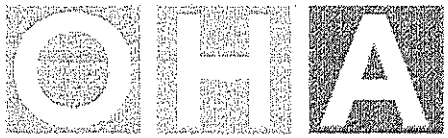

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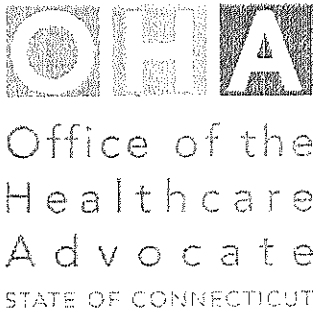
Appropriations Subcommittee Meeting

February 14, 2017

DT8



What is the quality of life result to which the program makes the most important contribution

There are two equally and important contributions:

1. Assist consumers with healthcare issues through the establishment of effective consumer outreach and education programs and overturning coverage denials.
2. Continuous, updated communication related to consumers' rights and responsibilities as members of healthcare plans

LM1

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How does this program contribute to the result?

- Program 1
  - Education of consumers through direct contact with OHA about
    - Options for healthcare coverage and how to secure coverage
    - Their rights under their healthcare plans
    - Education about services of other agencies-state and community
  - Education through indirect intervention through education (general media, outreach, speaking engagements, sponsorships, brochures).
  - Direct intervention via appeals of denials of coverage by or eligibility issues with both private and public payers, dispute resolution with providers
  - Warm referrals to other agencies
  - Reports to Insurance Department, Comptroller, Federal entities for alleged non-compliance with law.

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How does this program contribute to the result?

- Program 2
  - Referrals of systemic issues determined from data to oversight entities – state and federal
  - Partnerships, collaboration and action with advocacy organizations—statewide and federal—to ensure enforcement of existing laws and/or changes in laws
  - Administrative and legislative advocacy

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Who are the program's major customers?

OHA Core Cases

- **Direct Beneficiaries**

  All consumers with or seeking healthcare coverage who live in CT or have a healthcare policy written in CT

- **Indirect Beneficiaries**

  Referral sources (providers, legislators, state agencies, etc.)

  Other consumers who benefit from OHA's policy work

DCF Voluntary Services Project

- **Direct Beneficiaries**

  Consumers who request services from DCF Voluntary Services

  DCF Voluntary Services area office staff through in-person education

- **Indirect Beneficiaries**

  Facilities and Providers to provide education and direct assistance in submitting to commercial plans before accessing DCF Funding for services

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What measures do you use to tell if the program is delivering its services well?

OHA measures include:

Consumer satisfaction survey

Would the consumer refer someone to us; would the consumer contact us in the future; knowledge of the consumer's health plan before contacting OHA; did the consumer's knowledge increase after seeking assistance from OHA

Number of consumers served

Year over year case volume; case duration/length of time to resolution; type of cases

Tracking case volume tied to OHA's outreach/education

Outreach and Education

Events/Presentations/Fairs/Speaking Engagements

Social media engagement; media appearances and buys

Surveys of outreach events at which we present

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What measures do you use? (cont'd)

Case Data Information

- Types of cases presented
- Clinical categories
- Plan type
- Payer type
- Trends from case data
- Completeness of the data

Savings Calculations

- Formulas for case savings on appeals
- Formulas have been modified to include billing/coding errors, APTC errors, etc.
- Exceeding our budget in consumer savings.

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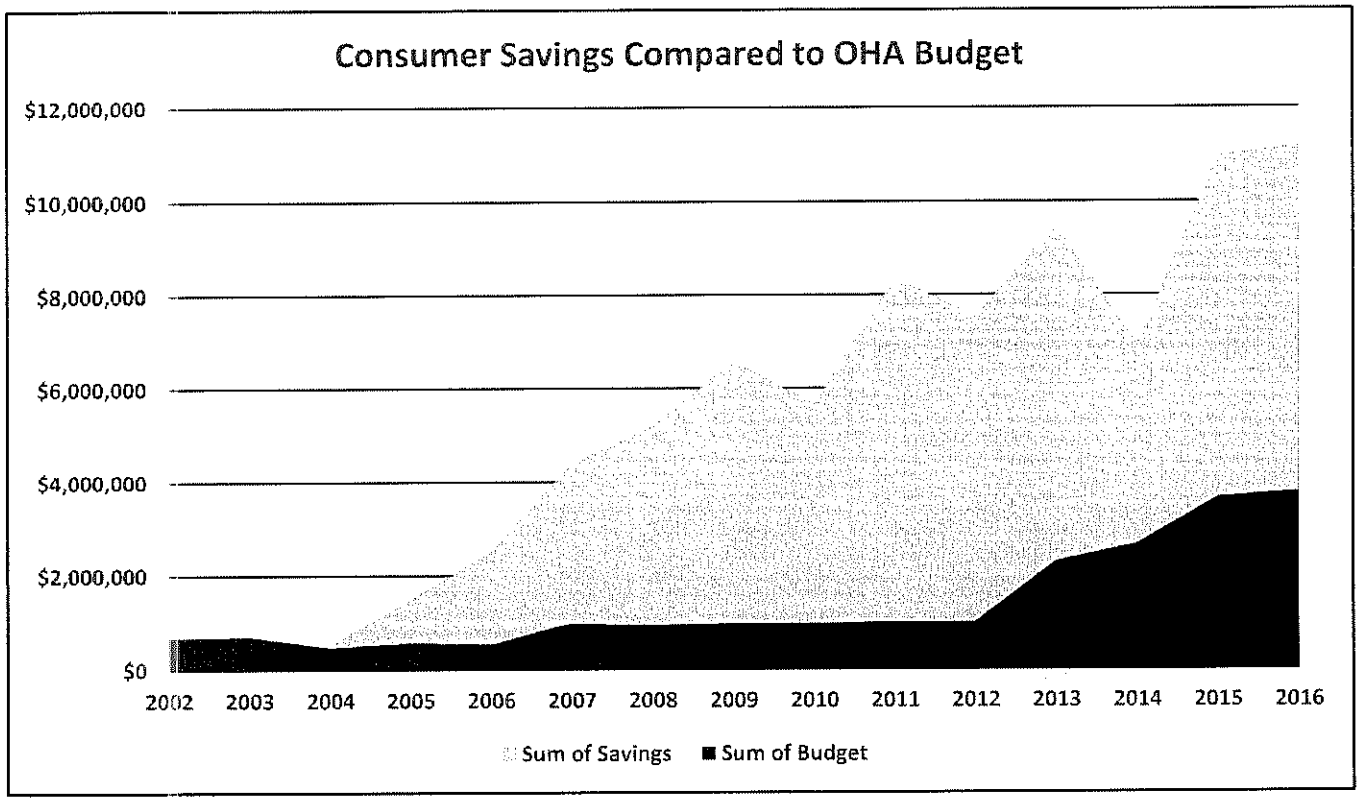
Consumer Savings vs OHA Budget

OHA's current FY budget is $3.7 million. Consumer savings realized over the years has steadily increased to $11 million in CY 2016 with total savings over the years of $80 million.



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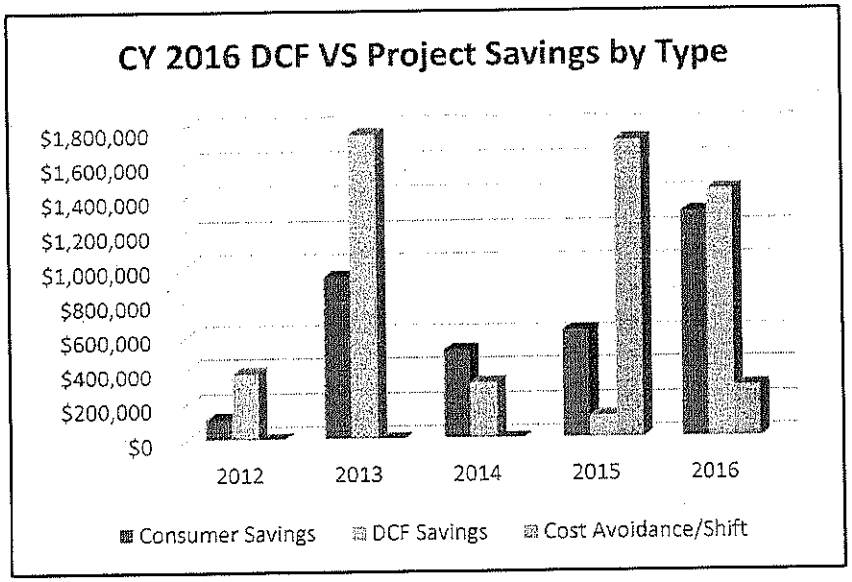
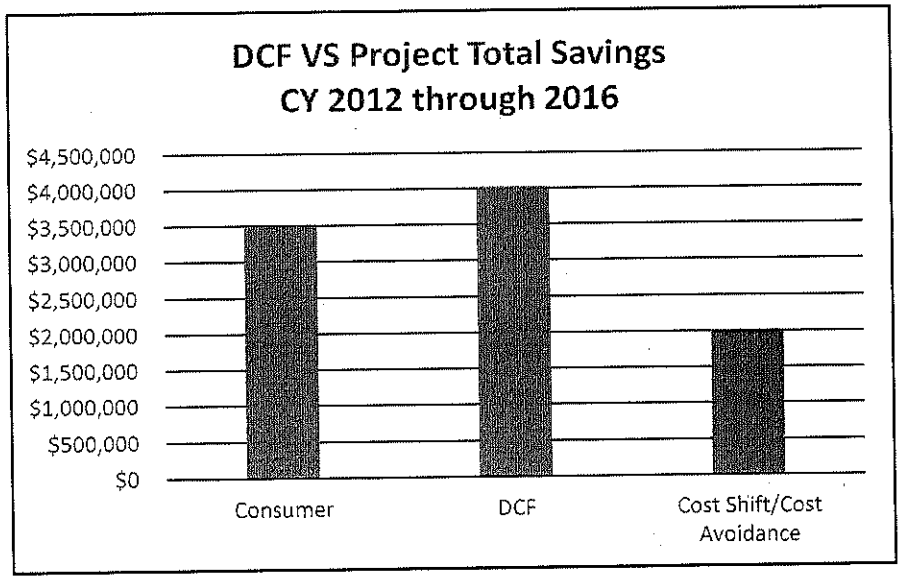
DCF Voluntary Services Project Savings

The continued collaboration and partnership with DCF VS whereby OHA pursues payment from commercial insurance for services DCF would otherwise pay for continues to be a success. The savings realized from this unique collaboration total $3.5 million to consumers from denials of treatment and services. OHA additionally saved DCF $4 million for services and treatments that were paid by DCF HUSKY coverage while OHA pursued appeals and obtain coverage. The cost avoidance/cost shift of $2 million represents the results of extensive outreach and direct assistance to providers and facilities on: the effective utilization of commercial coverage, proper pre-authorization processes, guidance with peer-peer reviews, concurrent reviews and assistance understanding the basis for denied claims, which relieves DCF from having to activate HUSKY coverage.





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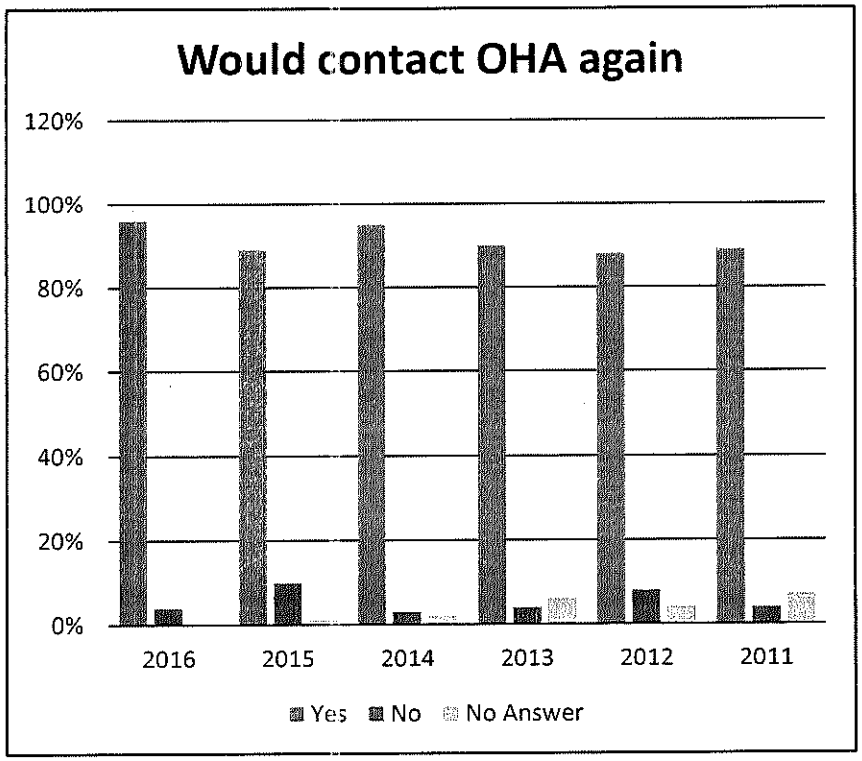
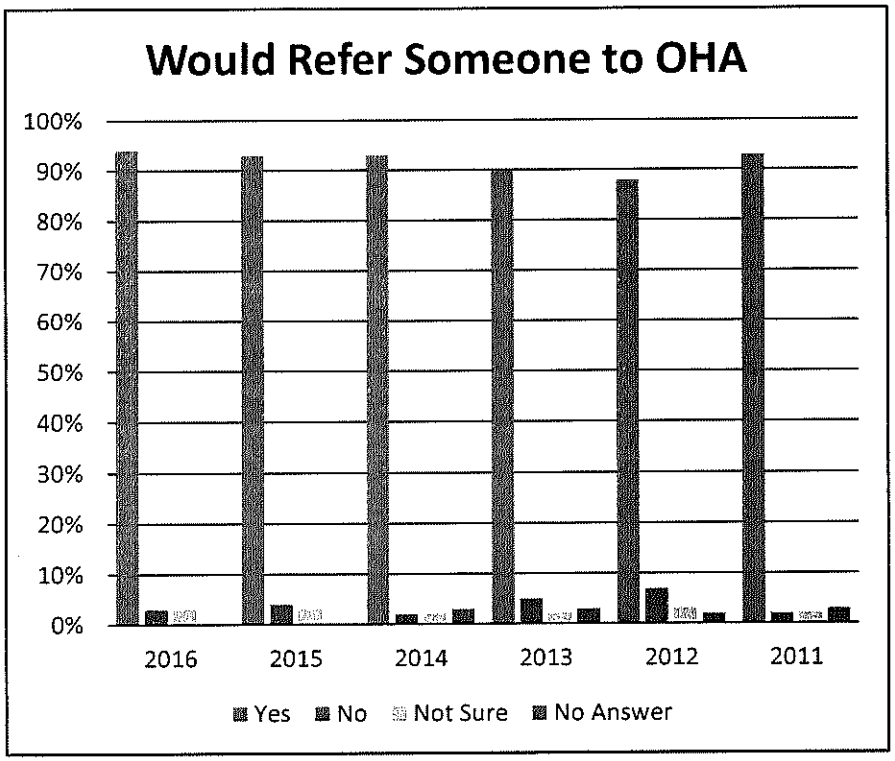
How are you doing on the most important measures?





OHA consistently receives high measures on consumer surveys. Consumers indicate that they would contact OHA again and that they would refer someone to OHA.

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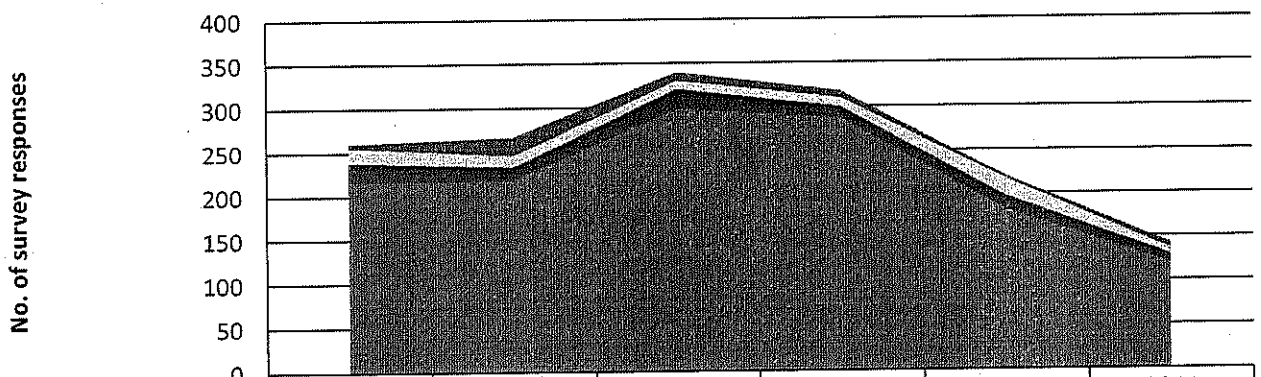
How are you doing on the most important measures?

Value of assistance offered by OHA



	2016	2015	2014	2013	2012	2011
No Value	5	22	10	8	3	7
Limited Value	17	13	9	10	20	6
Somewhat Valuable	23	15	23	13	16	10
Very Valuable	216	218	298	287	181	119

Consumers consistently report that the assistance offered by OHA is very valuable.

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Who are the partners with a major role to play in doing better?

1. Our customers – a better educated and more engaged consumer will be a better self advocate
2. Providers of all types, including community providers – major referral source. OHA regularly provides education to providers
3. Community Organizations, including employee and employer groups – help spread the word about OHA's success and help us to engage people. Another major referral source for OHA
4. State partner agencies – DCF, DDS, DMHAS, DSS, AHCT, CID, AG, Lt. Governor's office, Governor's office, OSC, CCIIO, US DOL
5. Policy makers – State and Federal
6. Health plans

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What works, what could work, to do better, or to do the least harm in a difficult financial climate?

What works:

- Partnerships with agencies to ensure appropriate use of health plans to give consumers the best results while avoiding/reducing state expenses.
    - Creates policy initiatives (DDS, DCF, AHCT)
- Routine evaluation of incoming case data to assess best practices for the most efficient case management
- Modify process when necessary – e.g., open enrollment
- Ensuring proper data collection; enhance our data analytic capabilities
- Ongoing staff training to enhance in-house expertise to ensure efficiency in cases

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What works, could work, to do a better job with least harm in a difficult financial climate

What Could Work Better:

- Enhanced and continuous staff training to expand the depth and scope of knowledge of all staff
- System technology improvements– phone systems, create more efficiency with little investment.

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What specific actions do you propose to take over the next two years? Focus on 1) no-cost and low-cost actions, 2) actions to reduce the harm of budget reductions, and 3) reallocation of existing resources to obtain best results.

1. Increase collaborations with other state agencies to improve access to care, maximize utilization on alternate, non-state, payors (such as commercial insurance), and reduce costs across agencies. This reduces these agencies' fiscal liability by allowing OHA to bring out claims-denial expertise to bear not just for consumers, but also to the financial benefit of sister state agencies, and also brings in newer consumers to our agency to do more of what we do without a lot of investment by either agency.
2. Increase partnerships with community organizations – train the trainer as a way to create a community advocacy network; Collaborate with other state agencies.

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What specific actions do you propose to take over the next two years? Focus on 1) no-cost and low-cost actions, 2) actions to reduce the harm of budget reductions, and 3) reallocation of existing resources to obtain best results.

3. Apply for grants when available to help replace resources and expand OHA's outreach capacity.
4. Enhance staff's training to incorporate multiple disciplines, enabling greater flexibility in case triage and processing, more general overall knowledge. This will increase OHA's ability to respond to increased case volume, including temporary spikes in demand.

Connecticut State Innovation Model Initiative

SIM connecticut state innovation model

- The State Innovation Model (SIM) program is a Center for Medicare & Medicaid Innovation (CMMI) initiative under the ACA
- Supports the development and implementation of state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care, and smarter spending

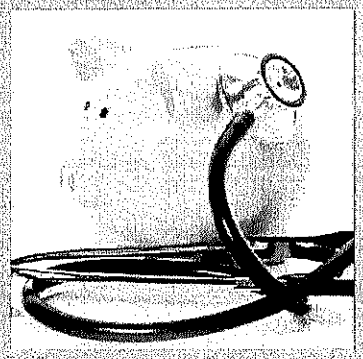
  Vision: *Establish a whole-person-centered healthcare system that improves community health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their health and health care; and improves affordability by reducing healthcare costs.*

- In 2014 Connecticut received a **$45 million State Innovation Model (SIM) grant** from CMMI to implement its plan for achieving this vision over a four year period (2015-2019)

CT SIM: Strategic Investments

SIM connecticut state innovation model

Population Health



Payment Reform

Transform Care Delivery

Empower Consumers

Health Information Technology

Evaluation

CT SIM: Budget for Performance Years

SIM connecticut state innovation model

	Performance Year 1	Performance Year 2	Performance Year 3
	10/01/16-09/30/17	10/01/17-09/30/18	10/01/18-09/30/19
Plan for Improving Population Health	1,485,411	1,560,671	1,105,528
Payment Reform PCMH+	2,034,087	2,754,835	932,557
Care Delivery			
AMH Glide Path	1,440,000	1,440,000	720,000
Clinical Community Integration Program	1,190,170	1,322,412	352,643
CCIP Transformation Awards	2,356,380	2,618,200	698,187
Health Information Technology	2,476,979	3,954,054	1,959,284
Workforce Development	274,664	282,653	124,049
Value-based Insurance Design	36,394	36,394	21,394
Consumer Engagement	93,592	93,592	93,592
Program Evaluation	946,433	928,817	597,654
OHA - under-service	66,169	92,636	97,268
SIM and HIT PMO Administration	1,194,851	1,235,099	780,095
Total	13,595,130	16,319,363	7,482,251