



STATE OF CONNECTICUT  
LIEUTENANT GOVERNOR NANCY WYMAN

Health Care Cabinet:  
Business Plan Development Work Group

Monday, December 12, 2011  
Meeting Minutes

**Cabinet Attendees:** *Co-Chairs, Frances Padilla, Nancy Yedlin and Ben Barnes; Ellen Andrews; Phil Boyle; Ed Claire; Bonita Grubbs; Alex Hutchinson; Linda St. Peter; Vicki Veltri*

**Office of the Healthcare Advocate:** *Africka Hinds-Ayala*

**Absent:** *Tom Woodruff*

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Co-Chair Nancy Yedlin opened the meeting by welcoming members. Minutes from the November 9, 2011 and November 21, 2011 meetings were approved with no changes.

Co-Chair Yedlin reviewed the Business Plan [group charge](#) and [timeline](#), both of which are posted online.

Co-Chair Frances Padilla led a discussion on conducting an analysis of potential gaps in coverage and access, and handed out a draft matrix for this. There was consensus that the matrix should be edited to reflect today's discussion so that it can be utilized and modified as needed. Co-Chair Padilla briefly shared her suggested framework for data gathering and analysis for future agendas.

Data from Mercer, the vendor for the Health Insurance Exchange, was reviewed. The slides that were shown are posted [online](#).

Stephanie Chrobak, Director of Operations for Massachusetts Health Connector, joined the meeting by phone to provide insight to the group on healthcare reform efforts with the inclusion of an individual mandate. The Health Connector has been operating for five years, and currently has 225,000 members receiving health insurance through the Connector. 180,000 of those members receive subsidized benefits through Commonwealth Care, and 45,000 individuals are enrolled in Commonwealth Choice, which reflects the unsubsidized individual market and the small employer group market. Currently approximately 2% of MA's population is uninsured, 97% of the population complies with the individual mandate, there are more employers than ever covering health insurance, and there is high voter approval for what's being done. Ms. Chrobak explained that the Connector is now focusing on cost containment.

Ms. Chrobak described Commonwealth Care, including the plans offered and the determination process used. This information can be found [online](#). An enrollment broker is used to assist clients in choosing a plan if needed. Ms. Chrobak said a large public education campaign was launched in 2007, and by 2009 there were 400,000 newly insured individuals in MA. She said that it was determined that most of the uninsured were young males, so a partnership was formed with the Boston Red Sox to target that population in education efforts.

Ms. Chrobak described Commonwealth Care Bridge, a state-subsidized health insurance program for special status immigrants, with co-pays and premiums based on income. She was asked about the 2% who aren't covered in MA. She replied that it is felt that this population is comprised of non-English speaking persons and those with mental health and substance abuse issues, populations that are difficult to reach. There was much discussion about various coverage issues. Ms. Chrobak spoke briefly of Business Express, a program of Commonwealth Choice offering insurance for nonprofits and small businesses. She mentioned that the Connector envisions itself as an innovation lab implementing programs that other states can adopt. They have implemented two limited networks using two different sets of providers, allowing members to choose health plans based on their own preferences and plan types. There is robust oversight to ensure that those limited networks aren't restricting care, limiting access, or affecting quality. Ms. Chrobak also spoke of the Connector's participation in a patient-centered medical home initiative being led by EOHHS and the Office of Medicaid. Some community health centers are receiving funding to become medical homes. She added that it is a state priority to work on cost containment after first expanding coverage, while meeting the 2014 mandate. Responding to a question about savings, Ms. Chrobak said that there was a savings of about 15% as a result of using limited networks. She added that the Connector's MCOs are in full capitation arrangements, including shared savings and risk adjustment. She said the savings are primarily a result of the creation of a health plan determining network providers based on negotiated rates.

Vicki Veltri pointed out problems in the area of mental health care delivery, citing a lack of providers and level of care issues. There was a discussion about existing plans and the need for systemic change in order to improve the current situation. Co-Chair Padilla noted that this was a huge issue that will need to be addressed in a future meeting.

There was consensus that it is imperative early in this group's work to determine who the uninsured are, so that policy decisions are made to minimize that number. There are many people who qualify for programs but haven't gone through the eligibility determination process. The challenge is to reach those folks and determine how to enroll them into programs.

Co-Chair Padilla asked the group for input for agendas for the next few meetings. She recommended completing the analysis of individual market data and then moving on to small group market data, suggesting that the next logical step would be to analyze the population that would be served by this basic health program. Co-Chair Ben Barnes said that the MA Bridge model shows that documented and undocumented immigrants comprise a large percentage of the uninsured, suggesting this work group use MA studies as a guide. The group agreed that this population needs further study. Ms. Veltri pointed out that children with complicated health issues often are not covered adequately by insurance. There was consensus among the group to delve more deeply into identifying gaps in coverage in upcoming meetings.

Meeting was adjourned. **Next meeting will be 1/9/11 at 3:00 pm.**