

**Summary of Take-Aways—Business Plan Working Group meetings**  
**12/12, 1/23, 2/6**

Take-aways-Dec 12<sup>th</sup> meeting

1. Might be helpful to develop a “baseline” benefit plan/cost of coverage floor in order to define the *underinsured*—can we agree on something?
2. The uninsured is made up of different sub groups. Understanding what those subgroups are key to addressing gaps and designing solutions. We would like information that breaks down this group to see what the levers are. Can we get that from Mercer? Elsewhere?
3. There is probably a level of uninsured that will have to be “acceptable”. Even countries with universal access have individuals who remain uninsured. What is a realistic goal to achieve?
4. The undocumented immigrant population & immigrant population with less than 5 yrs residency will be left out of other options—look deeper into Mass Connector Bridge plan & others for models to review and perhaps recommend for CT.
5. The populations who will be left uninsured and not eligible for other options on the Exchange and elsewhere are likely to represent the most “unattractive” risk. What can this group propose that would facilitate the development of coverage options for this risk –e.g. reinsurance, stop loss, etc?
6. *Affordable* small group coverage may continue to be a problem (e.g. small non-profits were mentioned). Can we verify this assumption? What mechanisms could be developed to address this problem?
7. The data we have at our disposal will never be complete or tie perfectly, so we’ll need to pick a point where we think we have a “good enough” understanding of our “gap groups” and come back to the big picture to start looking for solutions. We are not there yet—maybe after January meetings.
8. Assuring adequacy of mental health coverage is important –especially given the “essential benefits?”

Take-aways -Jan 23<sup>rd</sup> meeting

- 1) Think big while drilling down.
- 2) View gaps as more than population gaps related to the Exchange.
- 3) This is a big task so crosswalk Mercer, Sustinet and Rand data by the end of February.
- 4) Make a recommendation for ongoing data collection to track and compile timely information on who is/is not opting into the coverage mechanisms that will be available in 2014
- 5) Include portability as an issue to be examined.
- 6) Revisit Sustinet theme of looking at affordability as an important “access” element
- 7) Consider take up rates by small employers in other states to gain insights
- 8) Coordinate with other workgroups-use process from Sustinet Board
- 9) Look into updating the economic sufficiency report that developed profiles of families in various configurations at different income levels in regions in the State
- 10) Examine the take-up rates of individuals and/or small groups

## Take-aways-Feb 6th meeting

- 1) Distinctions between the individual and small group coverage (especially for very small groups of 10 or under) now and in the future should be examined to ensure there are not unintended gaps and consequences. The distinctions can make it difficult to acquire appropriate coverage especially in family businesses and 1 or 2 proprietor shops.
- 2) Continue to apply affordability as a key criterion for evaluating the feasibility and desirability of coverage options
- 3) Develop a better understanding of the opportunities for innovation in the delivery of services and plans under reform so we can support these innovations if applicable in our recommendations.
- 4) Understand that simplicity will be important for consumers under reform, particularly for those previously un or underinsured.
- 5) Continue to analyze and study the Basic Health Plan; follow the legislative process and OFA and OPM cost review to determine if this group will make a recommendation on establishment of the BHP
- 6) Recognize the importance of engaging brokers to continue to be a resource under reform to educate and advocate on behalf of the individual and small group insurance purchasers.
- 7) Advocate for payment under coverage options to be related to quality and outcomes rather than based solely on provision of services