Meeting Minutes

Meeting Name: Models Development Workgroup

Date and Time: Wed. September 14, 2005, 1-4pm

Location: AARP Michigan, 309 N. Washington Square, Suite 110, Lansing, MI

Present: Lonnie Barnett, MDCH; Gary Benjamin, Michigan Legal Services/MI UHCAN; Michael Brecht, Spectrum Health; Tameshia Bridges, PHI; Gary Burmeister; Consultants for Quality Healthcare; Jackie Doig, Center for Civil Justice; Paul Duguay, Michigan Association of Health Plans; Jeff Fortenbacher, Access Health; Jaeson Fournier, Ingham County Health Dept.; Princella Graham, St. John Health; Sherryn Hays, MDCH; Kim Hedge, PHI; Deborah Hollis, MDCH; Andy Kruse, Genesys Health System; Irma Lopez, MDCH; Sheryl Lowe, BCBSM; Lisa McCafferty, Ionia County Health Department; Ionia County Health Dept.; Margaret Meyers, Mercy Primary Care; Ken Miller, MDCH; Joan Moiles, OFIS; Cherie Mollison, MI Office of Svcs. to the Aging; Denise Morrow, MDCH LTC Services; Michelle Munson-McCrary, Complete Compassionate Care; Rick Nowakowski, Wayne County Four-Star; Gary Petroni, SEMHA/CPH; Lisa Rajt, BCBSM; Tyffany Shadd-Coleman, BCBSM; Chris Shea, Cherry Street Health Services; Marti Kay Sherry, MPH; Ellen Speckman-Randall, MDCH; Gina Tremonti, MDCH; Hollis Turnham, PHI.

On Conference Call: N/A

Action Items

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<th>Item</th>
<th>Responsible</th>
<th>Deadline</th>
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<td>Send EMET forms completed by small groups to Ken Miller at <a href="mailto:millerk3@michigan.gov">millerk3@michigan.gov</a></td>
<td>Designated note-taker</td>
<td>ASAP</td>
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<td>Send data requests for expansion models development discussion to Ken Miller at <a href="mailto:millerk3@michigan.gov">millerk3@michigan.gov</a>. Please make sure that data requests are sent as a separate email, not as an addition to another item, and that “MDWG Data Request” appears in the subject line.</td>
<td>Designated note-taker</td>
<td>ASAP</td>
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### “Developing Realistic Strategies and Viable Options to Provide Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”

#### Minutes

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| Welcome and Introductions    | - Today we’ll determine whether any models are missing or need to be eliminated, and analyze at least one model using the EMET document                                                                                                         | - They are reviewing data resources and compiling them into a database roster to be used by all workgroups.  
- They will assist workgroups with their data requests.  
- Current need: Input on increasing the employer survey response rate. To date, 9,000 surveys have been sent out and only 594 have been returned (6.6% response). MPHI has followed up with all non-respondents by phone. Of those employers responding, 50% want to participate in focus groups.  
- The final 3,000 surveys will go out by 9/16/05. Over 1200 refusals have been received thus far.  
- MDWG members suggested using trade associations, Kiwanis/Rotary/Lions Clubs, person-to-person dissemination by county, and targeted emails to increase response rate. MDWG members willing to work on improving the response rate are urged to contact Marti Kay Sherry, MPHI, at 517 324-7316, or msherry@mphi.org.  
- Four speakers will come from Washington on 9/19/05 to present information on what other states are doing to extend health insurance coverage.  
- Town hall meetings will be underway shortly. |
| Workgroup Updates            | Data Synthesis Group →                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |
| - Employer Survey            | Employer Survey response rate needs improvement →                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |
| Community Interface Group    |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |
## Development of MD Workgroup Over-Arching Goals, featuring Bill Hart from MDCH

- What does “comprehensive” mean in the context of our work? What does “efficient” mean?
- A document on the current health care landscape is being developed.

- Bill Hart clarified the Project’s decision-making process. MDWG recommendations will be submitted to the Advisory Council, which will then advise MDCH Director Janet Olszewski. The Director will then advise Governor Granholm.

- In examining what a “win” would mean (see “What Might a Win Look Like?” document), we need to think about short-term (1 yr.), mid-term (3 years) and long-term (5 year+) goals.

- A short-term “win” means providing recommendations that will result in coverage for an additional 300,000-500,000 lives, while a long-term win means health insurance coverage for all Michigan citizens.

- Other aspects of a “win” include: increased public awareness, maintaining coverage for kids (we’re in the top 5 in the country!), increasing health care in the private sector, sharing in catastrophic risk, examining escalating costs, acknowledging the role of Medicaid, and maximizing all federal dollars.

- In order for our recommendations to be useful, it is critical to understand the political and economic environment in which we develop them.

- Janet Olszewski, Director of the Michigan Dept. of Community Health has a legitimate interest in our work, but our responsibility is to make realistic and viable recommendations she can use.

- Our “overarching goals” document must be cut in half and reflect the short-, mid-
“Developing Realistic Strategies and Viable Options to Provide Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens”

| Communication Protocols | - 8/31/05 minutes approved  
| - Keep visiting the SPG website at www.michigan.gov/spg for project information!  
| - See handouts for definition of “insurance” and “coverage” |

| Small Group Discussion of Expansion Models | - Use the EMET to evaluate. Examine the models’ potential fit in 1, 3, and 5 years, and determine if any models should be added or eliminated |
| - Three options under “tax credits and direct subsidies” category are eliminated from consideration as stand-alone plans. However, they may be considered as possible financing mechanisms for any of our expansion models.  
| - The “pooling” group evaluated the “subsidized buy-in for state employees” model.  
| - The “limited insurance” group analyzed the “basic” benefit coverage” model that will first be a pilot.  
| - The Medicaid expansion group evaluated extending the current Medicaid eligibility limits for families from 35% to 50% of FPL.  
| - The “universal coverage” group analyzed the “multi-payer system” model. |

--Respectfully submitted by Lisa Rajt, Blue Cross Blue Shield of Michigan