Connecticut Reform Activities

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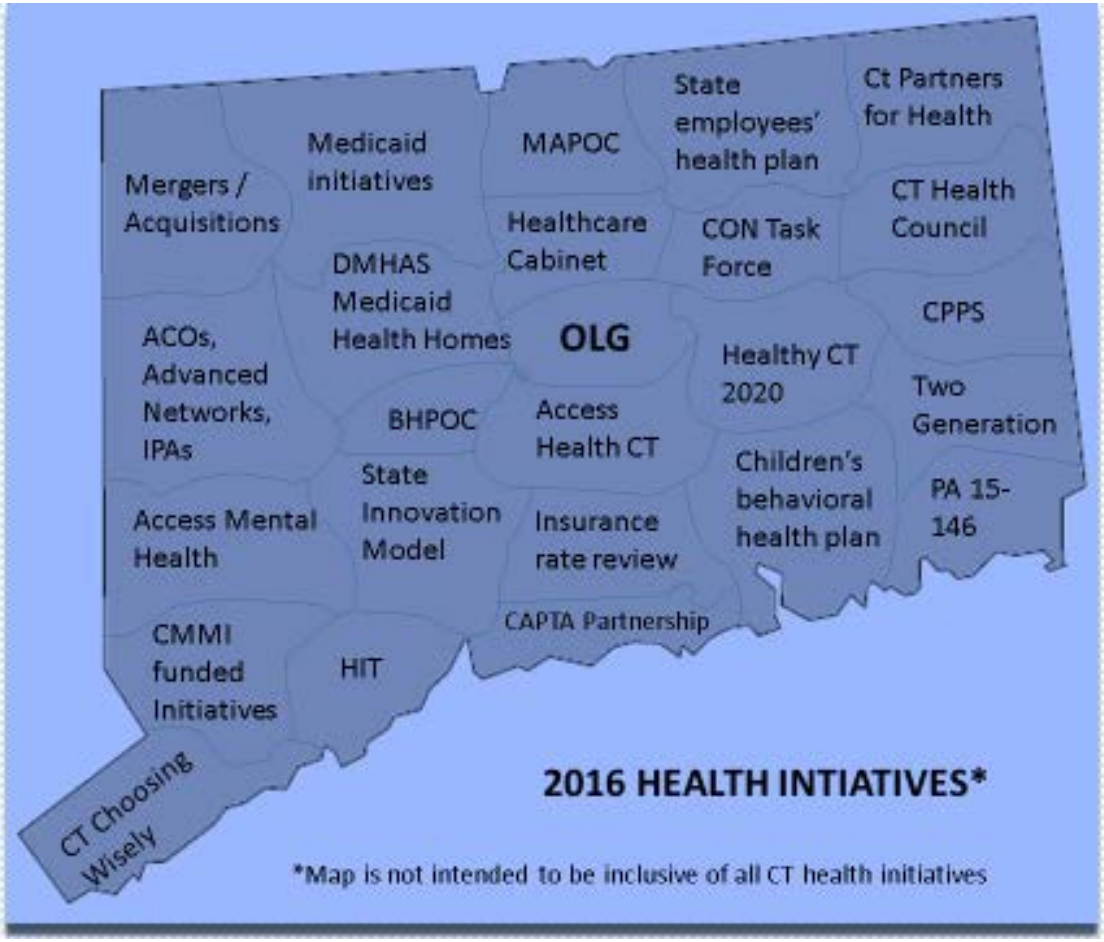
Today's Topics

- Access Health CT and Medicaid Expansion
- State Innovation Model Initiative
- Healthcare Cabinet Cost Containment Study
- Certificate of Need Taskforce
- All Payer Claims Database

Context

CT Landscape



ACA Update

- Marketplace update –
  - Access Health CT – integrated eligibility for Qualified Health Plans, HUSKY A, B, D
  - Medicaid Expansion – first state to take up the expansion
    - Nearly 1,000,000 unique individuals have used the AHCT portal
    - Most HUSKY eligible-currently 184,600 in the expansion, 733,000 overall
    - New Enrollment Numbers Access Health CT - approximately 100K
    - Enrollment support with community partners - ongoing

ACA Updates

- CMMI – Innovations to achieve the triple aim
  - Multiple Innovation awards—active in CT now – most are site or facility based
    - Health Care Innovation Awards
    - Innovation Awards Round 2
    - Prevention of Chronic Disease Medicaid Demonstration
    - Medicaid Emergency Psychiatric Demonstration
    - SIM – to follow – only state led model
    - Transforming Clinical Practices Initiative - to follow
    - Advance Payment ACO Model
    - Bundled Payments for Care Improvement Initiative
- CMS
  - Medicaid rebalancing –
    - Money follows the Person
    - Community First Choice
    - Home and Community Based Waivers
    - Health Homes
- DPH – State Health Improvement Plan and Healthy CT 2020

State Reforms

- DMHAS – Behavioral Health Homes
- DCF – Children's Behavioral Health Plan
- DSS – Health Information Technology Exchange—with Advisory Council
- Reforms of P.A. 15-146 and P.A. 16-77 –
  - Provisions around transparency in pricing, costs and quality – involves AHCT, DPH, Insurance
  - Surprise billing, facility fees
  - Access Health CT – All Payer Claims Database
  - Health Information Technology

What is a State Innovation Model Grant?

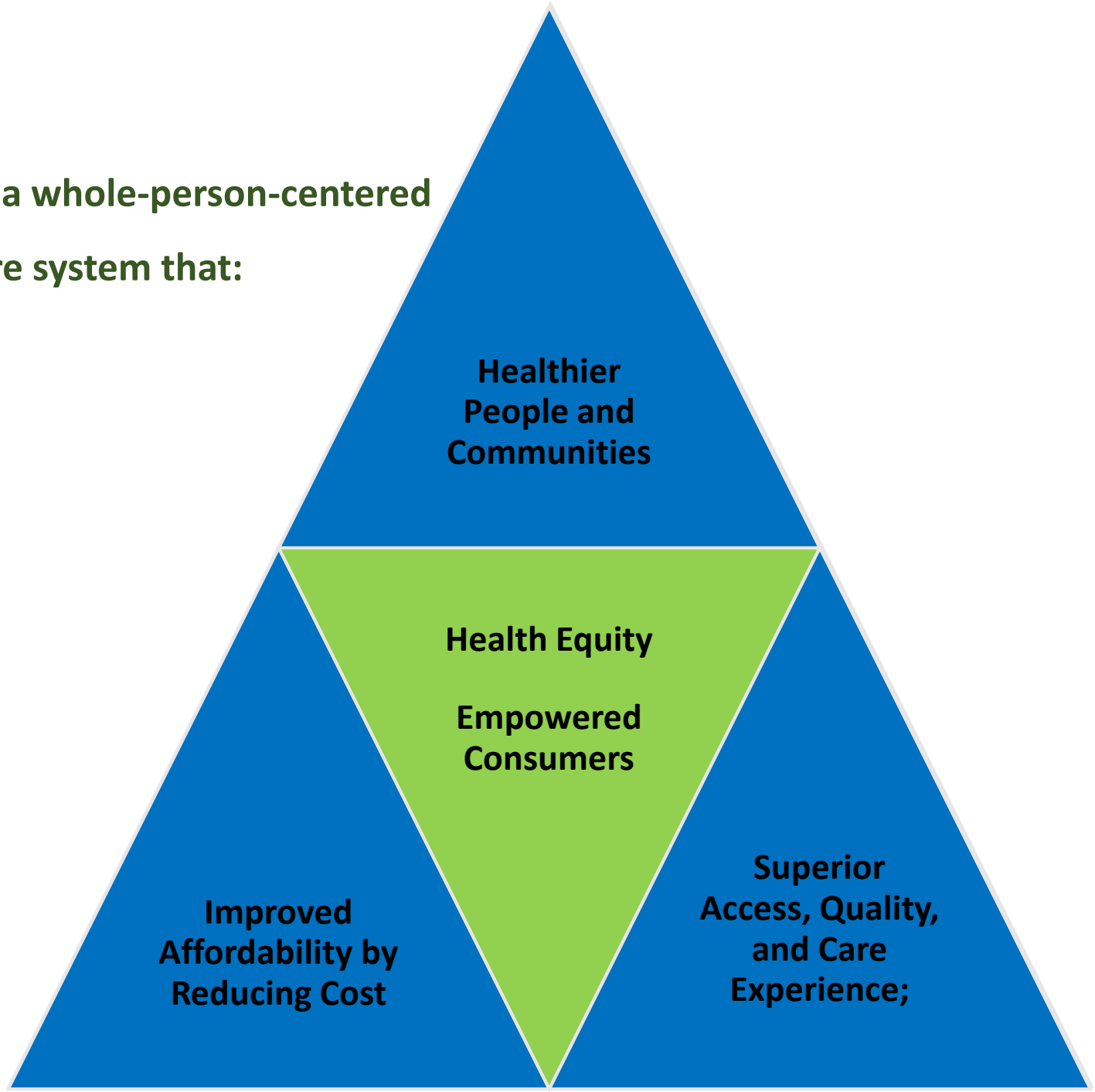
SIM grants are awarded by the federal government through the ***Center for Medicaid and Medicare Services (CMS) Innovation center***. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

1. Improve health system performance
2. Increase quality of care
3. Decrease Costs

Connecticut awarded a $45 million test grant in December 2014 which will be implemented over the next five years.

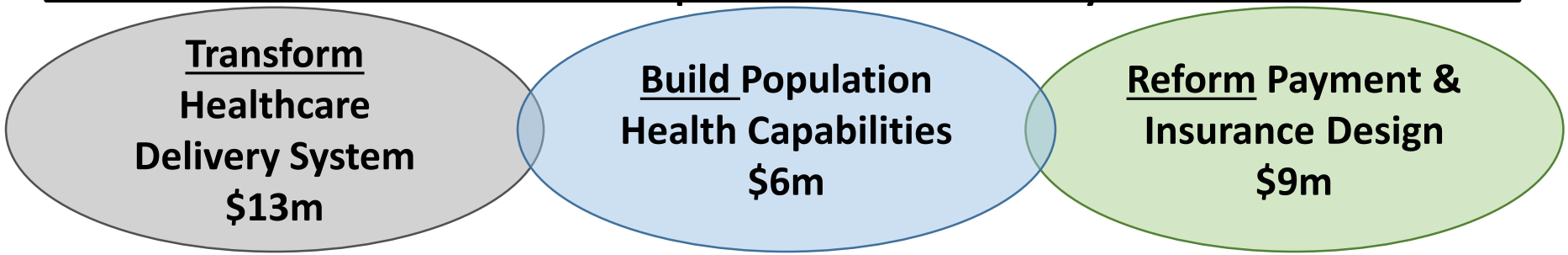
Vision

Establish a whole-person-centered healthcare system that:



Our Journey from Current to Future: Components

CT SIM Component Areas of Activity



Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.

Engage Connecticut's consumers throughout **$376k**

Invest in enabling health IT infrastructure **$10.7m**

Evaluate the results, learn, and adjust **$2.7m**

Key Reforms

Care Delivery Reform

Advanced Medical Home Program (AMH)
&
Community & Clinical Integration Program (CCIP)

+

Value-based Payment

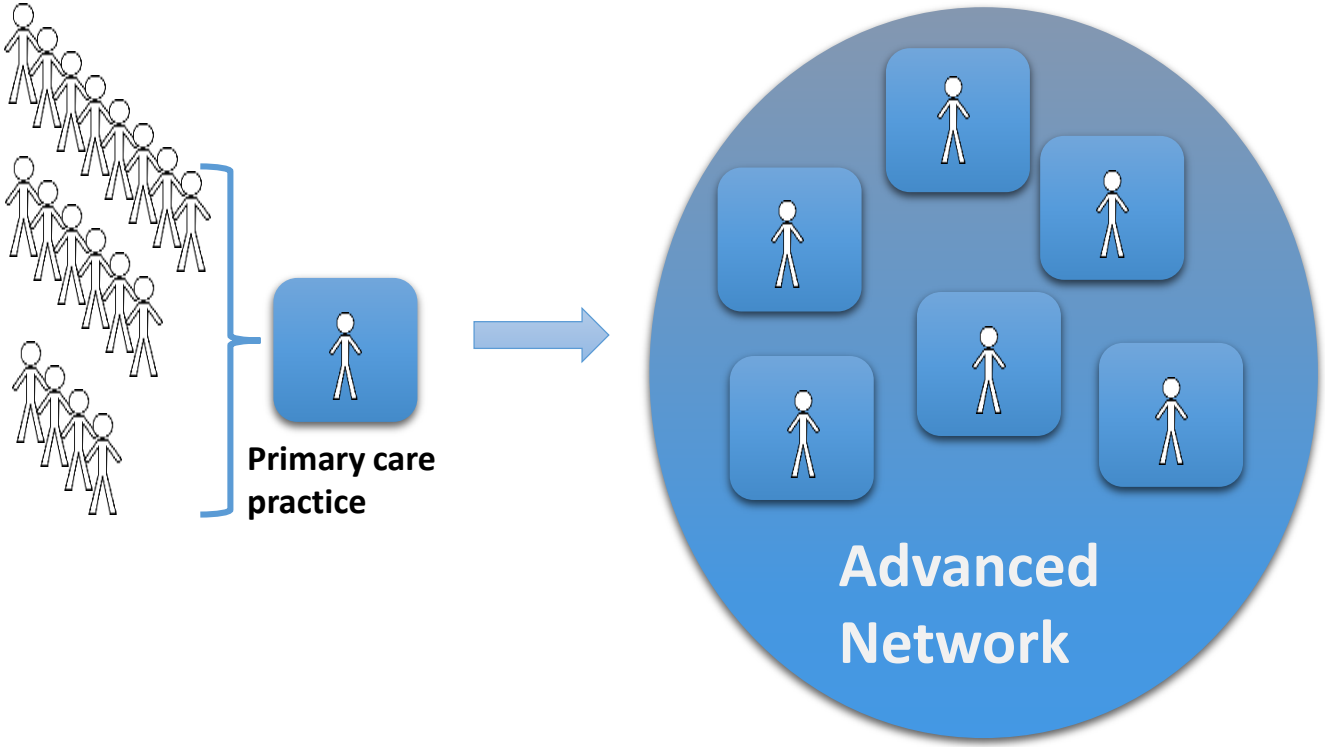
MQISSP
Medicare SSP
Commercial SSP

=

Accelerate improvement on population health goals of better quality and affordability

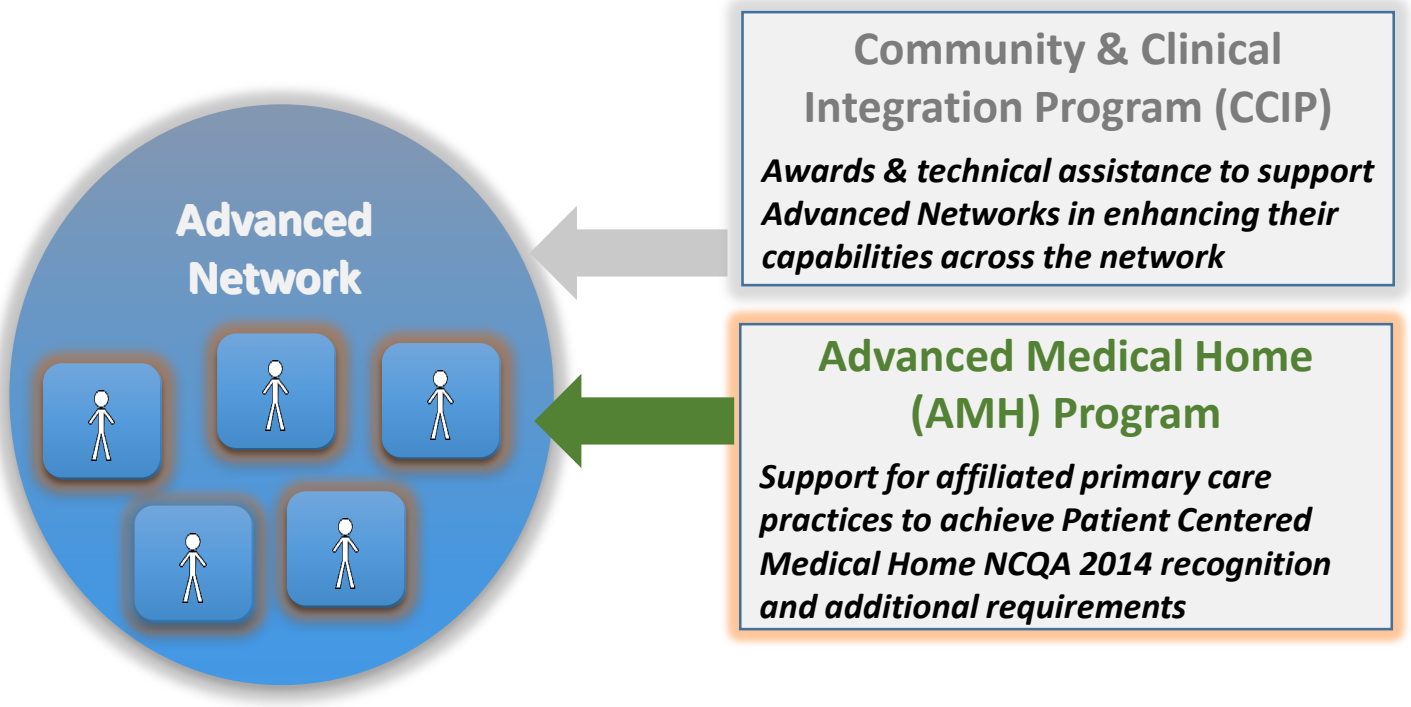
MQISSP is the Medicaid Quality Improvement and Shared Savings Program

Primary care partnerships for accountability



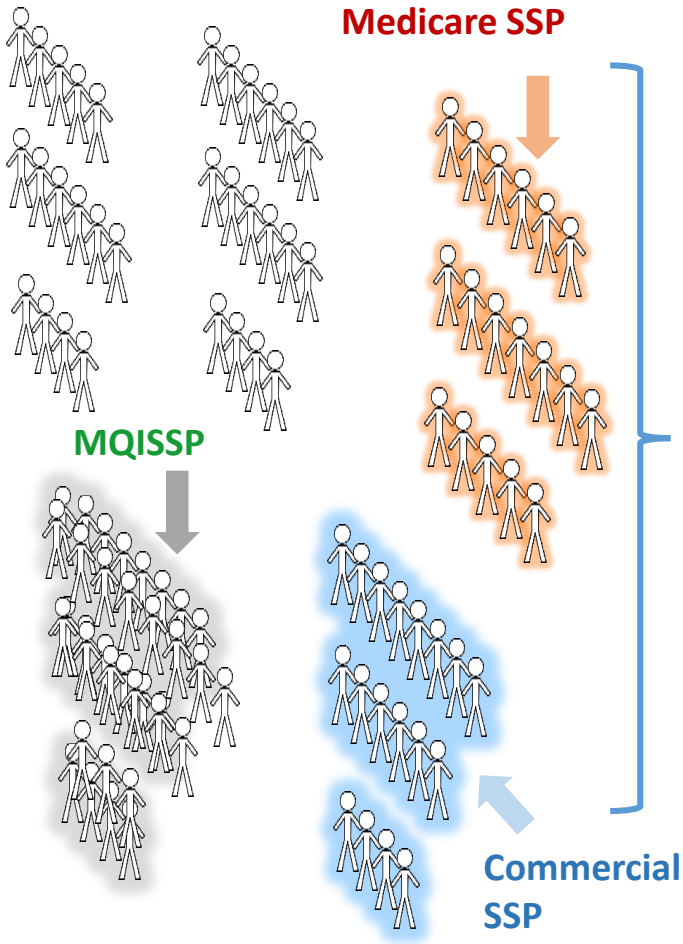
Advanced Network = independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer

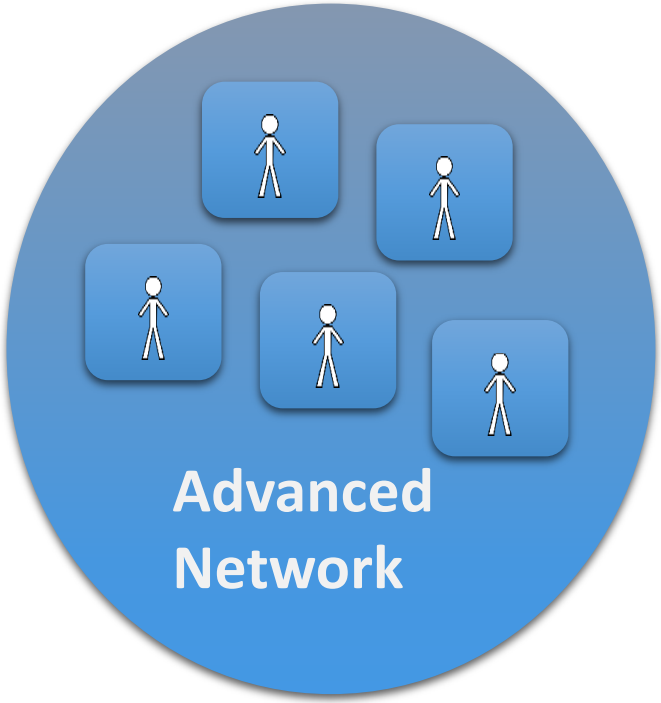
Resources aligned to support transformation

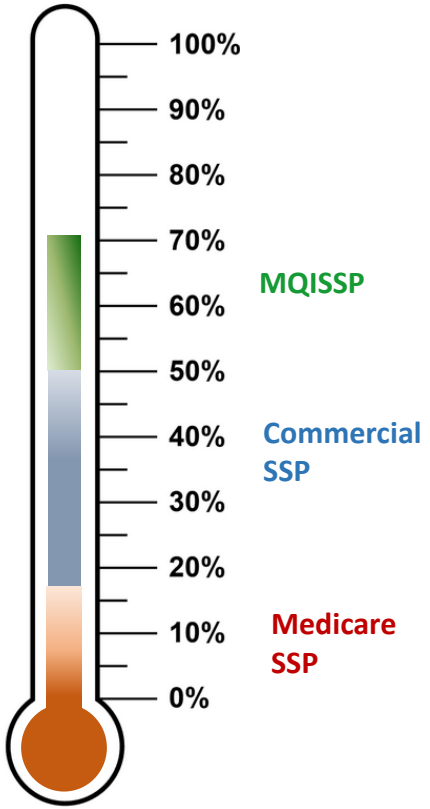


Improving care for all populations
Using population health strategies

Expanding the reach of Value-Based Payment







% of consumers in an Advanced Network in value-based payment arrangement

P.A. 15-146 – Cost Containment Study

- Healthcare Cabinet
  - Charged with cost containment study
    - Alignment with SIM and other reform initiatives
    - Objective study
    - Work is ongoing – presentations available online at http://portal.ct.gov/hcc/
    - Next meeting is 9/13
    - Report due 12/1/16
    - Stakeholder group meetings

Review of Legislation re Cabinet: P.A. 15 - 146

- Study what successful practices other states (including MA, MD, OR, RI, WA and VT) are doing to:
  1. Monitor/control health care costs
  2. Enhance competition in the health care market
  3. Promote use of high value providers
  4. Improve health care costs and quality transparency
  5. Increase cost-effectiveness in the health care market
  6. Improve the quality of care and health outcomes

Recommendations from the Healthcare Cabinet Shall Include:

1. A framework for:
   A. the monitoring of and responding to health care cost growth on a health care provider and a state-wide basis that may include establishing state-wide or health care provider or service-specific benchmarks or limits on health care cost growth,

   B. the identification of health care providers that exceed such benchmarks or limits, and

   C. the provision of assistance for such health care providers to meet such benchmarks or to hold them accountable to such limits.

Recommendations from the Healthcare Cabinet Shall Include:

D. The authority to **implement and monitor delivery system reforms** designed to promote value-based care and improved health outcomes.

E. The **development and promotion of insurance contracting standards and products** that reward value-based care and promote the utilization of low-cost, high-quality health care providers.

F. The **implementation of other policies** to mitigate factors that contribute to unnecessary health care cost growth and to promote high-quality, affordable care.

Understanding Connecticut's Healthcare Environment and Stakeholder Perspectives

- Reviewed past reports on Connecticut's health care environment published by state agencies, policy makers and other stakeholders
- Conducted interviews with Cabinet members and other stakeholders to obtain view on:
  - What Connecticut-based cost containment initiatives have worked to date, and why
  - What key elements must exist for successful cost containment strategies while avoiding negative consumer impacts
  - What are the most significant barriers to implementing cost containment strategies in Connecticut
  - What changes need to occur in both the public and private sectors to reduce costs

Understanding Connecticut Activities (cont'd)

- Recognizing and aligning, to the extent possible, with current initiatives, including any cost containment strategies. Examples:
  - Active CMMI Initiatives within CT
    - CT State Innovation Model initiatives, including MQISSP
    - Health Care Innovation Round 1 and 2 Awards
    - Medicaid Incentives for Prevention of Chronic Disease Model
    - Medicaid Emergency Psychiatric Demonstration
    - Transforming Clinical Practice Initiative
    - Advance Payment ACO Models
    - Bundled Payments for Care Improvement
  - DPH – Healthy Connecticut 2020 (State Health Improvement Plan)

Understanding Connecticut Activities (cont'd)

- DSS –
  - Medicaid – PCMH, ASO Intensive Care Management, Health Homes (with DMHAS), HCBS, Community First Choice, Money Follows the Person
- DCF – Children's Behavioral Health Plan
- Access Health CT – Exchange & APCD
- Reforms of P.A. 15-146 –
  - Provisions around transparency in pricing, costs and quality – involves AHCT, DPH, Insurance
  - Surprise billing, facility fees, certificate of need changes
- Recognizing the environmental context of the state:
  - Hospital mergers and consolidations
  - Practice acquisitions
  - Insurer mergers

Identifying Successful Practices for Connecticut

- First, identify current cost containment practices and programs in Connecticut.
  - Each will be assessed against the six key goals.

- Drawing on findings and discussion with the Cabinet, a series of proposals and options will be recommended that consider:
  - Current cost containment activities and their degree of success
  - Connecticut's culture, political dynamics, stakeholder reaction
  - Structure of Connecticut's provider and payer markets
  - Current infrastructure to support cost containment models
  - Anticipated barriers and possible solutions

Recommendations from the Healthcare Cabinet Shall Include:

Mechanisms to identify and mitigate factors that contribute to health care cost growth as well as price disparity between health care providers of similar services, including, but not limited to:

A. consolidation among health care providers of similar services,
B. vertical integration of health care providers of different services,
C. affiliations among health care providers that impact referral and utilization practices,
D. insurance contracting and reimbursement policies, and
E. government reimbursement policies and regulatory practices.

Sample of Presentations - Cabinet

- Each state summarized in presentations
- Reset Connecticut context – state agency presentations
- Pricing
  - Zack Cooper
  - Hospital reactor panel
- Consultant's Proposed Set of Recommendations
- Cabinet website - http://portal.ct.gov/hcc/

Certificate of Need Task Force

Executive Order 51

Requires review of existing CON process to:

- Ensure quality and access
- Ensure competitive marketplace

Analysis of scope, structure and governance of existing process with an eye toward improved efficiency, effectiveness and alignment with state and federal health reform efforts

Identify challenges and gaps

Deliver recommendations on how to improve CON by December 1, 2016

Sample of Presentations – CON Taskforce

- History of CT's CON Programs
  - Office of Healthcare Access – Hospitals, groups, equipment, etc
  - DSS – nursing homes
- Review of other state's CON Programs
- Markets and Competition in Healthcare
- Taskforce members survey on priorities for CON
- Ongoing discussion of CON revision of process
- Website for additional information –

http://portal.ct.gov/Departments_and_Agencies/Office_of_the_Governor/Learn_More/Working_Groups/Governor_s_Certificate_of_Need_Taskforce/

APCD Update

- APCD Data Collection Plan **-** Data collection is ongoing although data quality validation has been slow for some of the submitting entities. We anticipate to have commercial data for roughly 1.5 million lives by the end of June. We are collecting data from 2012 through current.
- SCOTUS Decision Impact: Due to recent Supreme Court decision, two carriers have stopped submitting data until they are able to separate ERISA data from fully insured — estimated at 12+ weeks. It remains unclear what will happen with ERISA data in the future.

APCD UPDATE

- The National APCD Council has been working with the National Academy for State Health Policy (NASHP) to address strategy following SCOTUS decision. They have outlined issues for next steps.
  - Feasibility of voluntary submissions by self-funded ERISA plans (employers)
  - Questions regarding how ERISA employers' opt-out process is structured currently and documentation that would be required for implementation by plans
  - NASHP has reached out to the U.S. Department of Labor (USDOL); USDOL is trying to understand where its authority lies
- National Association of Health Data Organization (NAHDO) has also approached USDOL with the idea of collecting uniform data from various states as a remedy to ERISA restrictions. NAHDO also has developed a uniform data lay out detail. CT's APCD is evaluating the proposed uniform data lay out standard currently. This is a promising approach.

Examples of Ongoing Efforts Within Each Effort

- Coordination and Alignment of Efforts
- Centralized Data and policy
- Robust Data collection for design and improvement of programs
- Consumers as central to design and implementation of all reform efforts
  - Recognizing changing demographic
  - Health and health insurance literacy
  - Complexity of requirements – taxes, etc.
- Broad Stakeholder Engagement

Contact Information

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