



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

Connecticut Reform Activities Relevant to CON Task Force

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Today's Topics

- State Innovation Model Initiative
- Healthcare Cabinet Cost Containment Study
- All Payer Claims Database

What is a State Innovation Model Grant?

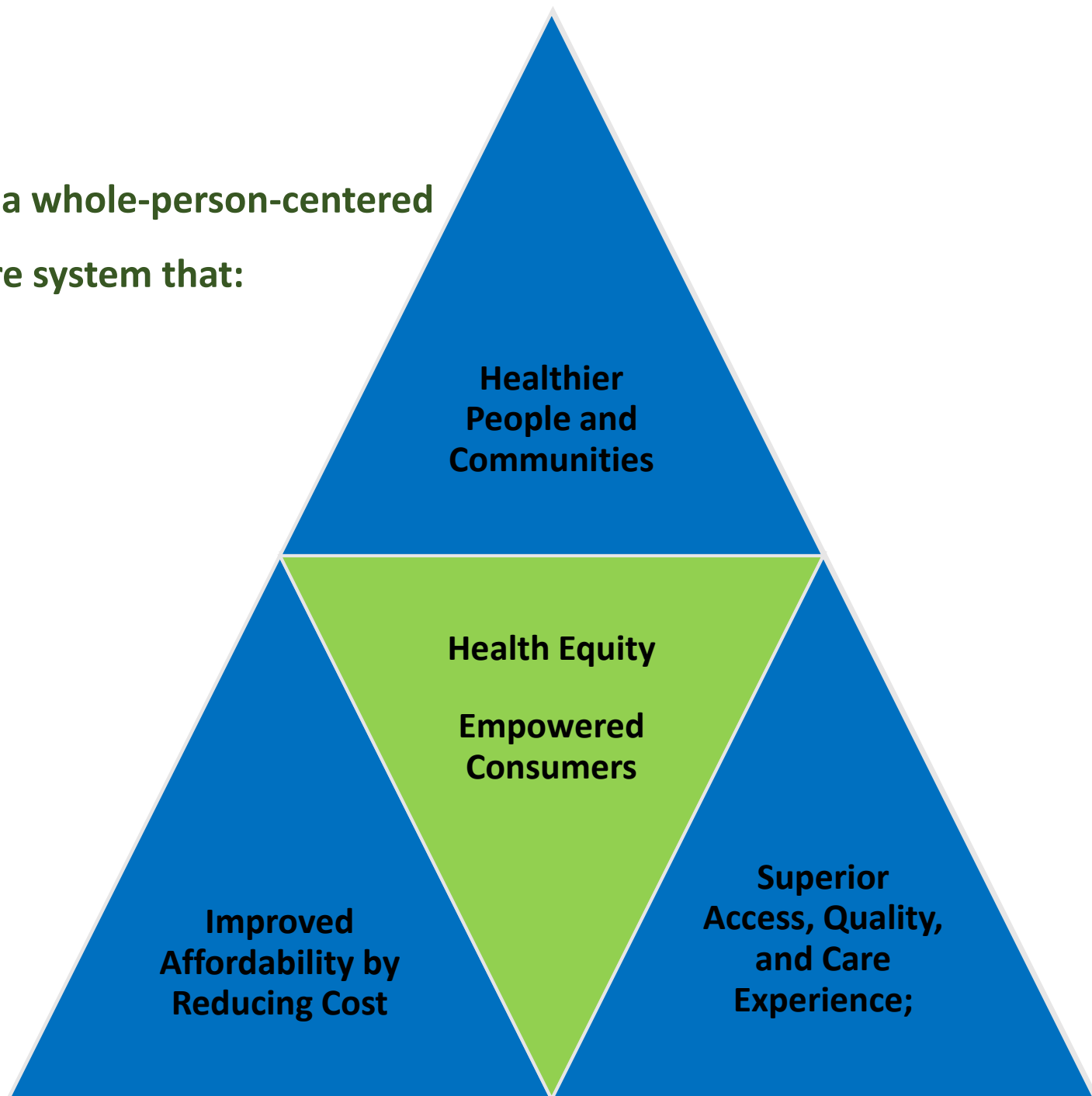
SIM grants are awarded by the federal government through the *Center for Medicaid and Medicare Services (CMS) Innovation center*. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

- 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
Healthcare
Delivery System
\$13m**

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
\$6m**

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
\$9m**

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**

+

**Value-based
Payment**

=

**Accelerate improvement
on population health goals
of better quality and
affordability**



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

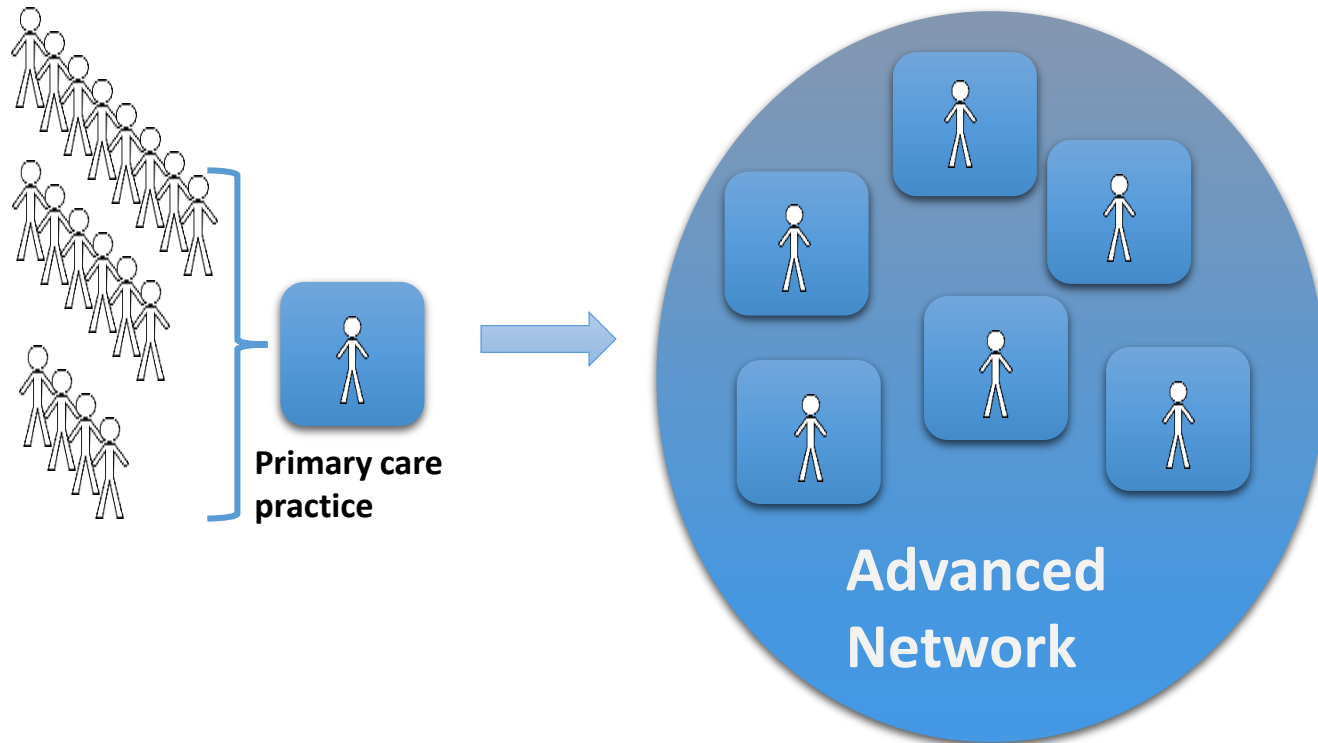
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**MQISSP
Medicare SSP
Commercial SSP**

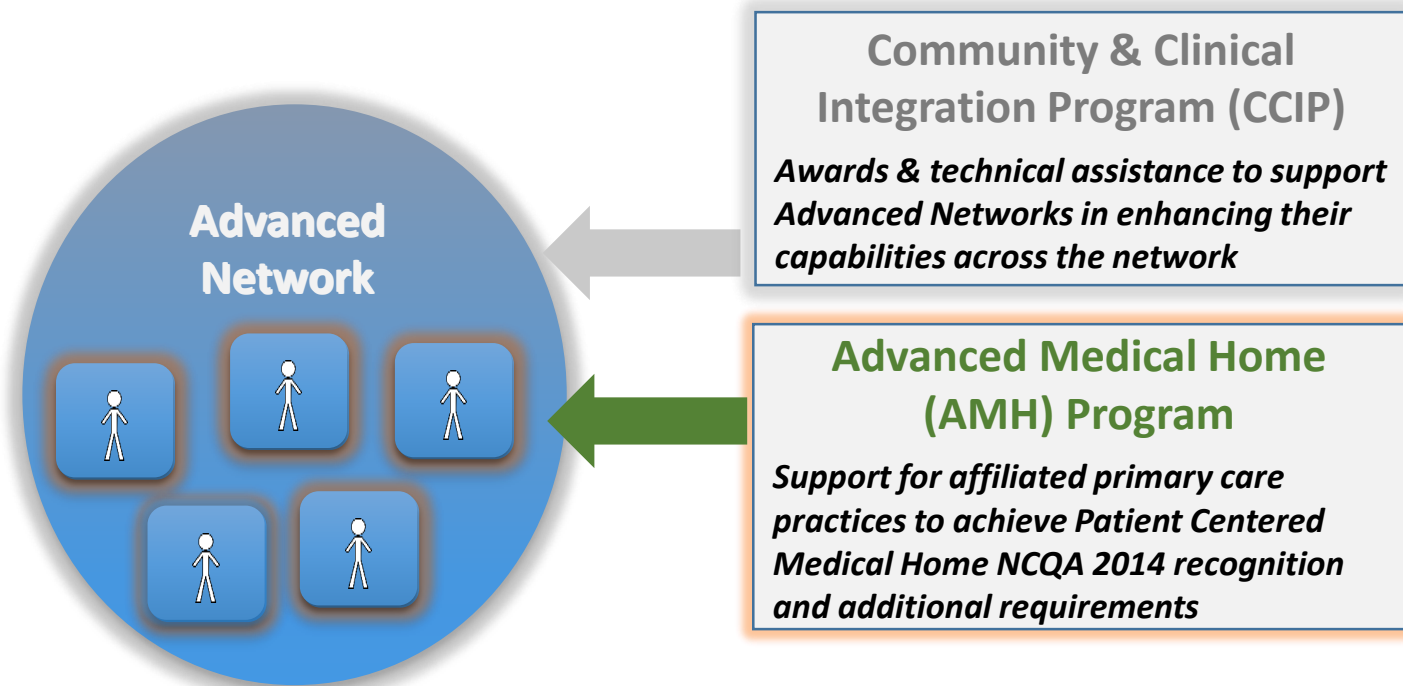
**MQISSP is the Medicaid
Quality Improvement and
Shared Savings Program**

Primary care partnerships for accountability



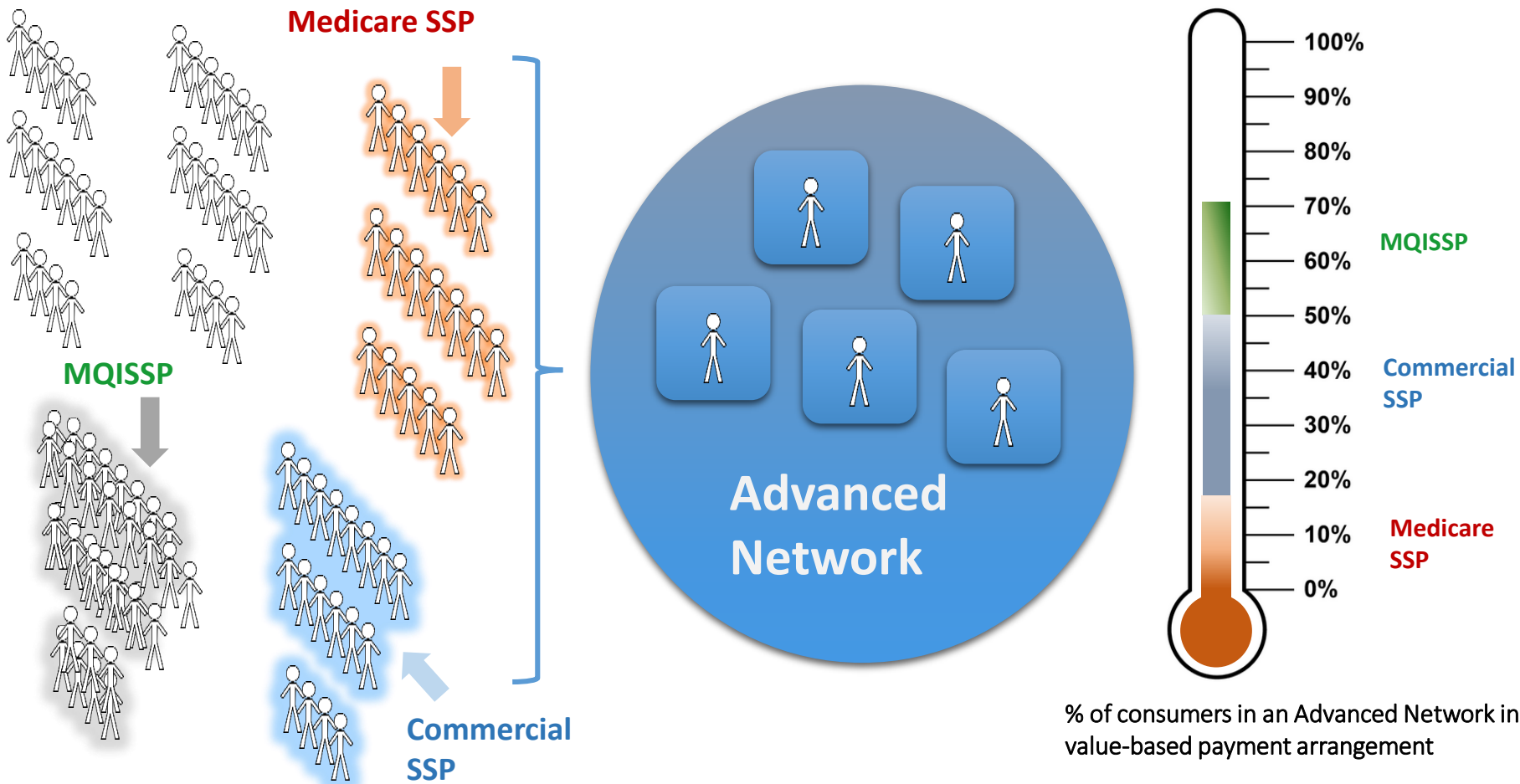
Advanced Network = independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer

Resources aligned to support transformation



Improving care for all populations
using population health strategies

Expanding the reach of Value-Based Payment



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 6/14
 - Report due 12/1/16

Review of Legislation: 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

- Key summary of states explored thus far – handout
- Resetting Connecticut context- June
- Pricing
 - Zack Cooper
 - Hospital reactor panel

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.

APCD Data Collection Status Update

Submitting Plan	Payer ID	Submitters	Data Type				Member Count
			Eligibility	Medical	Pharmacy	Provider	
Aetna	CTC0010	Aetna Life Insurance Company Traditional	D/P	D/H	D/H	L/F	274,493
Aetna	CTC0010A	Aetna Life Insurance Company HMO SI	N/A	D/H	D/H	N/A	-
Aetna	CTC0010B	Aetna Life Insurance Company HMO Medicare	D/P	D/H	D/H	N/A	10,306
Aetna	CTC0010E	Aetna Life Insurance Company Aetna Student Health	D/P	D/H	N/A	D/H	25,288
Aetna	CTC0011	Aetna Health Insurance HMO FI	D/P	D/H	D/H	L/F	26,730
Aetna	CTC0011A	Aetna Health Insurance HMO on ACAS FI	D/P	D/P	D/H	N/A	14,667
Aetna	CTC0177	First Health Life and Health Insurance Company (Cov Part D)	D/P	N/A	D/P	N/A	10,576
Anthem	CTC0663	Anthem Health Plans, Inc	D/H	D/H	D/H	D/H	382,286
Cigna	CTC0025	Cigna Health and Life Insurance Company - East	D/P	D/P	D/P	D/P	147,357
Cigna	CTC0025F	Cigna Health and Life Insurance Company - West	D/P	D/P	D/P	D/P	240
ConnectiCare	CTC0719	ConnectiCare, Inc	D/P	D/P	D/P	D/P	220,229
ConnectiCare	CTC0719A	ConnectiCare, Inc - Medicare Advantage	N/S	N/S	N/S	N/S	-
Harvard	CTC0213	Harvard Pilgrim Health Care of Connecticut, Inc	D/P	D/H	D/P	L/F	4,965
HealthYCT	CTC0021	HealthyCT Inc	L/F	P/F	L/F	P/F	7,362
UHG	CTC0193	Golden Rule Insurance Company	D/P	D/H	D/H	D/P	5,040
UHG	CTC0423	UnitedHealthcare Insurance Company	D/P	D/H	D/H	D/H	46,885
UHG	CTC0423A	Oxford Health Insurance Inc, (UHC)	D/P	D/H	L/F	D/H	252,279
UHG	CTC0423B	UnitedHealthcare - OrthoNet (Oxford)	N/A	D/P	N/A	N/A	-
UHG	CTC0423C	UnitedHealthcare Insurance - Medicare & Retirement	D/H	D/H	D/H	D/P	130,081
UHG	CTT0322	OptumHealth (UHC)	N/A	D/P	N/A	D/P	-
Wellcare	CTC0534	WellCare Of Connecticut, Inc	D/P	D/H	L/F	D/P	14,507
Wellcare	CTT0005	Caremark, LLC	L/F	N/A	P/F	N/A	-
ALL							1,573,289

N/S	Not Sent. Submitter has not yet provided a file for this data type
P/F	Prelim fail. File has a formatting issue that needs to be resolved by the submitter.
L/F	Load fail. File does not conform to required thresholds.
D/H	DQ Hold. Passed initial file load (met all thresholds) but Onpoint is questioning the quality of some of the data.
D/P	DQ Pass. All thresholds and data quality validations have been passed and this file will be accepted for inclusion into the APCD.
N/A	Not Applicable. Submitter will not be providing this file type.