2 ethnicity, and, so, I think that's part of the challenge,
3 is making sure that they have the information in their
4 claims data.

5 MS. VELTRI: (Indiscernible - too far from
6 microphone).

7 CHAIRMAN SCALETTAR: I think DSS actually
8 has the authority to capture that, but they maybe chose
9 not to, or don't enforce it, but that's sort of a story
10 across the country, and that was where most of the effort
11 to capture race and ethnicity started and Medicaid
12 programs.

13 Now, at Aetna, the former Chairman there,
14 Jack Rowe, was really one of the champions of this whole
15 story, and I believe Aetna was and probably still is at
16 the forefront of commercial carriers in collecting that
17 information, but, even there, it's still a very small
18 percentage of the population that they cover.

19 I don't know that the commercial carriers,
20 while they talk about it a lot, I don't think any of them
21 have gone to doing that with any regularity.

22 CHAIRPERSON FOX: (Indiscernible - too far
23 from microphone).

24 MS. VELTRI: (Indiscernible - too far from

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1 microphone).

2 CHAIRPERSON FOX: (Indiscernible - too far
3 from microphone).

4 MS. VELTRI: (Indiscernible - too far from
5 microphone).

6 CHAIRPERSON FOX: (Indiscernible - too far
7 from microphone).

8 MR. COUNIHAN: Yeah, I think, again, I
9 think Linda will be very helpful in that regard with her
10 experience and can help guide some of this.

11 Next slide? So core customers for the
12 APCD include the following. First, are consumers,
13 obviously, the opportunity to compare pricing and
14 quality, measures for specific services, the second being
15 employers and health plans, identifying costs and quality
16 indicators, in-networks, the potential driving enrollment
17 and the creation of higher value networks.

18 The third, clinicians, very, very
19 important, because it's an opportunity for peers to
20 review data for the same kinds of metrics.

21 Fourth, legislative, legislature,
22 policymakers, advocates, identifying patterns and
23 utilization, quality and cost, and, again, using all that
24 data for the creation of specific policy interventions.

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1 You can see, obviously, how important this
2 would be to Jewel at DPH. There may be other
3 stakeholders in this, as well, but, clearly, these are
4 core customers.

5 Now with respect to governance and
6 organization, our plan is to establish a separate part,
7 separate organization for the APCD. It will be housed in
8 the same building with the Access Health CT staff, but it
9 is not going to be reporting into anyone else, but me.

10 We are going to be hiring an Executive
11 Director, who will be in charge of the APCD. There will
12 be a Director of Research, as well as some analysts. We
13 hope to see how we could leverage other parts of the
14 Access CT management to provide support in legal,
15 financial, IT and marketing, as appropriate, so we don't
16 have to replicate those expenses outside.

17 I think you know that we were given a
18 grant as part of our level two grant of 6.6 million
19 dollars to get the APCD up and running.

20 This, as I think you may remember, was a
21 bit of a surprise to us, because, technically speaking,
22 when you listen to the folks at CCIIO, we should not have
23 received this grant.

24 It was specifically intended for those

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1 exchanges that were doing its own risk adjustment. I
2 told, at the time of the application, I told our State
3 Director at CCIIO that we were not going to do it, but we
4 were applying for it for other reasons, and I gave her
5 the five reasons, and we were pleased that we got it.

6 From respect to governance, and I
7 confirmed this again with the Lieutenant Governor
8 yesterday, she sees governance through the Access Health
9 CT Board of Directors, with oversight supplemented by the
10 APCD Advisory Council, which is a council of about 25
11 people, which includes, by the way, several Board
12 members.

13 So we are in the process right now of
14 recruiting an Executive Director, and our plan is to have
15 that person on site around the first week of May.

16 MS. VELTRI: (Indiscernible - too far from
17 microphone).

18 MR. COUNIHAN: Not yet. We're using a
19 search firm, but it will be on the website.

20 MS. VELTRI: (Indiscernible - too far from
21 microphone).

22 MR. COUNIHAN: Good. Good. We appreciate
23 that, Vicki. And you probably know some people even
24 beneath that level that we can look at, too, because, you

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1 know, when I was out in Colorado meeting with the APCD
2 folks there, they were pretty helpful, in terms of, you
3 know, I asked for lessons learned. What did you do well,
4 and what would you have done differently, and, so, they
5 talked about some staffing that they would have done
6 differently, other types of things, so they were pretty
7 helpful.

8 CHAIRPERSON FOX: (Indiscernible -- too
9 far from microphone).

10 MR. COUNIHAN: Correct. Well, so, I think
11 we're going to run out of dollars probably in about 30
12 months, so it's probably good for about two and a half
13 years, but we have some opportunities for sustainability.

14 CHAIRPERSON FOX: (Indiscernible - too far
15 from microphone).

16 MR. COUNIHAN: I don't know. I don't know
17 yet. My suspicion is that we're going to need probably
18 something like that to keep it going, but I've got some
19 ideas for sustainability that I need to tweak a bit more
20 before it comes back here.

21 CHAIRMAN SCALETTAR: And do we have
22 insights from the other states that are up and running on
23 how they got their original funding or for what their
24 business plan is or business model is?

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1 MR. COUNIHAN: Yeah, well, to be frank, I
2 only have it for one, and that's Colorado. Colorado was
3 funded through a foundation.

4 CHAIRMAN SCALETTAR: Foundation.

5 MR. COUNIHAN: Actually, two foundations
6 provided 4.5 million dollars of funding to them, and,
7 matter of fact, they'll basically burn through that I
8 believe within the next year, so they're in the process
9 of finalizing their sustainability plans.

10 CHAIRMAN SCALETTAR: Did Rhode Island get
11 a grant, because they're going to do risk adjustment, for
12 their Exchange?

13 MR. COUNIHAN: I'm not clear.

14 MR. SALNER: I don't remember about that,
15 but they also got it through the Exchange, their Exchange
16 grant, yeah.

17 MR. COUNIHAN: John, do you have any sense
18 of that? Is Rhode Island doing its own risk adjustment?

19 A MALE VOICE: (Indiscernible - too far
20 from microphone).

21 MR. COUNIHAN: Okay. That's all right.

22 MR. TESSIER: I'm wondering -- well, let
23 me let you finish going through the timeline, and then I
24 have a question about it.

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1 MR. COUNIHAN: Okay, so, this slide
2 represents really just a high-level sense of some key
3 target dates and activities taking us to the next year
4 and a half or so. A key one right now, actually, is a
5 procedural one, which is we have to get approval of the
6 regs. Matt, could you provide an update on where that
7 is?

8 MR. SALNER: Yeah, so, with the new
9 legislation, there would have to be -- originally, the
10 legislation establishing the APCD set it up in the Office
11 of Health Reform and Innovation, and since it's being
12 moved legislatively to the Exchange, my understanding is
13 that has to get, that legislation has to get passed, and
14 then the Exchange Board adopts policies and procedures.

15 MR. COUNIHAN: As opposed to regs.

16 MR. SALNER: Along the same lines as the
17 regs. I mean the regs have already been, you know,
18 drafted, and they've gone through public notice, and
19 public comment, and all that sort of thing, public
20 hearing, so, yeah, I mean, they're basically ready to go,
21 in terms of that, and, then, my understanding would be
22 the legislation would have to get it passed, as you
23 mention on here.

24 MR. COUNIHAN: So that we're targeting for

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1 a couple of months from now. At the same, concurrently
2 with that, as I said, we want to get the Executive
3 Director on board and start building an infrastructure
4 for that.

5 The Data Submission Guide, which is a
6 critical guide for the plans, we hope to have by mid-May.
7 An RFP with respect to a data warehouse vendor is
8 something we plan on issuing around June 1st.

9 Anyway, you kind of get a sense from here.
10 Bid close in August, signing a contract by mid-September,
11 data submission beginning in February. We actually think
12 we may get some test data in by December, but the target
13 date for actually getting submissions would be around
14 February.

15 Routine submission starts beginning in
16 March, the decision support tool available in October,
17 which is, as you guys know, is concurrent with open
18 enrollment with the Exchange for 1/1/15, and other
19 reports available in January '15.

20 MR. TESSIER: Two questions, and it may be
21 to Matt, because he may be the one, who knows the answers
22 here. The enabling legislation, was it the legislation
23 or is it the proposed regulations that had the timelines
24 for providers to submit, carriers to submit the data,

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1 etcetera?

2 MR. SALNER: You know, let me look at that

3 --

4 MR. TESSIER: I'm just curious whether
5 we're --

6 MR. SALNER: -- specifically in the
7 legislation real quickly.

8 MR. TESSIER: I thought it was in the
9 legislation.

10 MR. COUNIHAN: What the timing was?

11 MR. TESSIER: Yeah. My recollection is
12 that the original legislation said that, in 2013,
13 carriers and TPAs, etcetera, what did the legislation
14 call them? Required reporters, something. Had to submit
15 the data, and it seemed to me it was like mid-year this
16 year. I don't recall. I'm just curious kind of what the
17 status of all of that is, given that the Office of Health
18 Reform and Innovation no longer exists.

19 MR. COUNIHAN: We need something for them
20 to submit it to, and we're a little bit behind, in terms
21 of that.

22 MR. TESSIER: And I guess the second
23 question I'm curious about is that, when I last recall
24 last late summer or early fall, the Freedman Group was

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1 hired, and Linda Green was brought on board as a
2 consultant, and that was to prepare the RFP, etcetera.

3 I'm curious. What's the status of that?
4 Is she now reporting to you, and what is she doing if the
5 RFP has been obviously put off?

6 MR. COUNIHAN: Well the first thing she's
7 trying to do is get a contract to get paid, because,
8 actually, the original contracts, actually, that fund has
9 been burned through, so Virginia is in the process of
10 getting --

11 MR. TESSIER: Funding, meaning she did
12 other things?

13 MR. COUNIHAN: Well there was an initial
14 budget for money for Freedman, and, so, they're actually
15 not doing anything now, until they get some more, access
16 to more funds, but we have a timeline with them that's
17 worked through.

18 I have a weekly call with Linda. We're
19 going to get this contract resolved by next week.

20 MR. TESSIER: Thank you.

21 MR. SALNER: I'm just trying to pull up
22 the bill. My internet is not working now. I'll get the
23 answer to you, one way or another. You're talking about
24 the original legislation?

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1 MR. COUNIHAN: Yeah. Anymore questions
2 about this, or the timeline, or activities?

3 CHAIRMAN SCALETTAR: So how do you imagine
4 this integration? I mean I see it on the Governance and
5 Organization page, but, as you can tell by some of the
6 questions, some of us are just getting up to speed on the
7 issue. Is this something that gets integrated into
8 future Board meetings, or it operates independently?

9 MR. COUNIHAN: Well, you know, it's a very
10 good question. I don't know the answer to that. I'm
11 meeting with Nancy, actually, about this tomorrow to
12 actually walk through this in more detail.

13 That actually is a question I'm going to
14 be getting her advice on. Vicki will be there, as well,
15 so I think it may make sense for me to give an output of
16 that meeting to the Committee.

17 CHAIRMAN SCALETTAR: And, then, I
18 understand, then, that people like Matt and Bobby have
19 come over from the --

20 MR. COUNIHAN: Matt has. Bobby has
21 actually moved onto new things.

22 CHAIRMAN SCALETTAR: And, so, our
23 participation with the -- what was it called, Matt?

24 MR. COUNIHAN: Oh, the Council?

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1 CHAIRMAN SCALETTAR: The Council. You
2 represent us at this time?

3 MR. SALNER: That's a group -- that was a
4 group that was established by the legislation and in the
5 pending legislation that remains in place, so it's a
6 group of a lot of different stakeholders, I think Bob is
7 on it, obviously, Kevin is, from different departments
8 and agencies and other stakeholders to kind of oversee
9 the APCD, basically.

10 MR. COUNIHAN: Ben is on it.

11 MR. SALNER: I can pull up that list, too,
12 actually. Do you want me to pull up the list and read
13 who is on it?

14 MR. COUNIHAN: Sure.

15 MR. SALNER: All right.

16 CHAIRMAN SCALETTAR: And does that have a
17 website presence?

18 MR. SALNER: It's still on the
19 healthreform.ct.gov and under work groups and under APCD
20 Advisory Group. I'll just pull it up.

21 So the members currently are Robert
22 Ilteen(phonetic) from UConn Health Center, Ben Barnes,
23 Mary Ellen Breault from the Insurance Department,
24 Commissioner Bremby, Kevin Counihan, Matt Katz from the

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1 Medical Society, Kevin Lembo(phonetic), Commissioner
2 Leonardi, Kim Martone from DPH, Commissioner Mullen, a
3 designee of Mark Raymond from BEST, Commissioner
4 Reemer(phonetic), Bob Tessier, Vicki Veltri and Tom
5 Woodruff from the Comptroller's Office is the current
6 membership.

7 CHAIRMAN SCALETTAR: And the relationship
8 with this national organization that's housed in New
9 Hampshire, APCD Council, is that -- are there ongoing
10 regular meetings, or that's just a networking
11 opportunity?

12 MR. COUNIHAN: Yeah. They're quarterly
13 meetings that are typically webinars, or conference
14 calls, or things like that, and I believe, and correct me
15 if I've got this wrong, Matt, there's like an annual
16 meeting, as well?

17 MR. SALNER: Yeah, I think there's an
18 annual meeting. I think Bobby went to that last year,
19 but, yeah, they're actually based University of New
20 Hampshire, and they have -- it's a kind of small staff of
21 people that are kind of just focused on helping, and they
22 have a lot of free resources for other states that are
23 looking to do APCDs, and their website is
24 apcdouncil.org, and they have a lot of great information

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1 and links to all the existing APCDs, as well.

2 MR. JON KINGSDALE: (Indiscernible - too
3 far from microphone)

4 MR. COUNIHAN: Okay, good. Okay, thank
5 you.

6 CHAIRMAN SCALETTAR: So just to be clear,
7 only Massachusetts is using their APCD for risk
8 adjustment for their Exchange?

9 MR. KINGSDALE: (Indiscernible - too far
10 from microphone)

11 CHAIRMAN SCALETTAR: Thank you.

12 MR. SALNER: And just to get back to Bob's
13 question about the timeline, I'm just looking at the
14 bill. I don't think it actually has the actual dates in
15 here for, you know, kind of implementation process. I
16 think that was kind of in the --

17 MR. COUNIHAN: Was this helpful to the
18 group with respect to just sort of an overview? Good.
19 We'll bring Linda to a subsequent meeting to just get
20 into more detail about some of these other questions,
21 and, again, she's had direct experience implementing this
22 in eight states, and I think is considered one of the
23 foremost leaders nationally in APCD implementation.

24 So I think it's very consistent with both

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1 the Exchange Board and this Committee's objectives. I
2 think it aligns very, very well, and we're very excited
3 about getting this thing going.

4 MS. VELTRI: (Indiscernible - too far from
5 microphone).

6 CHAIRPERSON FOX: (Indiscernible - too far
7 from microphone)

8 MR. COUNIHAN: That's exactly right.

9 CHAIRPERSON FOX: (Indiscernible - too far
10 from microphone)

11 MR. COUNIHAN: That's right.

12 CHAIRPERSON FOX: (Indiscernible - too far
13 from microphone)

14 MR. COUNIHAN: And where do I go?

15 CHAIRPERSON FOX: (Indiscernible - too far
16 from microphone)

17 MS. VELTRI: (Indiscernible - too far from
18 microphone)

19 MR. COUNIHAN: Well, you know, if it's
20 helpful to this Committee, I'll send around a link to the
21 Colorado APCD, because you could see some and download
22 some standardized reports that they have, which show a
23 lot of this utilization by county, and then by facility,
24 and they also index it, based on the credibility of the

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1 data, so, for example, if the claims represent less than
2 25 percent in the state, that's one sort of demarcation,
3 then they've got it up to 50 and 75 and etcetera, so
4 you'll get, I think, a better, more tangible feel for
5 what the output could look like to a consumer.

6 CHAIRMAN SCALETTAR: I think, to Vicki's
7 point, about some of the public health applications, if
8 I'm not mistaken, Maine has actually gotten pretty close
9 to 100 percent of its population, and they've gone out
10 and made a concerted effort to get the equivalent of
11 claims for their uninsureds, who are receiving care at
12 community health centers, and they're translating and
13 counter data, so that they really have a total snapshot.

14 I'm thinking, at the Exchange level, that
15 could also just be another recruitment and outreach tool.

16 MR. COUNIHAN: Should we talk about SIM?

17 CHAIRMAN SCALETTAR: We'll move to the
18 next topic, the State Innovation Model.

19 MR. COUNIHAN: So the good announcement
20 for today is that we were awarded our SIM grant. We got
21 it today. It's three million dollars. Now we actually
22 have to produce something. It actually takes effect in
23 April.

24 MS. VELTRI: (Indiscernible - too far from

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1 microphone)

2 MR. COUNIHAN: So, you know, I originally
3 had thought, when this agenda got drawn, that it would be
4 trying to give you folks a sense of when we were going to
5 be notified, one way or the other. Well, today was the
6 day.

7 The next step on this is to come up with
8 an action plan, in terms of who is doing what. I know
9 that Vicki is going to be actively engaged in this,
10 whether she wants to or not, OPM will be involved, and
11 probably Vicki and CID. We're going to involve everybody
12 in this.

13 So, you know, there's a lot of work that
14 has to be done, but, basically, what this gives us is
15 something I think that we've needed in our state for a
16 while, which basically is going to force us to come up
17 with a vision, and that vision is around something
18 substantive around delivery system efficiency, potential
19 payment reform, the use of PCMH, the use of ACOs.

20 We've got to come up with something very
21 substantive.

22 (Off the record)

23 MR. COUNIHAN: And I think this is really
24 going to help, I think, inform some of the strategies of

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1 this group we'll, then, be targeting, because it's very
2 much aligned by rolling up, I think, a lot of our
3 thinking here into what's going to be required for a
4 submission to satisfy the terms of the grant.

5 MS. VELTRI: (Indiscernible - too far from
6 microphone)

7 MR. COUNIHAN: It's State Innovation
8 Model.

9 MS. VELTRI: (Indiscernible - too far from
10 microphone)

11 MR. COUNIHAN: Right, and there are two
12 types of SIM grants. One is a design, the second is a
13 test model. There are 26 states that were potentially
14 able to get the design models, of which we're one of
15 those. There's only five that would be eligible for
16 getting the testing ones, and those are significantly
17 richer, basically, about 50 million dollars apiece. So,
18 anyway --

19 CHAIRMAN SCALETTAR: Have those been
20 awarded?

21 MR. COUNIHAN: No. No. There's only one
22 application that I'm aware of. I think it's from
23 Kentucky. But, in any case, so this is great, so it's
24 congratulations to us for having been awarded this, and

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1 we owe you next steps with respect to the timeline and
2 such.

3 Vicki, do you know if this group has seen
4 the highlights of the application? Maybe they'd be
5 interested in that.

6 MS. VELTRI: I don't think so.

7 MR. COUNIHAN: Would you be interested in
8 that? Okay.

9 MR. SALNER: Those are also currently on
10 the healthreform.ct.gov website.

11 MS. VELTRI: (Indiscernible - too far from
12 microphone)

13 MR. SALNER: Oh, actually, that's a good
14 question. No, that's the original application.

15 MR. COUNIHAN: I was thinking of the
16 revised.

17 MR. SALNER: Oh, okay. Yeah.

18 MR. COUNIHAN: Why don't we send the
19 revised, summary of the revised one to this group?

20 CHAIRPERSON FOX: (Indiscernible - too far
21 from microphone)

22 MR. COUNIHAN: Well, you know, to be frank
23 with you, I don't think that's been fully decided yet.

24 CHAIRPERSON FOX: (Indiscernible - too far

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1 from microphone)

2 MR. COUNIHAN: I can tell you where it's
3 not going to be, but I can't tell you exactly where it's
4 going to be.

5 CHAIRMAN SCALETTAR: But it had to be a
6 state with the support of the Governor that could even
7 trigger the application, right?

8 MR. COUNIHAN: Correct, and we actually
9 had the Governor meet with Secretary Sebelius to, in
10 essence, underscore our interest in this grant and a
11 summary of our vision for it, too.

12 CHAIRMAN SCALETTAR: And it comes out of
13 what part of CMS? Is this under the innovation?

14 MR. COUNIHAN: Yeah. It's on the
15 innovation piece of, yeah, cms.gov, yeah. Yeah.
16 Actually, I'm kind of surprised it even made the fiscal
17 cliff cuts. Not everything did.

18 CHAIRMAN SCALETTAR: Remains to be seen
19 what happens there.

20 MR. COUNIHAN: But, in any case, so this
21 is terrific news for us, and, as I said, I'm meeting with
22 Nancy tomorrow to start thinking of some next steps. I
23 think there's some good ideas that we will follow, and
24 then I will see that a summary of our revised grant

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1 submission be sent off to this group.

2 So I think it's public comment time.

3 CHAIRMAN SCALETTAR: Yeah. We checked
4 earlier. Anybody? Please. By all means.

5 MS. PAT BAKER: I just wanted to thank you
6 for the chance to comment. I wanted to make a couple of
7 comments, particularly about the all payer claims
8 database and how important that is.

9 I think, if you think about the charge of
10 the -- well, a couple of things. One is it is much
11 bigger than the Exchange. We have to acknowledge that.
12 And the potential, therefore, is so dramatic, and I think
13 the importance of making sure, as you care and build the
14 database, that it has clearly imprimatur of independence
15 and transparency is going to be critically important.

16 When you think about the charge of the
17 Exchange to evaluate racial and ethnic disparities and
18 the state, this is also a critically-important tool and
19 mechanism on which to build long-term for the state and,
20 particularly, how you look at the work being done of the
21 Exchange, and, therefore, I think the -- I want to
22 underscore what Vicki said, the importance of collecting
23 race and ethnicity right away, including the outcomes
24 and/or indicators, process indicators, that you think are

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1 really important.

2 The sooner you know and if you come into
3 the Exchange knowing what you're collecting and what
4 you're going to be measured on, I think the opportunity
5 for success is so much greater, so I'd ask you to
6 consider that, even though this is separate, but at
7 least, in terms of advising.

8 And, finally, and you touched on it, but
9 the ability of a consumer to have a tool like this.
10 Certainly, all of us that are policy (indiscernible) kind
11 of folks want it, and we want to see our trends, but my
12 mother wants it.

13 You know, folks need this, and, so, how
14 you make it understandable, how you make it useable, and
15 test that accessibility standard continually is something
16 I would ask you to be mindful of. Thank you.

17 MR. COUNIHAN: Pat, can I ask you a quick
18 question on this?

19 MS. BAKER: Sure.

20 MR. COUNIHAN: So I asked this question of
21 some others. I haven't really gotten an answer yet. I'm
22 not sure people knew. Do you have any sense, as to are
23 the -- because, as you know, this stuff is from claim
24 forms.

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1 MS. BAKER: Right.

2 MR. COUNIHAN: Do you know if -- I know
3 Aetna is doing a very good job.

4 MS. BAKER: Right.

5 MR. COUNIHAN: But do you know how that
6 compares with the other health plans? Are they
7 collecting that stuff on the claim form?

8 MS. BAKER: I think you would find very --
9 I think Aetna is a leader, and I think Mary said it well.
10 That doesn't mean all of their enrollees are, in fact,
11 recording that.

12 Historically, other plans, when this broke
13 about 10 years ago, I think most plans were not. I think
14 I'm not sure, and nor do I want to speak for the plans.

15 What I would suggest, though, is the
16 Exchange has the ability to require that for people
17 coming in, plans that are coming into the Exchange.

18 You have ability to set that standard to
19 be a qualified health plan, even if the full pool, but
20 the other piece is, then, if you also set this as a
21 standard around claims over time, you will build the data
22 that you need, and it's a long-term process, so you'd
23 have to go to carriers.

24 I know, certainly, council has, you know,

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1 the council we provided over time speaks to the
2 importance, and what we've heard is you cannot assume
3 standardization around collection of race and ethnicity,
4 but the Exchange has the power to really effect change, I
5 think.

6 CHAIRMAN SCALETTAR: I think, the way the
7 health plans have done it historically and Medicaid, is
8 not on a claim form, an enrollment, and the real success
9 that Aetna had was not just the leadership of Jack Rowe,
10 but it also had some very large accounts, like Verizon,
11 that were just adamant that this was a really important
12 thing to do, and, so, they carried the water with their
13 employees. You will do this, as the quid pro quo. I
14 think that's some of the stories.

15 CHAIRPERSON FOX: (Indiscernible - too far
16 from microphone)

17 CHAIRMAN SCALETTAR: Thank you. So
18 probably look forward to your coming back at a meeting or
19 two.

20 MS. BAKER: A pleasure to be here.

21 CHAIRMAN SCALETTAR: Okay, thank you. If
22 there's no other public comment, I think we'll -- our
23 next meeting is scheduled for Thursday, March 14th, the
24 afternoon of the next Exchange meeting, from 1:00 to 3:00

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1 is the time, I believe.

2 MR. COUNIHAN: It will probably be at the
3 Historical Society.

4 CHAIRMAN SCALETTAR: So we will announce
5 and post. I'll accept a motion to adjourn.

6 MR. TESSIER: So moved.

7 CHAIRMAN SCALETTAR: All in favor?

8 VOICES: Aye.

9 CHAIRMAN SCALETTAR: Seeing no objections,
10 we're adjourned.

11 (Whereupon, the meeting adjourned at 3:08
12 p.m.)

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