

Board of Directors Special Meeting

July 14, 2016

Agenda

A. Call to Order and Introductions

B. Public Comment

C. Votes

- June 8, 2016 Special Meeting Minutes
- Appointing New Member to the Consumer Experience and Outreach Advisory Committee

D. CEO Report

E. 2017 Open Enrollment Readiness Plan

F. TMA Update

G. APCD Overview

H. Digging Deeper: Uncovering Disparities in Health Status in Connecticut: Presentation by Dr. Mehul Dalal

I. Adjournment

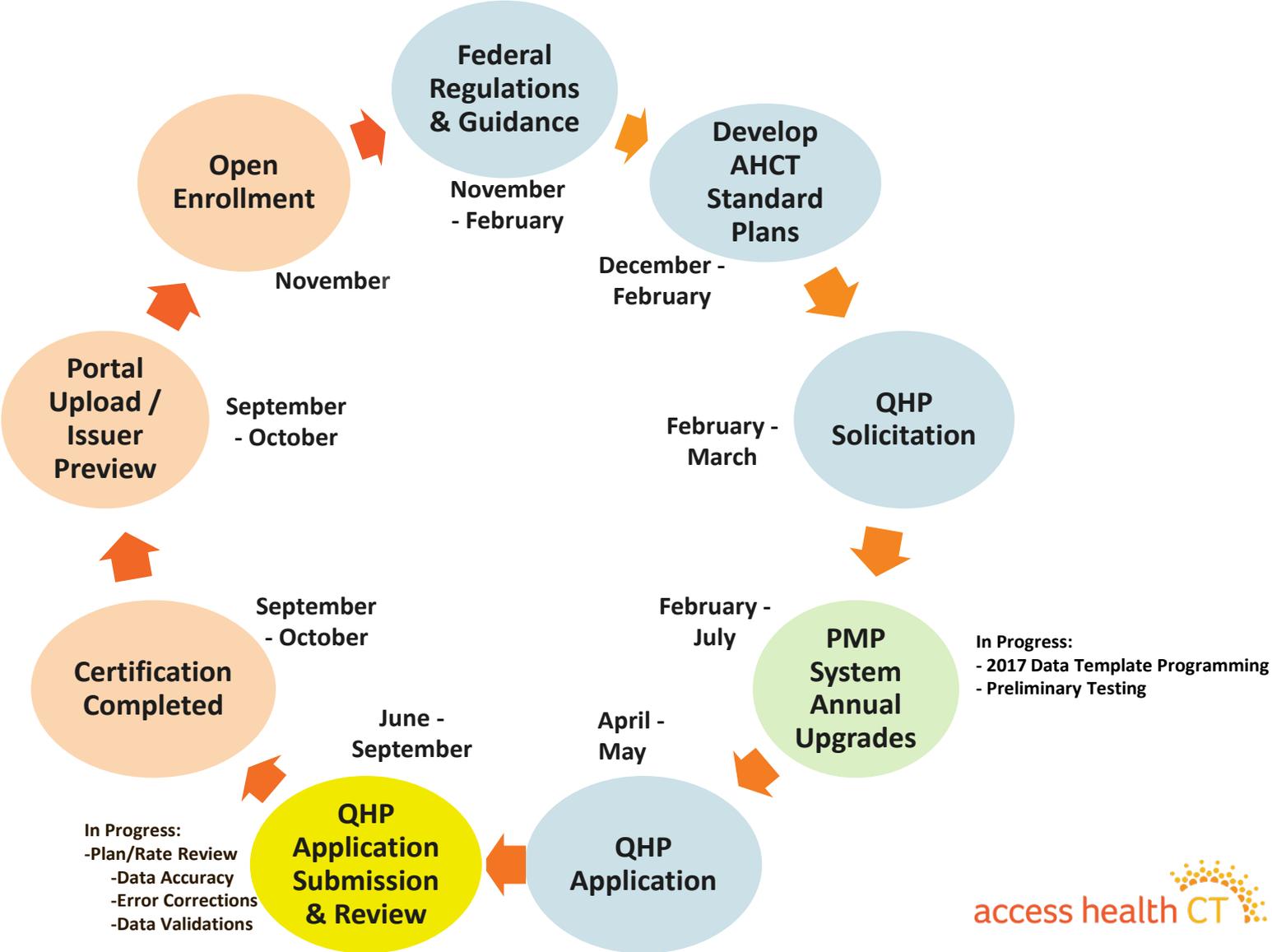
Votes

- June 8, 2016 Special Meeting Minutes
- Appointing New Member to the Consumer Experience and Outreach Advisory Committee

CEO Report

Open Enrollment Update 2017

Plan Management - Plan Year 2017 Life Cycle Status



Open Enrollment 2017 Dashboard – On Track

	2016 Open Enrollment Release Timeline						
	June	July	August	September	October	December	January
PM			◇ ◇ ◇		◇		
Marketing		◇	◇ ◇	◇ ◇			
PM IT			◇ ◇ ◇	◇			
Renewal				◇	◇	◇	
Tech		◇			◇		
CC		◇ ◇ ◇		◇	◇ ◇		
Sales	◇ ◇	◇	◇				
Training			◇ ◇	◇	◇		
Field Service				◇	◇ ◇	◇ ◇	
CSO / IRD		◇ ◇	◇		◇	◇	

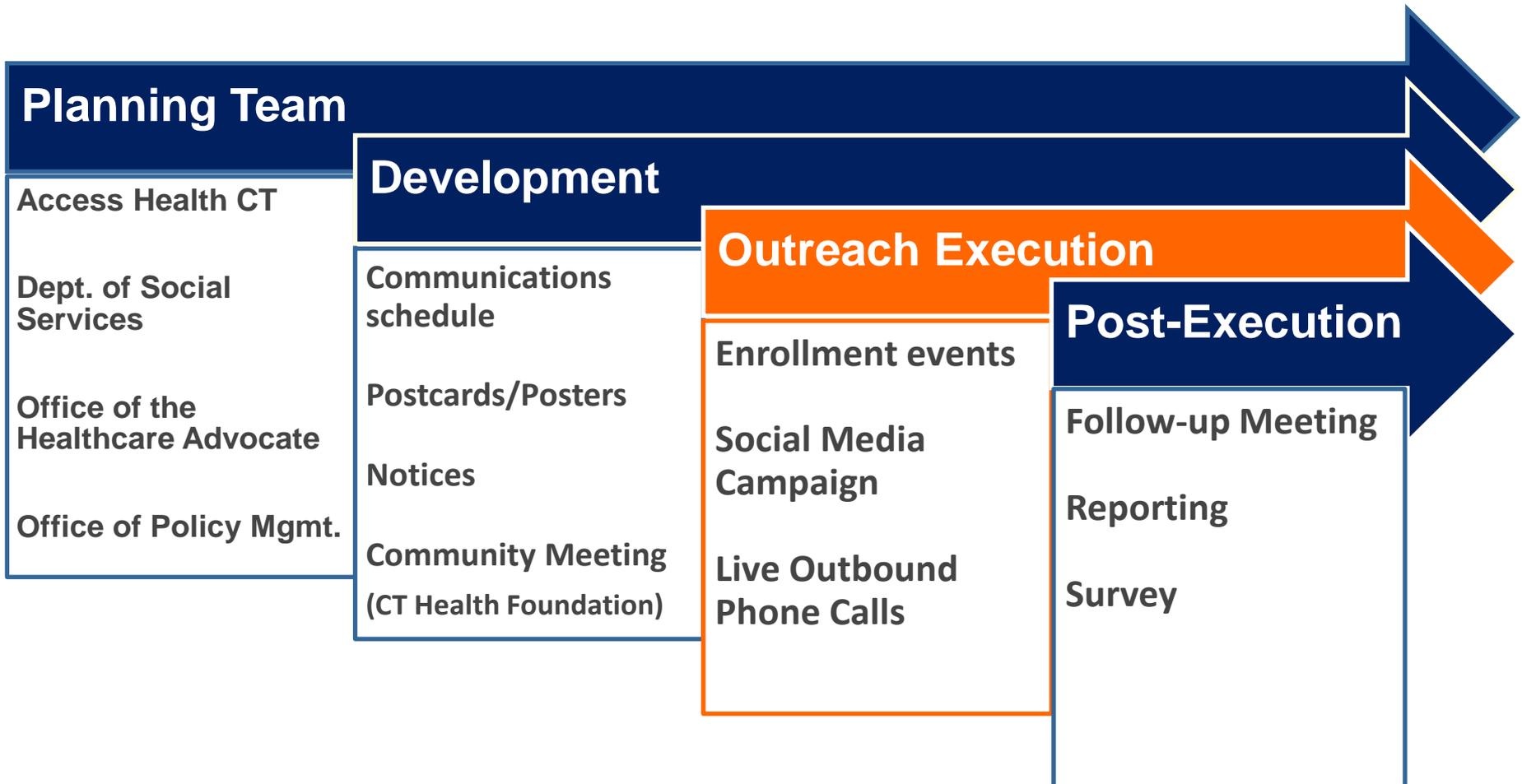
Open Enrollment Functional Area Status			
Component	Status	Functional Lead	Upcoming Priorities Next Week
Plan Management	30%	Ellen Kelleher / Ann Lopes	<ul style="list-style-type: none"> ▪ Certification: Complete remaining Initial reviews
Marketing / Communication	25%	Kecia Stauffer	<ul style="list-style-type: none"> ▪ Complete vendor agreement on member census ▪ Continue community outreach
Renewals	20%	Rajiv Chawla	<ul style="list-style-type: none"> ▪ Carrier Meetings have begun to discuss Notice change to cross walk and coordination, renewal process & EDI ▪ Forecasting auto-renewal population
Technology	60%	Rajiv Chawla	<ul style="list-style-type: none"> ▪ Testing Release 20, deployment August ▪ Data correction and suppression
Call Center	20%	David Lynch	<ul style="list-style-type: none"> ▪ Continue to review scripts, update new hire training, review IVR for changes ▪ Submit documents to AHCT for review and sign off
Sales	25%	Ron Choquette	<ul style="list-style-type: none"> ▪ Create Small Business Campaign ▪ Work with carriers on plan design on and off exchange
Training	25%	Josephine Sempere	<ul style="list-style-type: none"> ▪ Finalize module development schedule and assign resources for releases and Open Enrollment ▪ Create documentation for train the trainers
Field Services	18%	Emanuela Cebert	<ul style="list-style-type: none"> ▪ Began preparations of storefronts for Open Enrollment Session
Customer Support Organization	15%	Tony Crowe	<ul style="list-style-type: none"> ▪ Have the IRD Database up and running and functional for the entire team ▪ Continue to work with carriers on operational mitigation for carrier transition
Carrier Transition	50%	Tony Crowe	<ul style="list-style-type: none"> ▪ System suppression ▪ Outreach, Call Center Monitoring and operational touch point

Legend
 Completed  On Track  Issue / Risk   Next Milestone



HUSKY A Parent and Caregiver Transition Update

Plan Phases



Communication Strategy

**If it's BLUE,
We Can Help You!**
**¡Si es AZUL,
podemos ayudarte!**

**Take action by
July 31, 2016!** **¡Actúa antes del
31 de julio, 2016!**

Avoid a gap in your healthcare coverage.
If you have HUSKY A Transitional Medical Assistance your coverage may be ending. If you received a **blue envelope** from the Department of Social Services and Access Health CT, we **MUST** hear from you by July 31, 2016.

¡Evita una brecha en tu cobertura de salud!
Si tienes HUSKY A-Asistencia Médica Transitoria, puede que tu cobertura termine pronto. Si recibiste el **sobre azul** del Departamento de Servicios Sociales, por favor comuníquese con nosotros antes del 31 de julio del 2016.

Visit/Visita AccessHealthCT.com

Call/Llama 1-855-371-2428

Get **free** help at an event near you!
¡Obtén ayuda **gratis** en un evento cerca de ti!

Go to Learn.AccessHealthCT.com/Husky-Move for more information.
Visita Learn.AccessHealthCT.com/Cambio-Husky para más información.

access health CT HUSKY HEALTH

- **Notices**

- 60-Day (sent 6/4/16) 30-Day (sent 7/1/16)
- Reviewed by Focus Groups (5/24/16 & 6/21/16)
 - Facilitated by Office of the Healthcare Advocate
- English and Spanish

- **Poster**

- Regional Department of Social Services Offices
- All Community Health Center Association of CT Facilities
- All Planned Parenthood Centers

- **Postcard**

- Directly mailed to all 13,811 (6/20/16)

- **Live Outbound Call Campaign**

- 1st Pass – July 9th
- 2nd Pass – July 25th

**ACT NOW!
¡ACTÚA YA!**

Avoid a gap in your healthcare coverage!
If you have HUSKY A Transitional Medical Assistance your coverage may be ending soon. If you received this blue envelope from the Department of Social Services, we **MUST** hear from you by July 31, 2016.

¡Evita una brecha en tu cobertura de salud!
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access health CT HUSKY HEALTH

Learn.AccessHealthCT.com/Husky-Move
1-855-371-2428

Outreach Plan - Enrollment Fairs

Date	City	Location	Hours
6/22	Danbury	Danbury Women's Center	1pm – 5pm
6/23	Waterbury	Waterbury OIC	1pm – 5pm
6/29	Norwich	UCFS	1pm – 6pm
6/30	Stamford	Optimus Health Center	1pm – 6pm
7/7	Hartford	Main Branch Library	1pm – 7pm
7/13	New Haven	New Haven Enrollment Center	1pm – 8pm
7/14	Bridgeport	Main Branch Library	11am - 4pm
7/16	Norwich	UCFS	9am-1pm
7/30	Bridgeport	Southwest Health Center	10am-2pm
7/30	Hartford	Charter Oak Health Center	10am-1:30pm

- **One-On-One Help**
 - Certified Application Counselors (CAC)
 - AHCT Staff
 - Certified Brokers
- **On-going Assessment**
 - Extended Enrollment Fair hours
 - Added Saturday Call Center Hours
 - Adding Saturday Fairs in July
 - Provide Regular Updates to MAPOC and CT Voices for Children
- **Enrollment numbers (7/6/16)**
 - 2,846 total individuals
 - 880 Qualified Health Plan (QHP)
 - 1,966 applications re-determined eligible for coverage in a HUSKY program through the integrated eligibility system with the Department of Social Services

Community Partners Meeting - April 27, 2016

- ABCD (Bridgeport)
- Agency on Aging of South Central CT
- Bridgeport Child Advocacy Coalition (BCAC)
- Caring Families Coalition
- Chase School Family Resource Center
- Christian Community Action
- Community Action Agency of New Haven
- Community Action Agency of Western CT
- Community Catalyst
- Community Health Center Association of CT
- CT Association for Community Action
- CT Health Foundation
- Eastern AHEC
- Health Disparities Institute – UCONN
- Health Equity Solutions
- Hispanic Alliance
- Hispanic Federation
- Hispanic Health Council
- Office of the Healthcare Advocate
- Latino Community Services
- National Alliance on Mental Illness – CT
- New Haven Legal Assistance Association
- Pequeñas Ligas Hispanas de New Haven

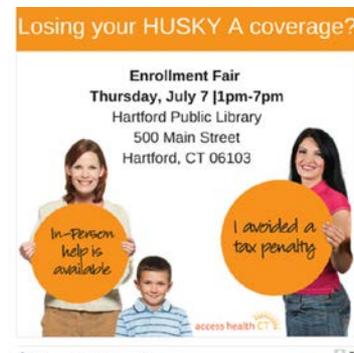


Community Partners Meeting -- Facilitated by CT Health Foundation

- Planned Parenthood of Southern New England
- Project Access
- Southwestern AHEC
- United Connecticut Action for Neighborhoods
- Universal Health Care Foundation
- Urban League of Greater Hartford
- West Hartford-Bloomfield Health District

AHCT Media Outreach

- 9 press releases (EN/SP) so far
- Multiple media interviews (radio, social, TV, EN/SP)
- Social Media campaign: Facebook, Twitter, Distributed Social Media Toolkit to all Community Partners & Leaders



Engagement Activity Over Past 3 Months

Outreach Activity



13,811 Postcards Mailed

13,811 Notices Mailed

9,000+ Outbound Calls*

10 - Enrollment Fairs

9 – Press Releases

4 – Media Interviews

Customer Activity



12.7% increase in Web Site activity

6,664 Notice/Postcard Attributed Calls

6,160 Accounts Accessed Over Last 3 months

Customer Enrollment



2,289- Actively enrolled in HUSKY

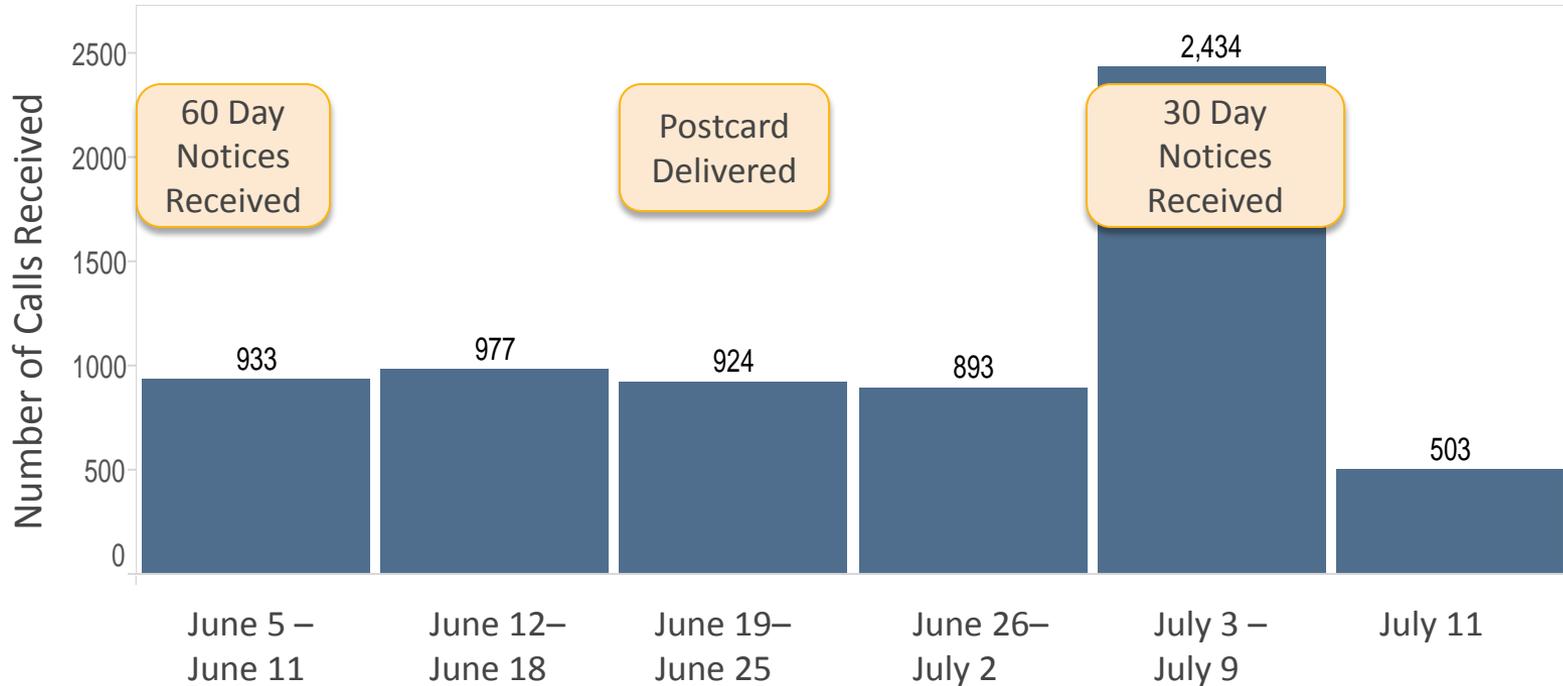
1,096 – Actively enrolled in a QHP Plan

4,309 – Accessed account but did not enroll

6,117 – Have not accessed their account within the last 3 months

**Outbound calls only placed to those without active enrollment*

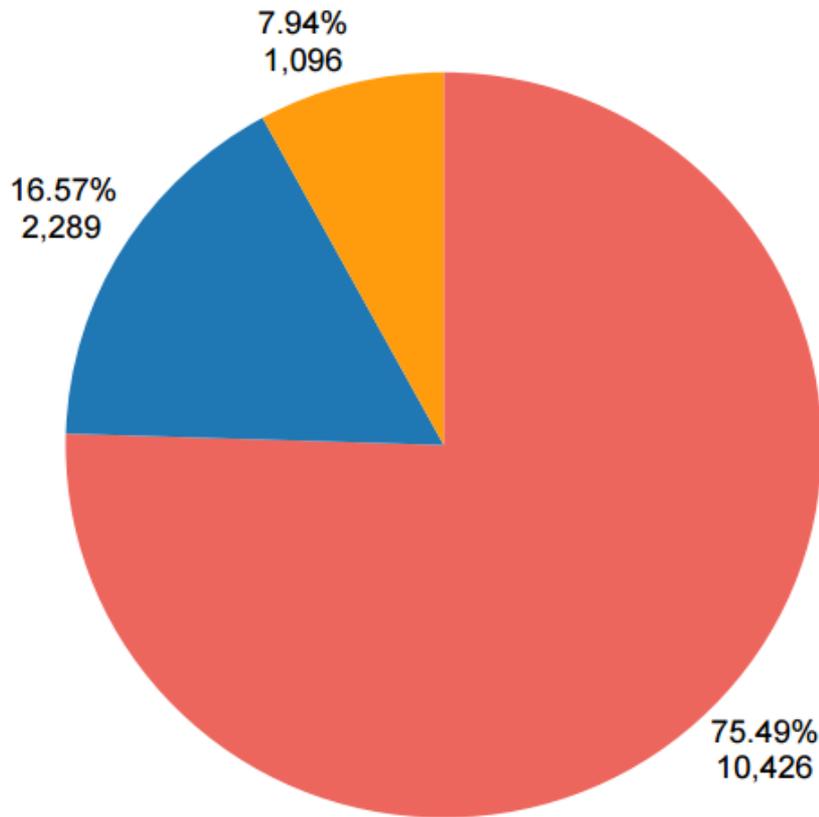
Call Activity Generated by Mailings



Over 6,600 calls received through the number listed on Notices and Postcards (June 5 – July 11)

Averaging 578 calls per business day over the last two weeks

Enrollment Activity Status Update (7/13/16)



Nearly 25% of population actively enrolled in a plan with coverage after 7/31

Approx. 160 enrollments per day over the last two weeks

Current Enrollment Status

- Coverage Expiring 7/31
- HUSKY
- Qualified Health Plan



All Payer Claims Database (APCD) Update

July 14, 2016

APCD Implementation Status Update

Milestones	Date	New Date	Status
Data submission delays by commercial carriers – 1. Suspension of data submissions from March through June by Aetna and March through current by Anthem 2. Recent suspension of all employer-group data submission by ConnectiCare 3. Slow progress of test data validation by carriers	5/31/2016	8/15/2016	
Deploy APCD website – 1. Develop contents and layouts 2. Develop reports on population health using partial APCD commercial data	8/15/2016	9/30/2016	
Completed (signed) MOA for Medicaid data with DSS	6/17/2016		
Complete Data Review Committee (DRC) selection	8/11/2016		
Complete price transparency reports for facilities using commercial data	10/15/2016	12/31/2016	
Develop initial set of SB 811 reports using commercial data	10/15/2016	12/31/2016	



Critical



Outside
Schedule



On
Schedule

Data Review Committee

- Back in March this year, we adopted APCD's Policies & Procedures on Data Security and Privacy. This P&P focused on data uses, disposal, security and privacy aspects in data distribution. A core component of this P&P is the creation of a working committee called Data Review Committee (DRC), entrusted to make decisions on APCD data releases.
- We have selected an initial slate of nominees for the Data Review Committee (DRC).
- The candidates for the DRC will be nominated to the CEO of AHCT, and to the APCD Advisory Group in August.

Digging Deeper: Uncovering Disparities in Health Status in Connecticut

***Connecticut Department of Public Health
Chronic Disease Director
Mehul Dalal, MD MSc MHS
July 14th, 2016***

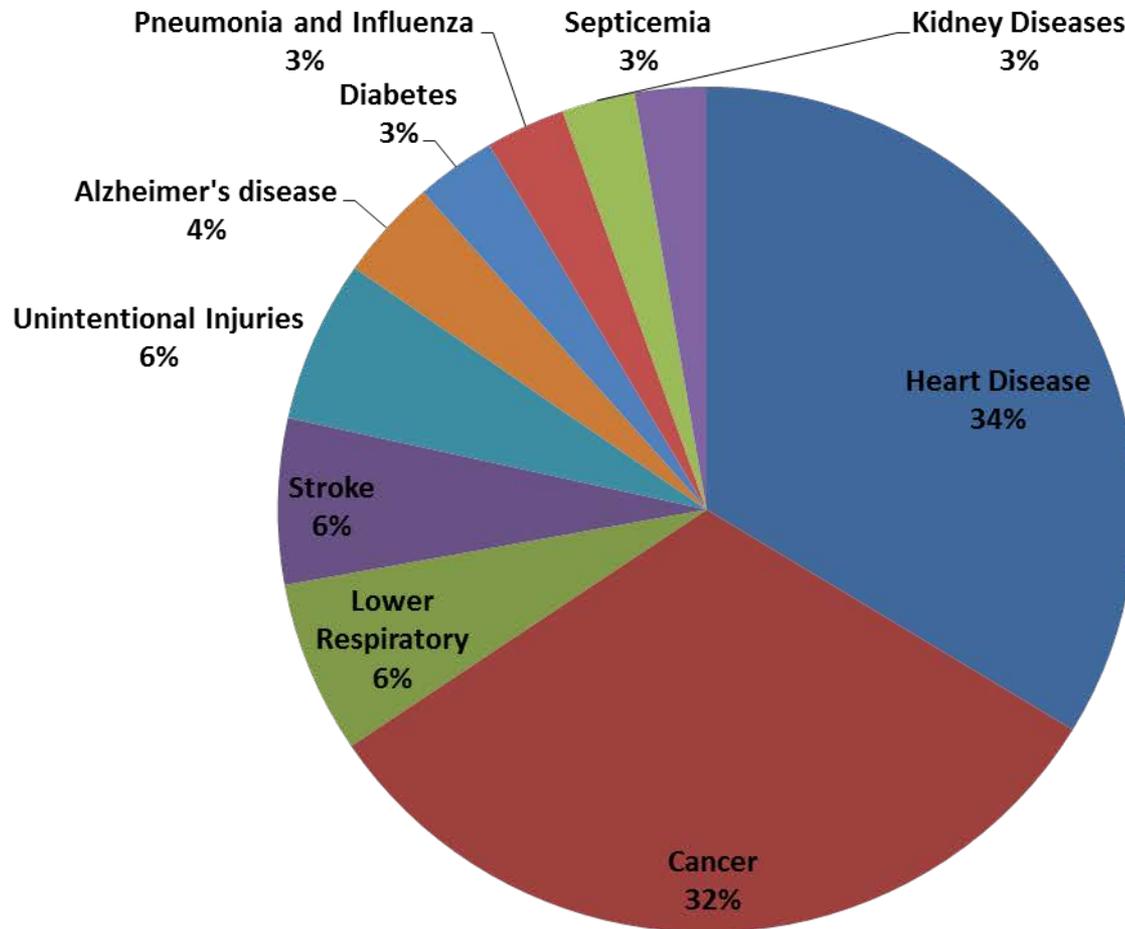




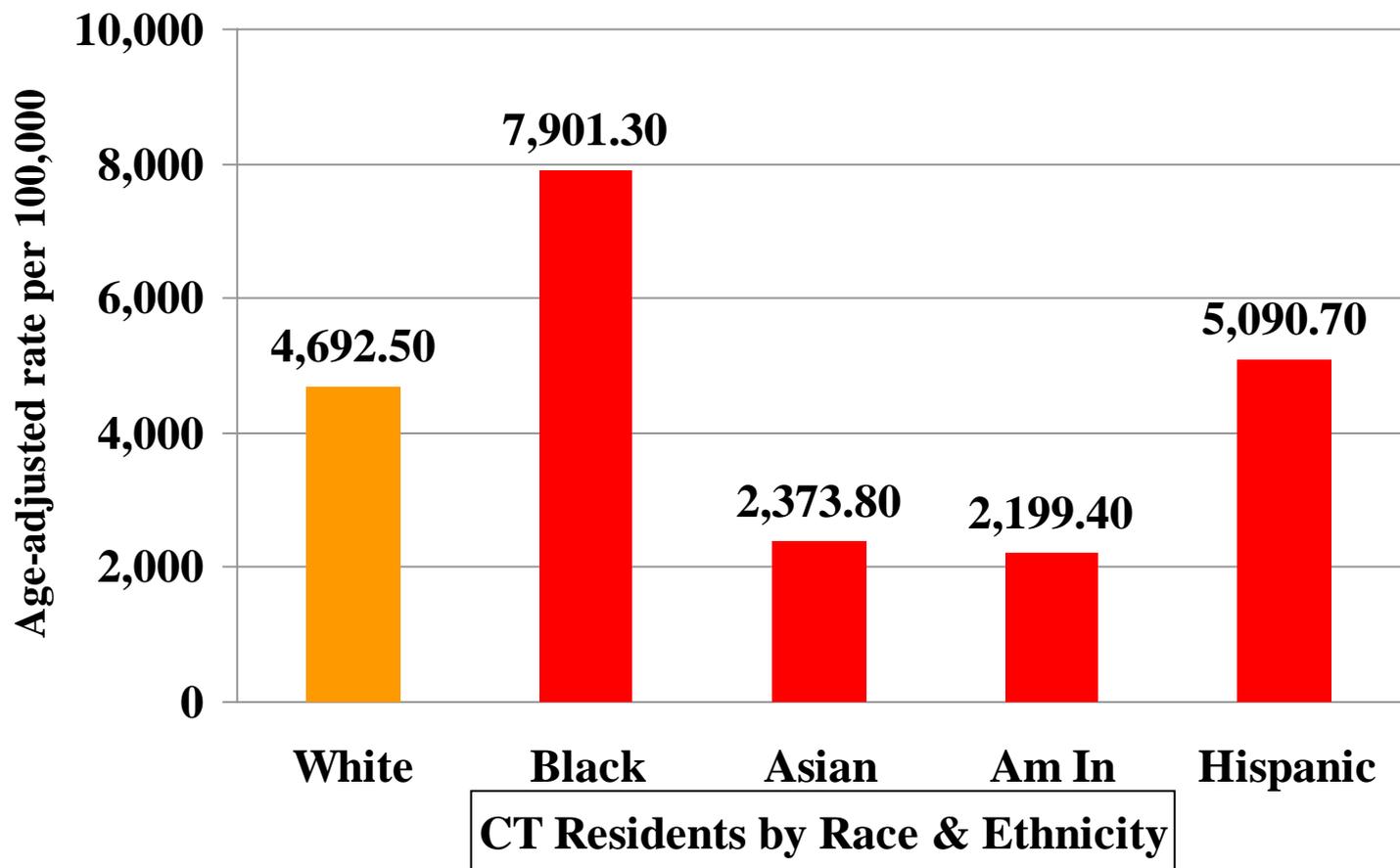
“Every system is perfectly designed to get the results it gets.”

- Paul Bataldan et al, Institute for Healthcare Improvement

Top 10 Causes of Death in CT



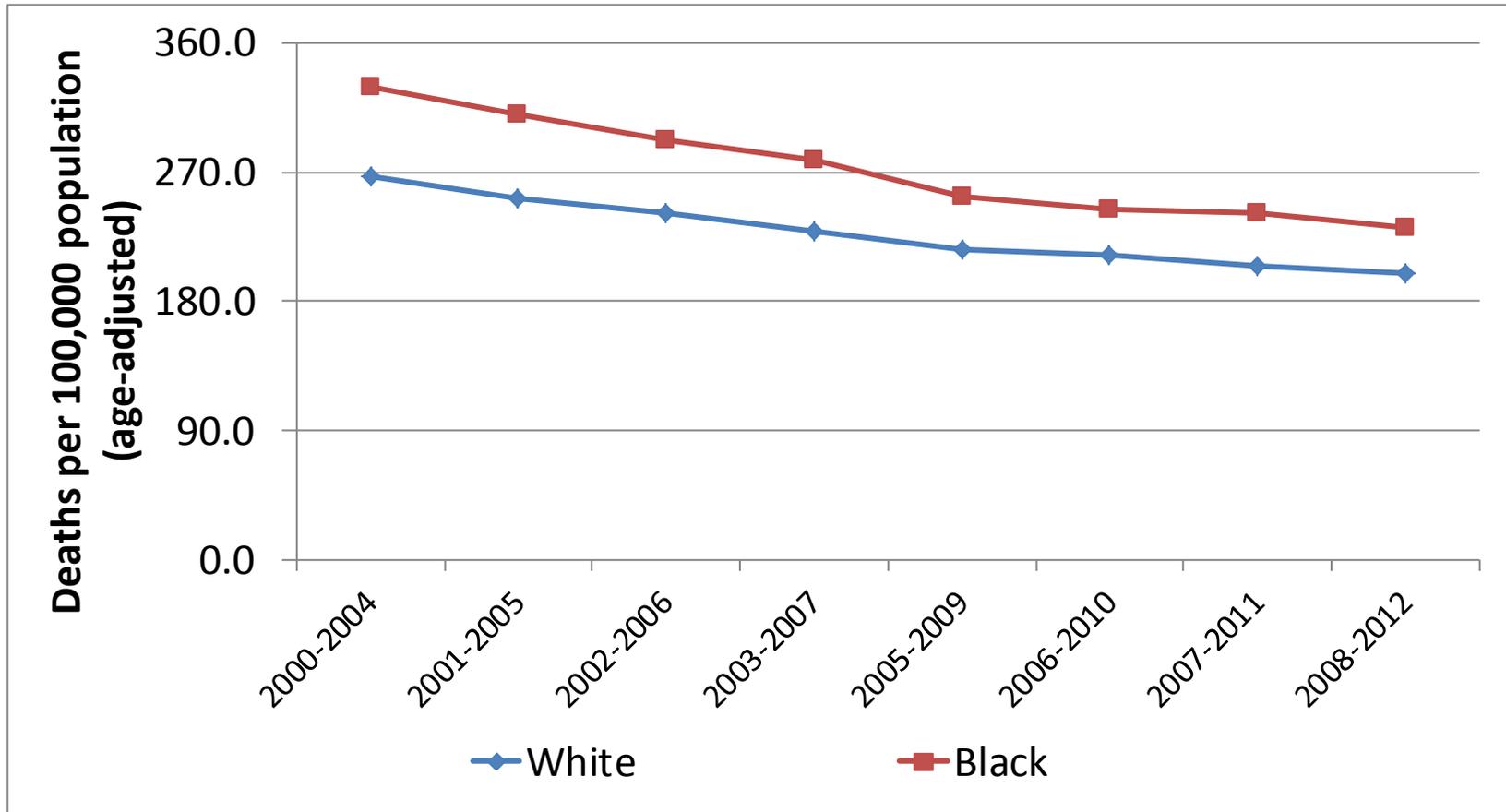
Premature Death by Race and Ethnicity



Years of potential life lost (YPLL) represent the number of years lost by each death before a predetermined end point. The YPLL statistic is derived by summing age-specific years of life lost figures over all age groups up to 75 years.

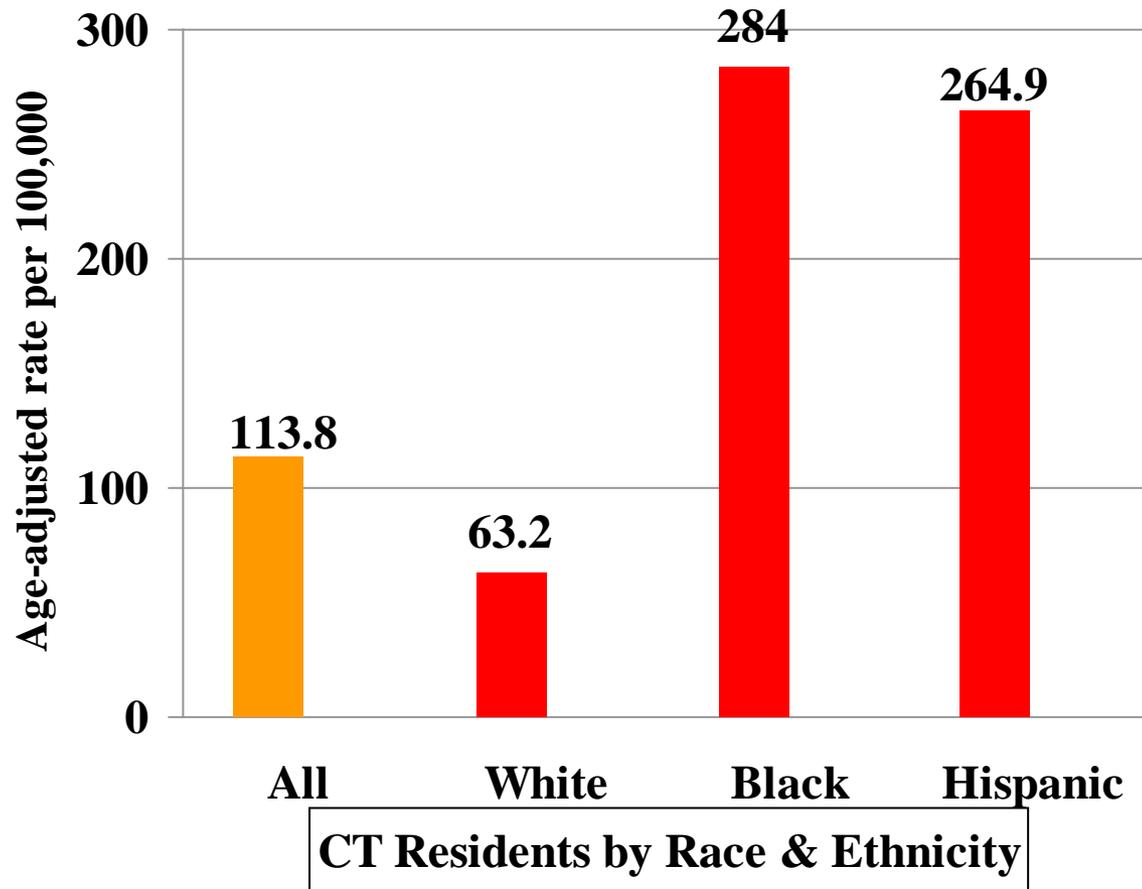
Source: Connecticut Department of Public Health, Vital Records Mortality Files, 2016.

CVD mortality by Race



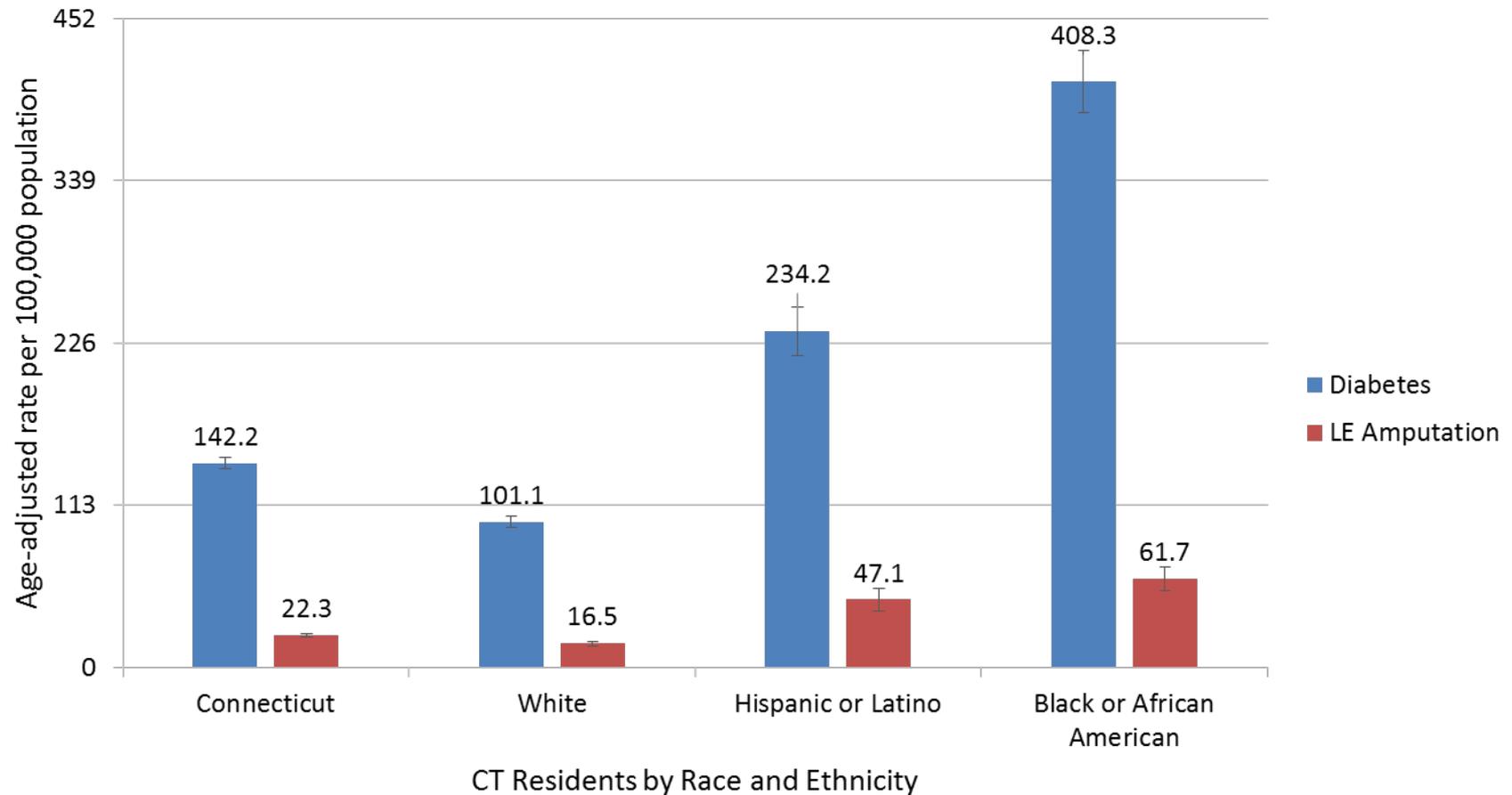
Source: Connecticut Department of Public Health, Vital Records Mortality Files, 2016.

Age-Adjusted Hospitalization Rates – Asthma CT Residents by Race & Ethnicity, 2013



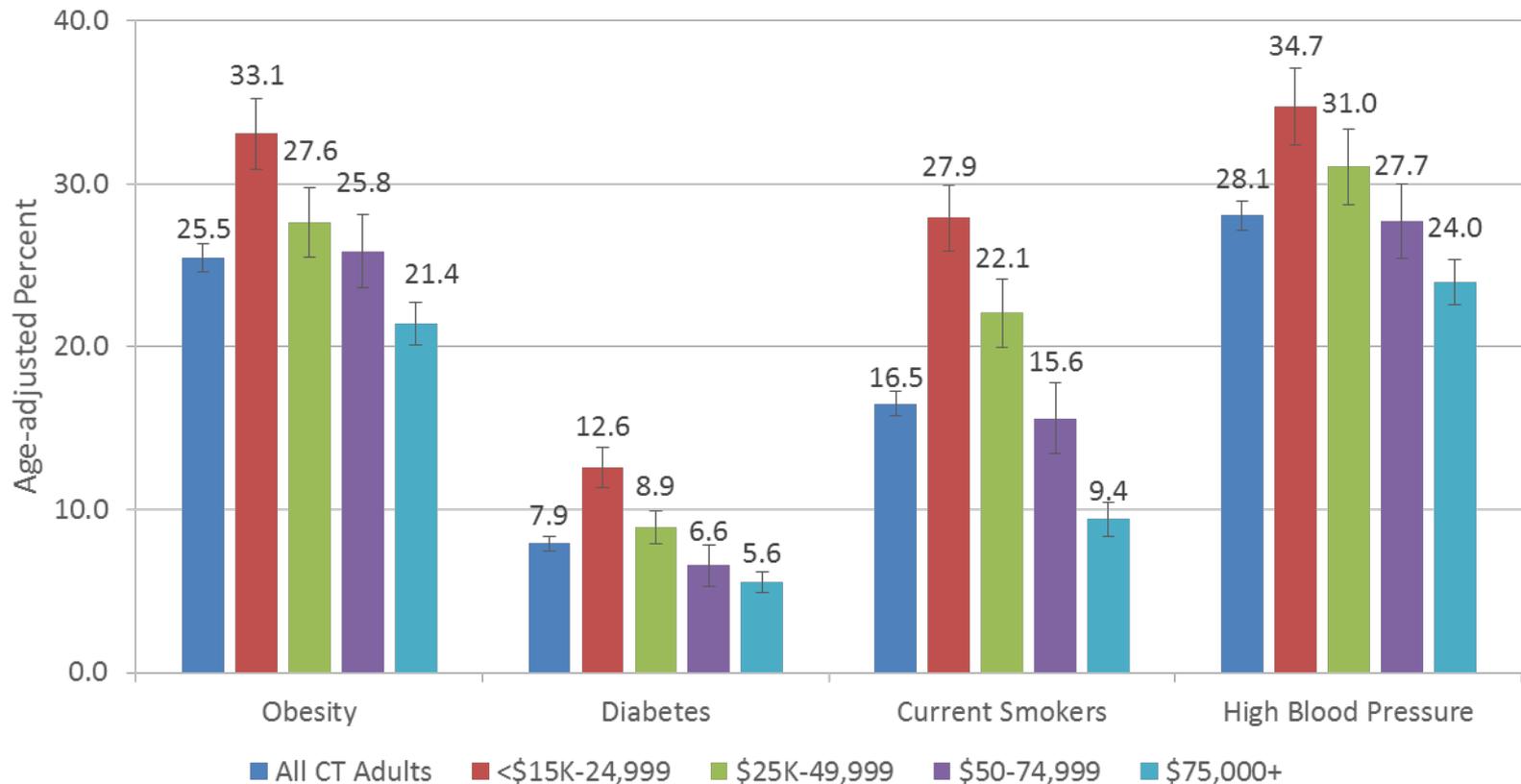
Source: Connecticut Department of Public Health , Hospital Discharge & Abstract Billing Database, 2015.

Age-Adjusted Hospitalization Rates – Diabetes & Diabetes w/ LE Amputation CT Residents by Race & Ethnicity, 2013



Source: Connecticut Department of Public Health, Hospital Discharge & Abstract Billing Database, 2016.

Risk Factors for Chronic Disease CT Adults by Household Income, 2012-2014



Source: Connecticut Department of Public Health. Behavioral Risk Factor Surveillance Survey, 2012-2014.

Costs of Disparity: \$268 million in 2013

- Owing to overall poorer health status, Blacks and Hispanics have greater hospital utilization for many common conditions compared to whites.
- DPH developed a mathematical model to quantify the cost of this disparity.
- The analysis suggests substantial healthcare savings could be realized through disparity reduction.
- More information on the analysis is found here:
www.ct.gov/dph/healthdisparitiesdata

Solutions: Targeting Cost Drivers

THE 6|18 INITIATIVE

Accelerating Evidence into Action

*“Targeting **six** common and costly health conditions – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes – and **18** proven specific interventions”*

www.cdc.gov/sixeighteen/



Solutions: Understanding and Targeting Systems

Topic	Issue	Traditional Approach	Systems Approach
NUTRITION	Encouraging fruit and vegetable consumption	Provide informational brochures to children, parents and teachers	Provide a la carte fresh fruits and veggies in school cafeterias and make selections attractive, tasty and affordable. (Food Systems)
PHYSICAL ACTIVITY	Encouraging exercise	Bike to School Day	Design communities that are safe and attractive for walking and biking with easy access to recreational resources. (Transportation Systems)
CANCER	Promoting cancer screenings	Providers refer for screenings	Culturally competent Community Health Workers engage women in community settings, discuss importance of screenings, identify and address barriers, refer and follow-up. (Higher Ed, Workforce, Payment)
ASTHMA	Asthma flares	Patients told to avoid triggers	Home-visits by trained staff to identify and remove triggers and provide asthma self-management education and reinforce an asthma action plan. (Local Health, Housing, Payment)
DIABETES	Persons at risk for diabetes	Healthcare provider advises patient to lose weight	Patients with pre-diabetes referred to evidence-based lifestyle programs to support weight loss and reduce risk of diabetes. (Healthcare, Payment)
HIGH BLOOD PRESSURE	Adherence to medications	Patient given prescription and told to follow instructions	Trained community pharmacists perform medication reviews, identify medication taking barriers and support adherence. (Healthcare, Payment)
TOBACCO	Discouraging tobacco use among youth	Provide brochures and information about dangers of smoking	100% smoke-free schools and campuses. (Education)



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Closing Questions

- What systems are contributing to these results?
- What are our individual and organizational roles in the system(s)?
- What systems changes are necessary?
- What are the opportunities and barriers?

Adjournment