

Health Plan Benefits and Qualifications Advisory Committee Meeting

August 25, 2016



Agenda

- Welcome and Introductions
- Access Health CT Strategic Plan Summary
- Health Plan Benefits and Qualifications Advisory Committee Realignment Draft
- Next Steps
- Adjournment

Access Health CT Strategic Plan Summary

ACCESS HEALTH CT STRATEGY DRAFT



Contents

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Vision and Mission



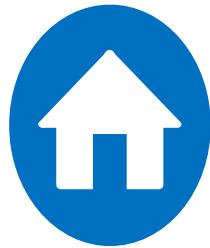
Accomplishments



Evolution



Strategy



Strategic Overview



Pillars and Structure



Initiatives



Next Steps

Our Vision

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“*The CT Health Exchange supports health reform efforts at the state and national level that provide CT residents with better health, and an enhanced and more coordinated health care experience at a reasonable, predictable cost.*”

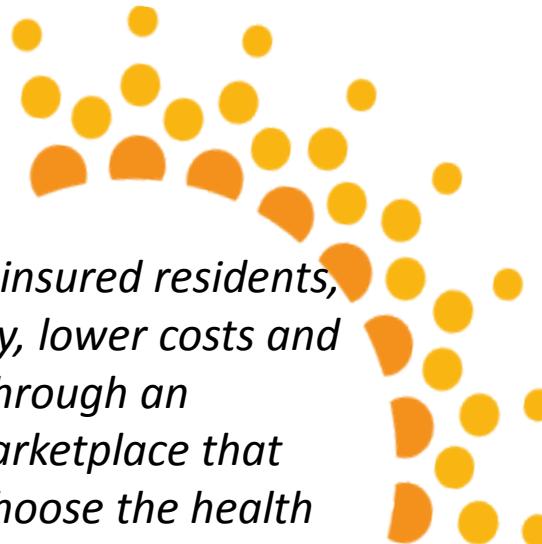
As approved by the Board on April 19, 2012

Our Mission

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“*To increase the number of insured residents, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and provider that give them the best value.*”

As approved by the Board on April 19, 2012



Organization Accomplishments

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WORKFORCE

Skilled and diverse team

LOWERED UNINSURED RATE

Currently at 3.8%

INNOVATION

Data based decisions with targeted outcomes
Proactive engagement of stakeholders
First enrollment centers in the nation

AFFORDABILITY AND LOWERING COSTS

Transitional reinsurance, low carrier assessment,
standard plan designs and independent rate reviews

PEOPLE, PROCESS AND TECHNOLOGY

Effective decision making and prioritization
Successful solutions and processes
Close to 1 million individuals served since 2013

The above were instrumental in Access Health CT's success

Accomplishments

AHCT's Functional Areas



ALL PAYER CLAIMS DATABASE

- First state-based marketplace to incorporate an APCD in the nation
- Developed the first AHCT consumer support tool



DATA AND ANALYTICS

- Compliance with federal reporting requirements
- Implementation of a enterprise data warehouse
- Enterprise reporting software



FINANCE

- First self sustaining state-based marketplace
- Obtained & administered grant funding
- Procured an independent review of carrier rates to ensure reasonable premium costs



HUMAN RESOURCES

- Built a staff structure and diverse workforce
- Aligned managers and employees skills with business strategy



INFORMATION TECHNOLOGY

- Designed, developed and implemented the Health Insurance Exchange system on time and within budget
- Award winning technology with an innovative mobile enrollment solution

Accomplishments

AHCT's Functional Areas



LEGAL AND POLICY

- Ensured compliance with Affordable Care Act, state and federal regulations
- Sole state-based marketplace to implement a transitional reinsurance program



MARKETING

- Established a trusted brand
- Designed diverse marketing and advertising campaigns
- Implemented successful community outreach efforts (community leaders and influencers)
- Established the first enrollment centers in the nation



OPERATIONS

- Built a customer service focused organization
- Developed strategic partnerships to provide core services



PLAN MANAGEMENT

- Effective partnership with carriers and state agencies
- Implemented the Essential Health Benefits and qualified health plans (QHP) criteria
- Automation of rate administration, plan designs and data interchange
- Reduced costs with low carrier assessment and standard plan designs



SMALL BUSINESS AND BROKER SUPPORT

- Established a small business program
- Developed successful relationships with dedicated broker partners
- Created an effective training and education program

Evolution

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	OE1 2013-2014 (6mo)	OE2 2014-2015 (3mo)	OE3 2015-2016 (3mo)	OE4 2016-2017 (3mo)
Key to Success	AHCT Staff	AHCT Staff	AHCT Staff	AHCT Staff
Focus	Implementation of the Affordable Care Act	Member Retention	Health and benefit awareness	Customer Service/Experience
Uninsured Rate	8%	4%	3.8%	-
Investment	\$122.8M	\$55.7M	\$45.4M	-
QHP Membership	78,730	110,095	116,019	-
Sm. Biz Membership	920	1,197	1,492	-
Residents Served	208,301	552,603	724,022	-

Strategy

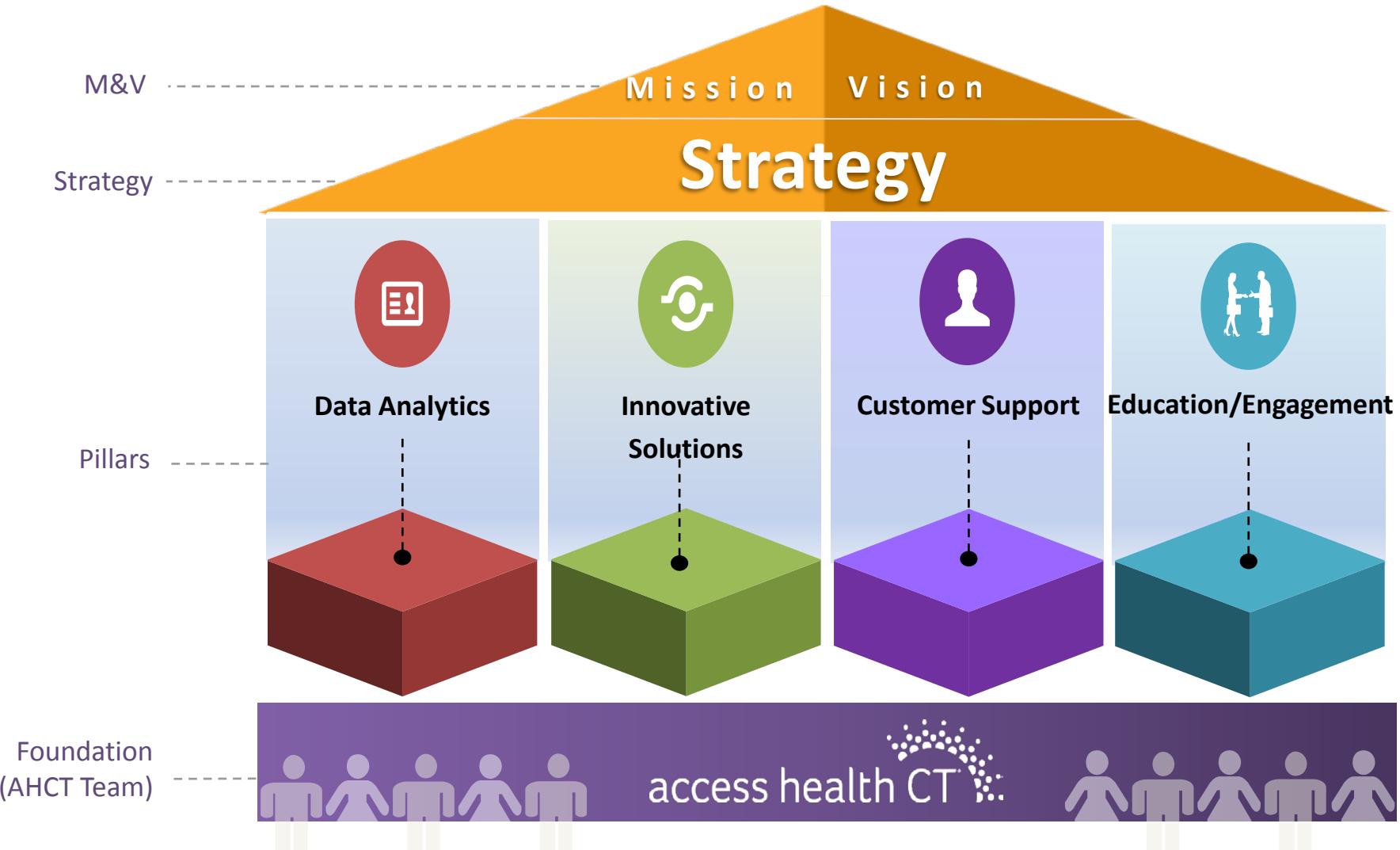
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“ Access Health CT’s strategic goals focus on providing access to quality insurance choices for individuals and small businesses, delivering a positive customer experience, improving quality, cost transparency and reducing disparities in health care; which will result in healthier people, healthier communities and a healthier Connecticut.

Strategic Overview



Access Health CT's foundation comprises our people, our brand, our processes and technology. The four pillars are built on this foundation that support our Mission, Vision and Strategy.



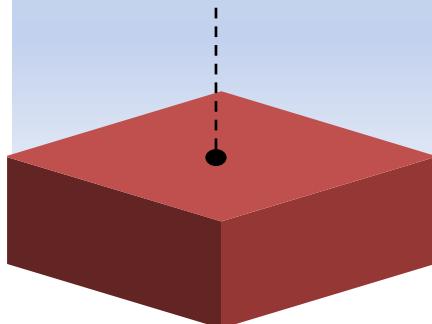
Pillars



Data Analytics

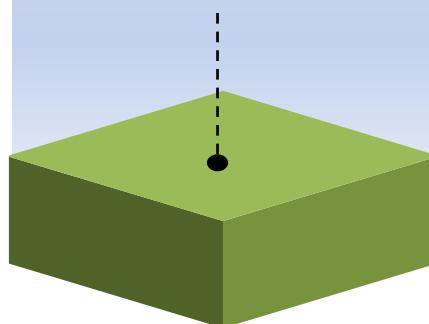
Access Health CT fosters a data-oriented culture that guides and supports the use of analytics.

These enable the organization to efficiently and effectively **focus on the customer**; and identify and address **strategic opportunities** as they arise.



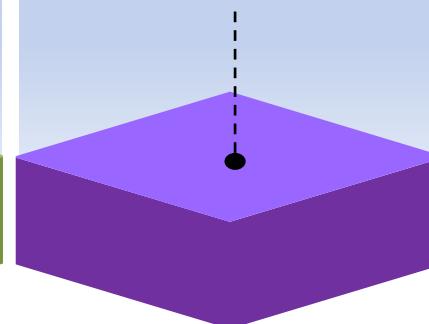
Innovative Solutions

Access Health CT is constantly innovating and building solutions based on evaluation, selection, timing and budget to enable our customers to achieve **better health outcomes** for them and their families.



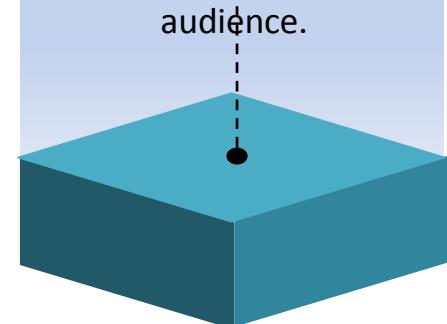
Customer Support

By incorporating intelligent customer service platforms, Access Health CT assists individuals in making cost effective decisions. **New initiatives** will ensure that residents get the support they need, when and where they need it.



Education/Engagement

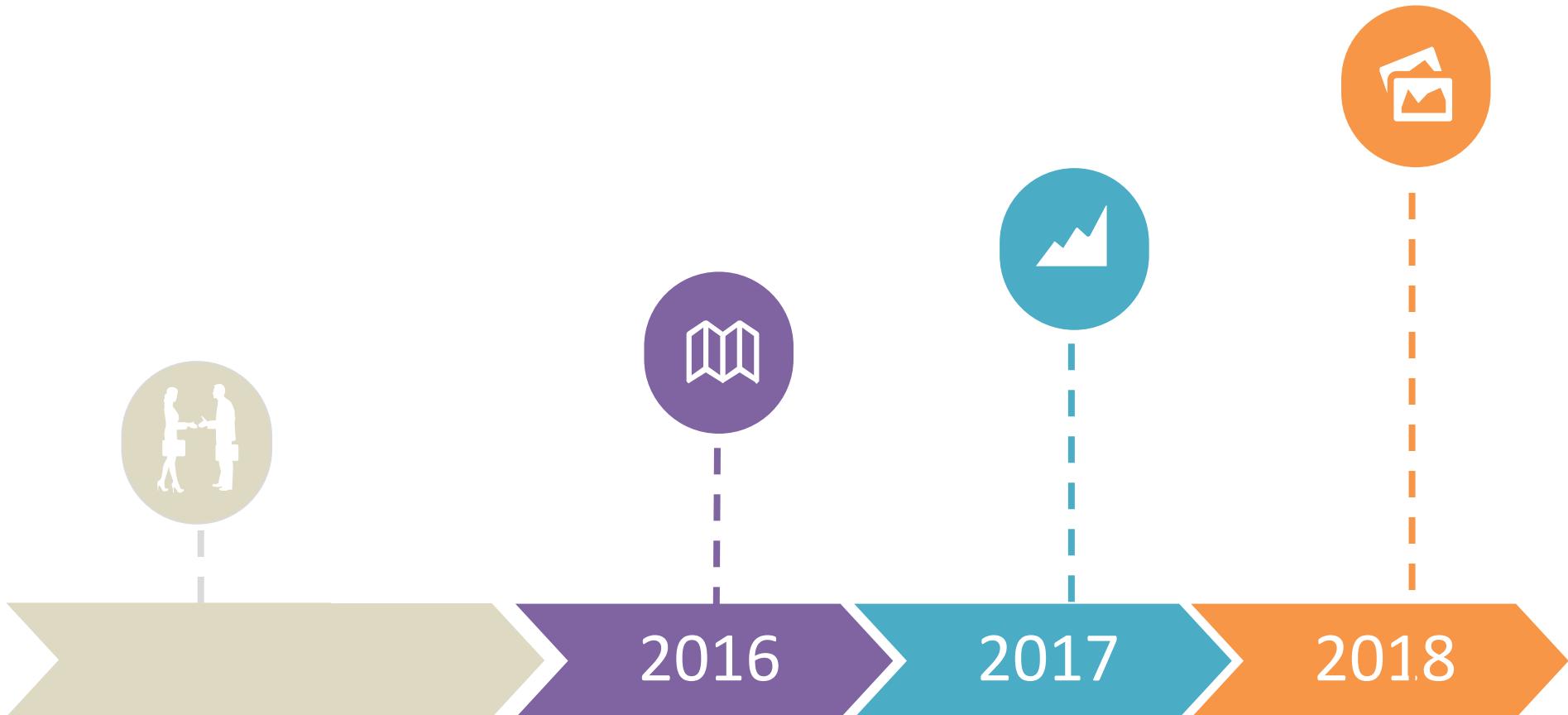
Access Health CT develops tools to inform and engage individuals to experience a healthier life. By **leveraging data**, the organization enables real-time performance measurement and customize content to better serve each audience.



Three Year Strategic Initiatives

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Access Health CT's initiatives will only be effective with collaboration across functional areas. To be able to achieve success, there's continuous engagement and execution across the entire organization.



Enrollment

Care

Cross Functional – 2016-2018 INITIATIVES



Access to quality insurance choices

- Consumer decision support tool.
- Minimize customer issues.
- State-based exchange Collaboration.
- Address carrier issues.



Deliver a positive customer experience

- Increase membership and decrease attrition.
- Support broker community.
- Improve customer service and experience.
- Information transaction carrier / exchange.
- Strong brand to engage with target audiences.



Reduce disparities in health care

- Healthcare research through APCD.
- Health data collection.
- Reduce and address disparities in health care and consumer concerns.
- Analytics suite with customer focus.



Improve quality & cost transparency

- Smart shopping tools.
- Delivery System Reform impacting affordability. Health insurance literacy and plan utilization.
- Product innovation and health plan quality.



Healthier people, community, Connecticut

- Health care reform through integrated data.
- Customer relationship management tool
- Data analytics to improve quality of care.
- Health and wellness initiatives.
- Understand customer behavior.



Appendix

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Functional Areas—2016-2018 INITIATIVES

Data and Analytics– 2016-2018 Initiatives



Access to quality insurance choices

- Link customer analytics with different functional areas to anticipate customer demand, target prospects, and ensure product offerings align with customer shopping trends.
- Improve information transaction quality and depth between carrier and exchange.
- Enhance consumer decision support tools to enable individuals to select appropriate health plans.
- Complete risk profiling of products/customers for on/off exchange populations.



Deliver a positive customer experience

- Develop operational analytics to support business planning focused on customer issue resolution.
- Collaborate with internal partners to enable proactive customer assistance.
- Continue expanding consumer decision support tools based on costs, quality ratings, health plan offerings etc.
- Enhance health insurance literacy through information.



Reduce disparities in health care

- Utilize APCD and demographic risk factors to understand customer disparities.
- Improve data collection and measurement of health information.
- Facilitate healthcare disparity research through the use of APCD in CT.
- Work with various state registries to improve data collection and enhance health services research capabilities.



Improve quality & cost transparency

- Continue to supply external partners with oversight and reporting.
- Develop an enterprise analytics suite which unifies customer relationship management, integrated eligibility, customer history and quality metrics.
- Support state mandates regarding costs and quality transparency legislation(s).
- Develop digital tools to assist consumers in shopping and evaluating medical services and conditions.



Healthier people, community, Connecticut

- Utilize data analytics to provide and improve quality of care.
- Facilitate public health research through the use of APCD in CT.
- Implement standardized healthcare quality measures to promote informed consumer choice across CT.
- Support state innovation and health care reform through the provision of integrated health care data.

Customer Support – 2016-2018 Initiatives



Access to quality insurance choices

- Expand customer support programs and certification.
- Enhance customer service tools to address customers proactively.
- Partner with internal functional areas to address carrier issues



Deliver a positive customer experience

- Implement plans to increase membership and decrease attrition.
- Develop support programs to provide dedicated support to the broker community.
- Implement an improved customer relationship management tool
- Develop new processes to improve customer experience.



Reduce disparities in health care

- Implement a plan selection tool to support the broker community.
- Develop a plan focused on decreasing customer issues.
- Collaborate with external partners to leverage internal expertise and support initiatives for reducing disparities.



Improve quality & cost transparency

- Provide tools, education and information to support the broker community and the customers they serve.
- Collaborate with external partners to address cost transparency.



Healthier people, community, Connecticut

- Provide tools, education and information to support the broker community and the customers they serve.
- Implement an improved customer relationship management tool

Finance – 2016-2018 Initiatives



Access to quality insurance choices

- Improve cost attributions for all components of the Integrated Eligibility System to support affordable operating costs.
- Revive the Affordable Care Act transitional reinsurance in Connecticut to lower premium costs.



Deliver a positive customer experience

- Implement new functionality of the Enterprise Resource Planning system to assist internal functional partners in executing managerial responsibilities.
- Partner with internal functional partners to leverage the new Human Resource Information System for efficiencies.



Reduce disparities in health care

- Implement proactive contract management reporting and processes to enable internal functional partners to procure needed goods and services more efficiently.



Improve quality & cost transparency

- Educate internal functional partners about internal cost transparency to favorably impact organizational sustainability.



Healthier people, community, Connecticut

- Support internal functional partners in efforts to provide flexibility and ease to members in selecting health plans and submitting premium payments.

Human Resources – 2016-2018 Initiatives



Access to quality insurance choices

- Continue to engage with staff members on quality insurance requirements and wellness through insurance choices.



Deliver a positive customer experience

- Continually train AHCT staff to understand and provide outstanding consumer experience.
- Develop new organizational structure to better serve consumers.
- Increase staff retention.
- Provide professional development opportunities.
- Implement self-service function to access employee information.



Reduce disparities in health care

- Contribute health care and wellness administration knowledge to cost, quality, equity (Triple Aim) partnerships.
- Educate staff on disparity in healthcare.



Improve quality & cost transparency

- Evolve and develop alternative staffing in the organization to deliver cost, quality, equity (Triple Aim) initiatives.
- Educate employees about the total value of the company provided health care insurance.



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- Promote staff wellness and knowledge of health care.

Information Technology– 2016-2018 Initiatives



Access to quality insurance choices

- Improve technology and processes to minimize customer issues for lower cost and increased flexibility.
- Collaborate with other state-based exchanges on best practices and cost efficiencies.



Deliver a positive customer experience

- Improve usability of digital platforms.
- Improve information transaction quality and depth between carrier and exchange.
- Deliver new technologies that improve customer service.



Reduce disparities in health care

- Provide technology development needed to implement health care initiatives.



Improve quality & cost transparency

- Work with internal partners to develop technology needed for health care cost analyses.



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- Develop and deliver a comprehensive digital strategy and technology plan in support of health and wellness initiatives and improved security.

Legal and Policy – 2016-2018 Initiatives



Access to quality insurance choices

- Collaborate with internal and external partners to develop new insurance product offerings.
- Revive the Affordable Care Act transitional reinsurance in Connecticut to lower premium costs.
- Support efforts to increase small business insurance options.



Deliver a positive customer experience

- Partner with internal and external teams to develop legislative agenda.
- Strengthen outreach and education for consumer issues and tax programs.



Reduce disparities in health care

- Partner with state agencies to address disparities in health care.
- Implement proactive contract management reporting and processes.



Improve quality & cost transparency

- Support agency collaborations and partnerships to improve quality and cost transparency.



Healthier people, community, Connecticut

- Collaborate with stakeholders to improve health issues.

Marketing and Sales– 2016-2018 Initiatives



Access to quality insurance choices

- Build a strategic community support program.
- Work with external partners on laws and regulations to support the organization.
- Enhance options to improve membership and retention.



Deliver a positive customer experience

- Continue to build a strong brand.
- Increase membership and decrease attrition (individual and small business).
- Streamline marketing efforts.
- Inform media outlets, elected leaders and key staff of various business aspects that affect people we serve.
- Engage and support brokers.
- Collaborate with external partners to provide better customer experience.



Reduce disparities in health care

- Partner with leaders and influencers to better serve communities.
- Target marketing efforts to ensure access to quality, culturally-competent care for underserved and hard to reach populations.
- Inform media outlets, elected leaders and key staff (constituents) of disparity issues.
- Assist employers in making health insurance decisions.



Improve quality & cost transparency

- Provide tools that have a direct impact on health care decisions.
- Improve health insurance literacy and plan utilization.
- Inform constituents of quality and cost issues.
- Enhance digital platforms to provide product and carrier information.



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- Streamline marketing efforts.
- Improve understanding of customer behavior
- Continue the organization's visibility in the state.
- Communicate with external partners on the value of health care and plan utilization.
- Utilize brokers to support employers and their employees.

Plan Management– 2016-2018 Initiatives



Access to quality insurance choices

- Incorporate new products and services
- Improve plan design strategy.
- Expand active purchasing to improve plan options.



Deliver a positive customer experience

- Improve information transaction quality and depth between carrier and exchange.
- Improve and Expand Open Enrollment Readiness processes.



Reduce disparities in health care

- Build strategic alliances with organizations to address consumer concerns.



Improve quality & cost transparency

- Support product innovation and health plan quality.
- Share plan information with external partners.
- Expand active purchasing to lower insurance premium expense.
- Delivery System Reform impacting affordability via: reinsurance, low carrier assessment, standard plan designs and independent rate reviews.



Healthier people, community, Connecticut

- Promote health and wellness with external partners.

Health Plan and Qualifications Advisory Committee Realignment Draft

Health Plan Benefits and Qualifications (HPBQ)

Grant Ritter – Board Co-Chair

Co-Chair - TBD

SLT: Shan Jeffreys, Director, Marketplace Strategies

Co-Chair and AHCT Senior Leadership Team (SLT) Roles	Identify key emerging opportunities and market trends for research and review by AHCT Staff and, when resulting in the potential for a change in standardized plans or certification policy/procedure, determine if Committee discussion and review is appropriate.
Co-Chair and SLT Responsibilities	<p>Co-Chairs: To be a resource and provide guidance (which is inline with AHCT strategic direction) pertaining to standardized plan benefit designs and plan certification criteria.</p> <p>SLT Responsibilities: Support committee. SLT designee will be responsible for securing the venue, selecting the dates, sending invitations, creating agenda with Chairs and documentation of meeting (i.e., minutes, etc.)</p>
Proposed “Mission” / Focus	Develop innovative approaches for benefit plan strategy and policy specific to Qualified Health Plans (QHP) and Stand-Alone Dental Plans (SADP) while aligning to meaningful choice and increasing plan transparency across competitive marketplace.
Proposed Goals	<ul style="list-style-type: none">• Support tasks necessary to meet ACA and AHCT Certification requirements and board approval• Determine QHP selection criteria and number of plans offered• Examine innovative product and plan offerings on and off exchange nationally to determine viability for inclusion in AHCT standardized plans• Periodically examine, educate and review regulations with regards to QHP/SADP• Examine and determine carrier product flexibility, quality initiatives and reporting mandates• Meet quarterly, including other committees twice a year

Health Plan Benefits and Qualifications Continued

<u>Expertise</u>	<u>Role</u>
Non Ex Officio	<ul style="list-style-type: none"> • 2 members from the Board
Ex Officio	<ul style="list-style-type: none"> • 1 member from the Board
Insurance Industry	<ul style="list-style-type: none"> • Actuarial / Underwriting Experience
Healthcare Products	<ul style="list-style-type: none"> • Product Development Experience
QHP Enrollee	<ul style="list-style-type: none"> • Consumer with active QHP plan (Leverage Consumer Experience Committee)
Quality Improvement	<ul style="list-style-type: none"> • Subject matter expert in quality improvement initiatives within the healthcare industry
University / Research Member	<ul style="list-style-type: none"> • Policy / Research candidate from University or research organization
Carrier	<ul style="list-style-type: none"> • On exchange carrier representative with health product knowledge and experience in facilitating enrollment in healthcare coverage
Provider / Pharmacy	<ul style="list-style-type: none"> • Practicing Connecticut clinician that has front line experience with treating patients and running a small business
Healthcare Innovation	<ul style="list-style-type: none"> • Experience in healthcare startup's, medical device industry, or working in leading edge healthcare trends within the industry
Community Representative	<ul style="list-style-type: none"> • Consumer of Access Health CT, with current / active coverage (Leverage Consumer Experience Committee)
Advocate Community Representative	<ul style="list-style-type: none"> • Active advocate within Medicaid space (Leverage Consumer Experience Committee)

Next Steps

Adjournment