

“Developing Realistic Strategies and Viable Options to Provide Comprehensive and Affordable Health Insurance Coverage for All Michigan Residents”

Meeting Minutes

Meeting Name: Models Development Workgroup

Date and Time: Wednesday January 4, 2006, 1-4pm

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

Present: Umbrian Ateequi, Department of Community Health; Elaine Beane, MPH; Gary Benjamin, MI Legal Services; Marcy Buren, Health Access; Gary Burmeister, Consultants for Quality Healthcare; Nick Ciaramitaro, Michigan AFSCEM Council 25; Rebecca Cienki; Greg Cline, Trinity Health; Dave Cluley, Michigan Association of Health Underwriters; Jackie Doig, Center for Civil Justice; Paul Duguay, Michigan Association of Health Plans; Eileen Ellis, Health Management Associates; Burt Fenby, Lenawee County Community Action Agency; Sarah Fink, Michigan Health and Hospital Association; John Freeman, Service Employee Informational Union; Jaeson Fournier, Ingham County Health Department; Princella E. Graham, St. John Health; Kim Hodge, Paraprofessional Health Care; Andy Kruse, Genesys Health System; Del Malloch, Jackson Health Plan Corp-3-Share; Robert Meeker, Spectrum Health System; Margaret Meyers, Mercy Primary Care Center; Ken Miller, Department of Community Health; Cherie Mollison, MI Offices of Services to the Aging; Joan Moiles, Department of Labor and Economic Growth; Michelle Munson-McCorry, Complete Compassionate Care; Rick Nowakowski, Wayne County Four Star; Gary Petroni, SEMHA/CPH; Valerie Przywara, Henry Ford Health System; Lisa Rajt, Blue Cross Blue Shield; Clarissa Shawcross, Joy-Southfield Community Health Center; Heather Slawinski, MAXIMUS, Inc; Ellen Speckman-Randall, Department of Community Health; Colleen Sproul, HealthPlus of Michigan; Bob Stampfly, MSU; Susan Steinke, MQCCC; Hollis Turnham, Paraprofessional Healthcare Institute; Don VeCasey, Michigan Consumer Health Care Coalition; Amy Upston, Calhoun County Department of Public Health; Evert Vermeer, Health Kent; 2010; Lary Wells, Michigan League for Human Services; Lynda Zeller, Kent Health Plan; Jane Zwiers, Free Clinics of Michigan

Action Items

Item	Responsible	Deadline
More data requests – if you have any, email MillerK3@michigan.gov	All	By Friday Jan. 13
Flesh out the details of financing Phase 1 and 2	Universal Coverage Group	ASAP
Forward comments and questions on “Getting from Here to There” document to MillerK3@michigan.gov	All	ASAP

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Minutes

Topic	Discussion	Conclusions
Welcome and Introductions	<ul style="list-style-type: none"> - We'll spend most of meeting working on a document created by Health Management Associates, titled "Getting from Here to There" (a report in draft format that will eventually serve as the final report to the SPG Advisory Council) 	-
Communications Protocols	<p><u>Community Interface Updates</u></p> <ul style="list-style-type: none"> - Please refer to five handouts on state-based information and data collected from the Town Hall meetings/Listening Tour, for more information on what employers and citizens have been saying - Who are the uninsured? Our numbers of uninsured came in lower than expected. We need to re-examine how we defined uninsured, or maybe examine mitigating factors in the drop. For example, are there simply more people on Medicaid than before? - Check out the state coverage matrix document <p><u>Data Synthesis Updates</u></p> <ul style="list-style-type: none"> - Please refer to 2 handouts that contain information on the employer survey (Questions and Current Analysis) - At next Data Synthesis meeting, the group will look at more employer data, as 	<ul style="list-style-type: none"> - 12/7/05 minutes approved - Some common themes from the Listening Tour are as follows: 1) Health care is in a state of crisis, 2) everyone must have health care (i.e., nobody should ever have to choose between health care and paying the bills), 3) a lack of health coverage stifles entrepreneurship and business development, 4) preventive care, dental, RX, and mental health are all vitally important, 5) COBRA is simply not a viable option for most people, 6) it is critical to reduce admin. expense in health care, 7) MI residents must make better lifestyle choices, 8) low-income uninsured usually cannot access specialists, 9) everyone should contribute something, based on their ability to pay

