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Connecticut's Health Insurance Marketplace

Board of Directors Meeting
January 16, 2014

Agenda

A. Call to Order and Introductions

B. Public Comment

C. Review and Approval of Minutes

D. CEO Report

E. Operations Update

F. Information Technology Update

G. Marketing & Sales Update

H. All Payer Claims Database Update

I. Finance Update

J. Strategy Committee Update

K. Adjournment

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Connecticut's Health Insurance Marketplace

Welcome and Introductions

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Connecticut's Health Insurance Marketplace

Public Comment

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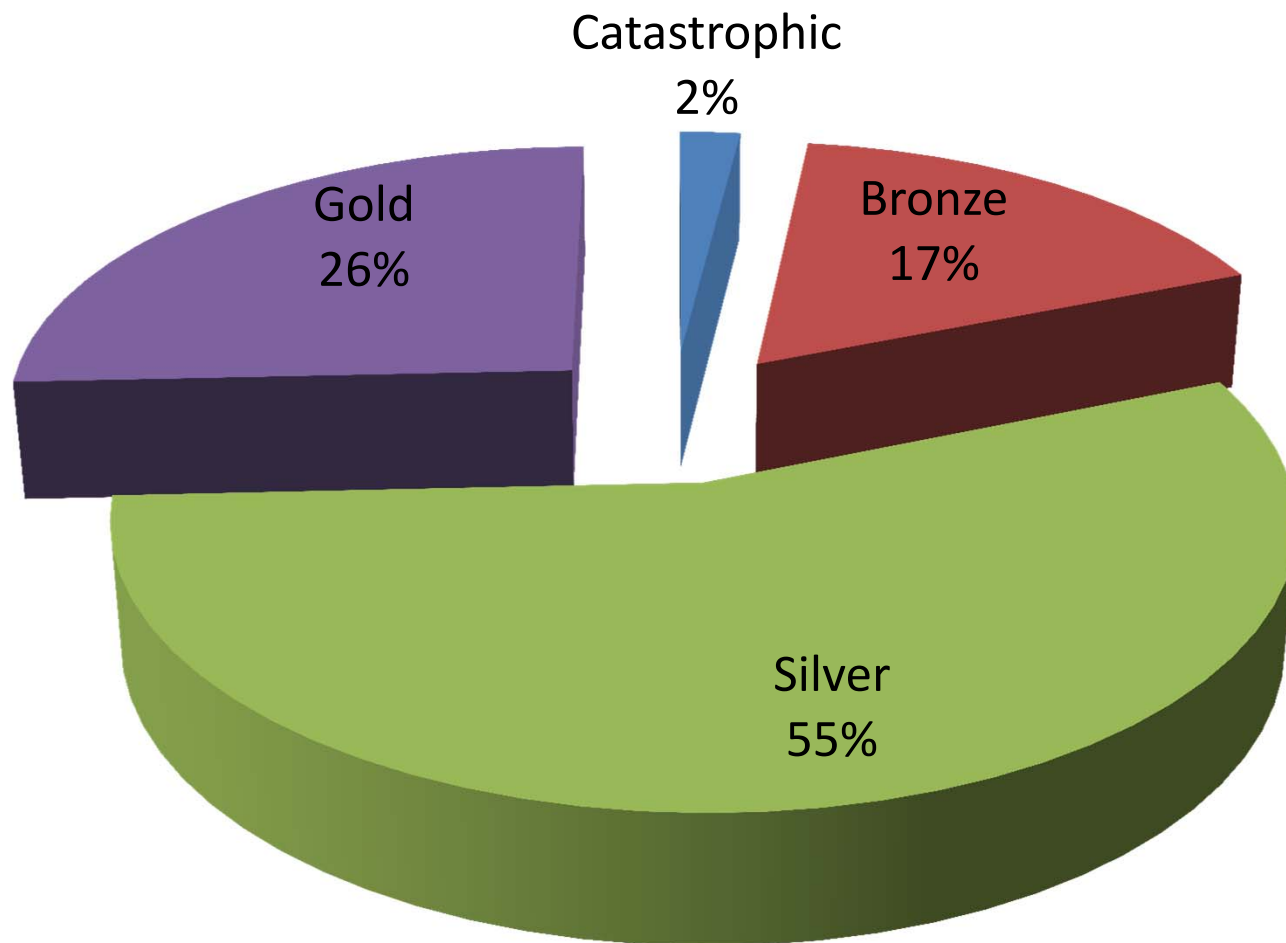
Connecticut's Health Insurance Marketplace

CEO Update

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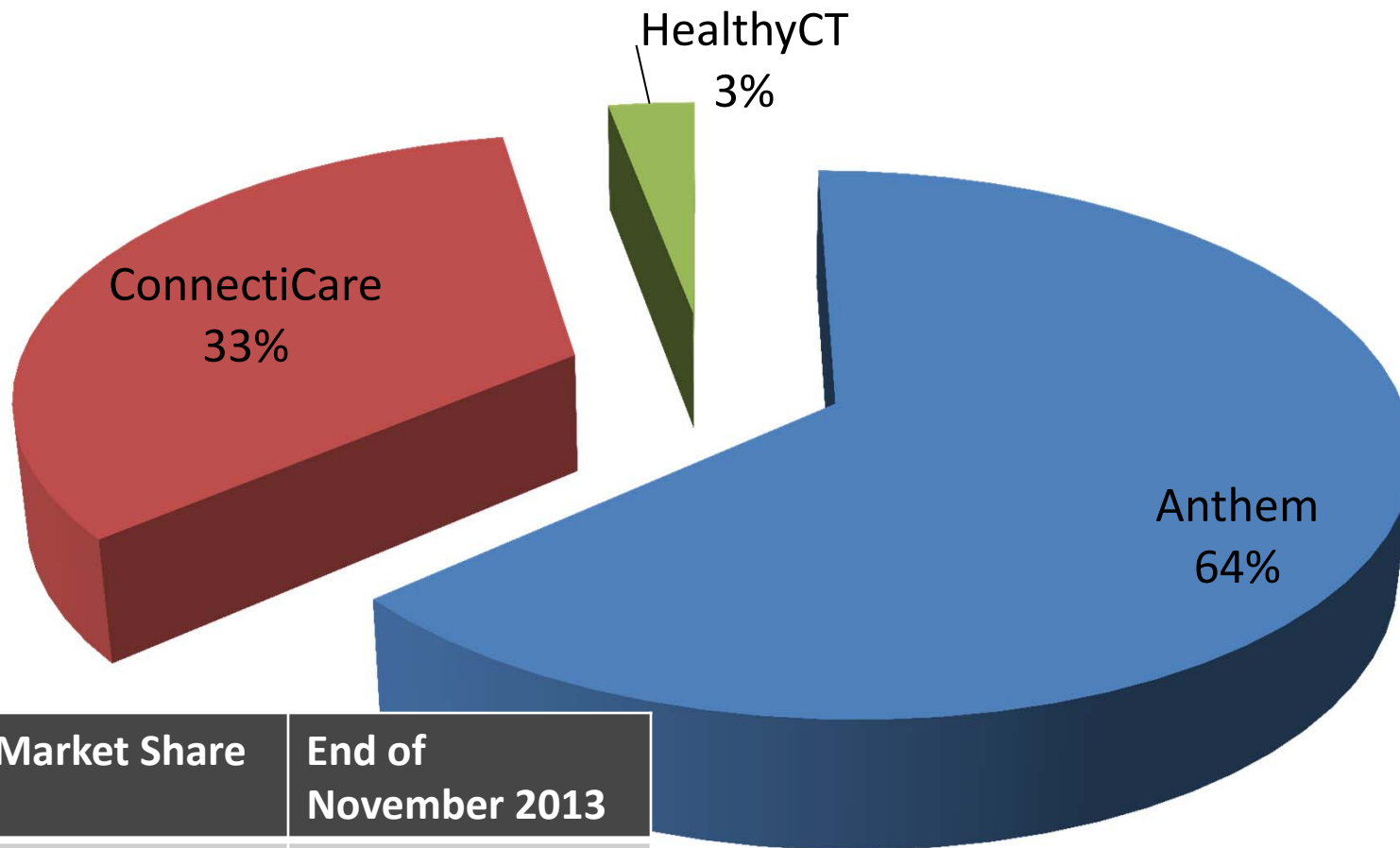
Connecticut's Health Insurance Marketplace

Operations Update

QHP Enrollment by Metal Level – January 6, 2014

Catastrophic 2%
Gold 26%
Bronze 17%
Silver 55%

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QHP Market Share by Carrier – January 6, 2014

HealthyCT
3%

ConnectiCare
33%

Anthem
64%

QHP Market Share	End of November 2013
Anthem	62%
ConnectiCare	36%
HealthyCT	2%

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QHP Membership by Age Group – January 6, 2014

AGE ≥65
1%

AGE 55-64
35%

AGE <18
8%

AGE 18-25
9%

AGE 26-34
12%

AGE 35-44
12%

AGE 45-54
23%
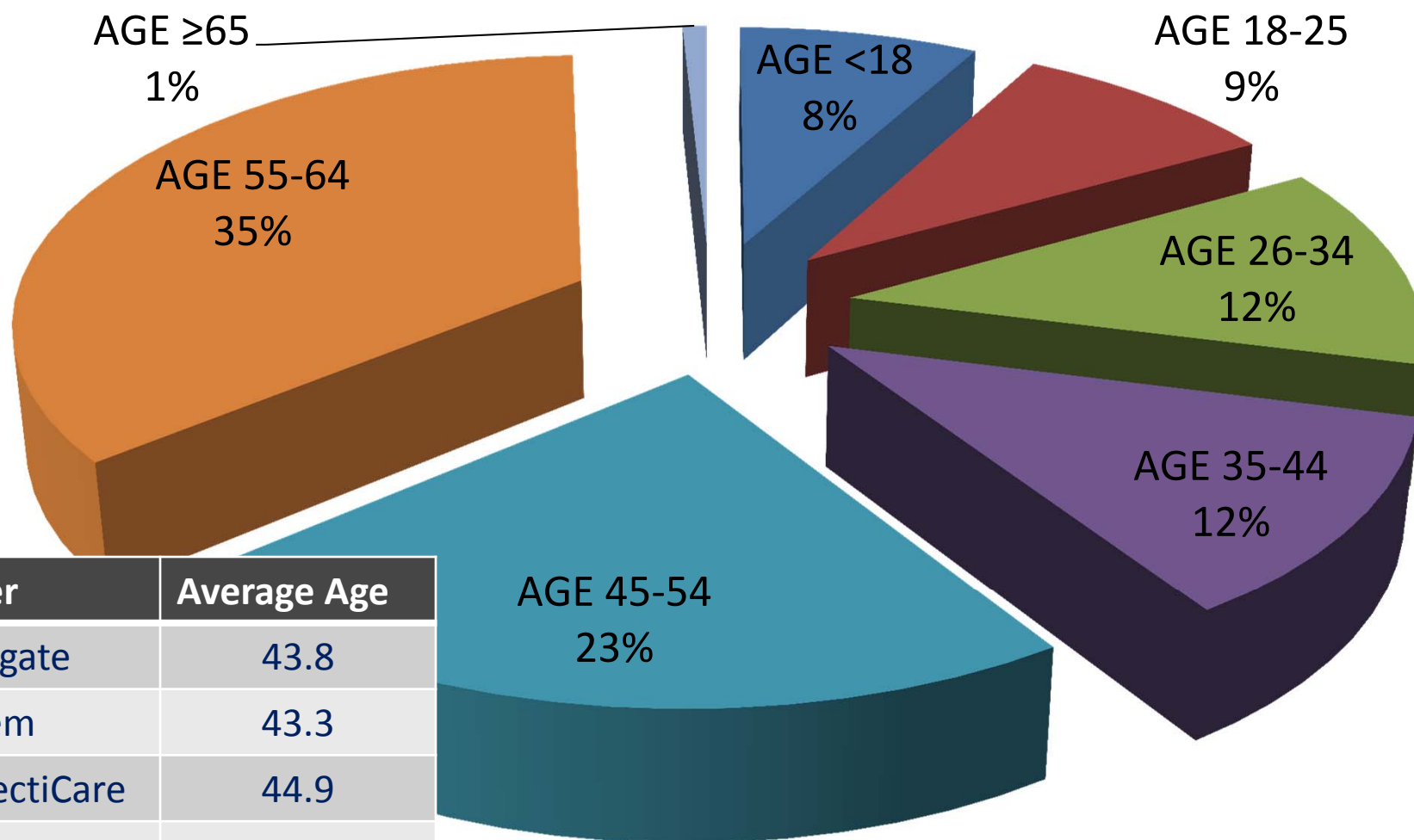
Carrier	Average Age
Aggregate	43.8
Anthem	43.3
ConnectiCare	44.9
HealthyCT	43.8

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Follow Up from Operations Trends for December

- Expected 31,000 members to apply in December
  - Over 37,000 applied
  - Small Employer Health Options program membership is unsatisfactory

- Effective customer service was deemed at risk
  - Our Call Center performance was unsatisfactory
  - HUSKY applications backlogged at DSS
  - Carriers were backlogged with bills, payment application, and ID cards

- Call Center Preparations
  - We started a Two Fold Approach:
    - Lower the number of calls
      » Implemented a technical support line for Brokers, Assisters and application counselors that was very well received and utilized
      » Aggressive re-education of brokers, assisters on system use and ACA
    - Increase Capacity
      » Began increase, but we did not avoid poor service
      » Originally thought 149 representatives
      » Now working towards 300 by the end of this week.

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Number of Daily Calls – Five Day Rolling Average

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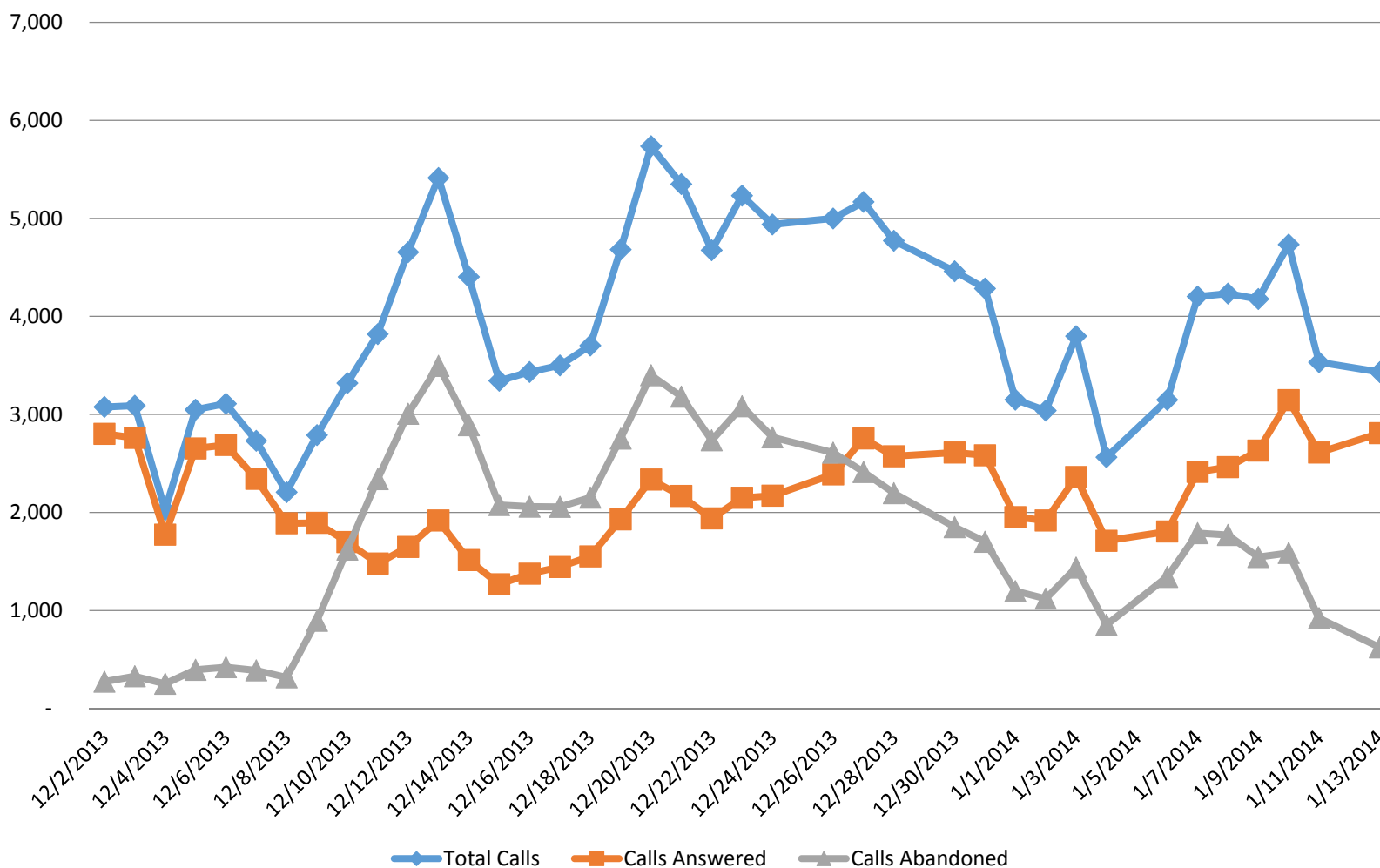
# Major Call Topics – Changing over time

- Early December
  - Basic questions about insurance and ACA
  - Broker/Assister technical issues

- Mid-December
  - Customer issues on use of system
  - Customer concern about lack of carrier communication

- Third Week of December
  - Customers calling to apply

- Now
  - Concerns about coverage
    - Insurance Carriers
    - HUSKY/CHIP

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Daily Abandonment Rate - Five Day Rolling Average

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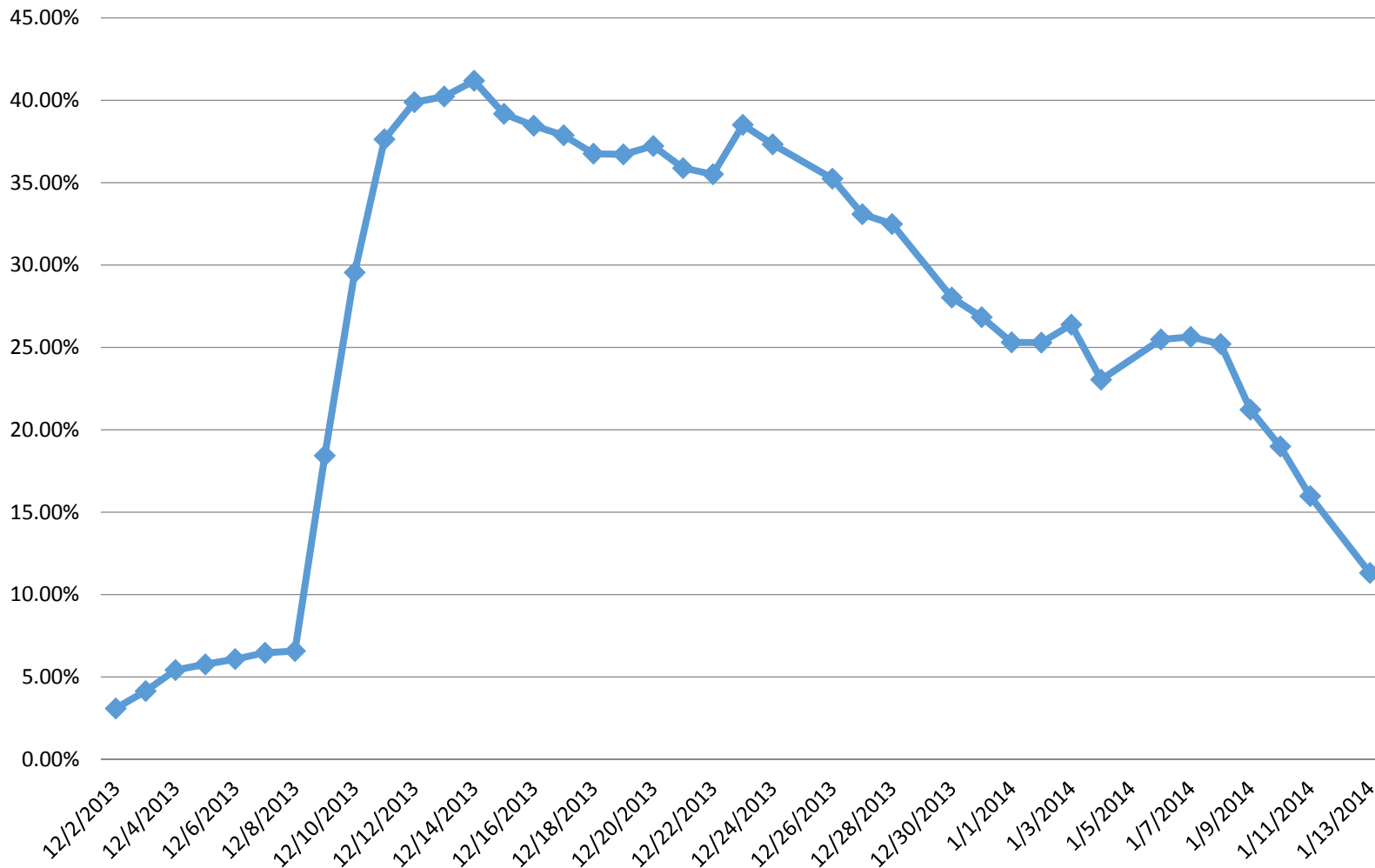
Speed to Answer - Five Day Rolling Average

Legend: Initial Calls, Internal Transfer, Weighted Average

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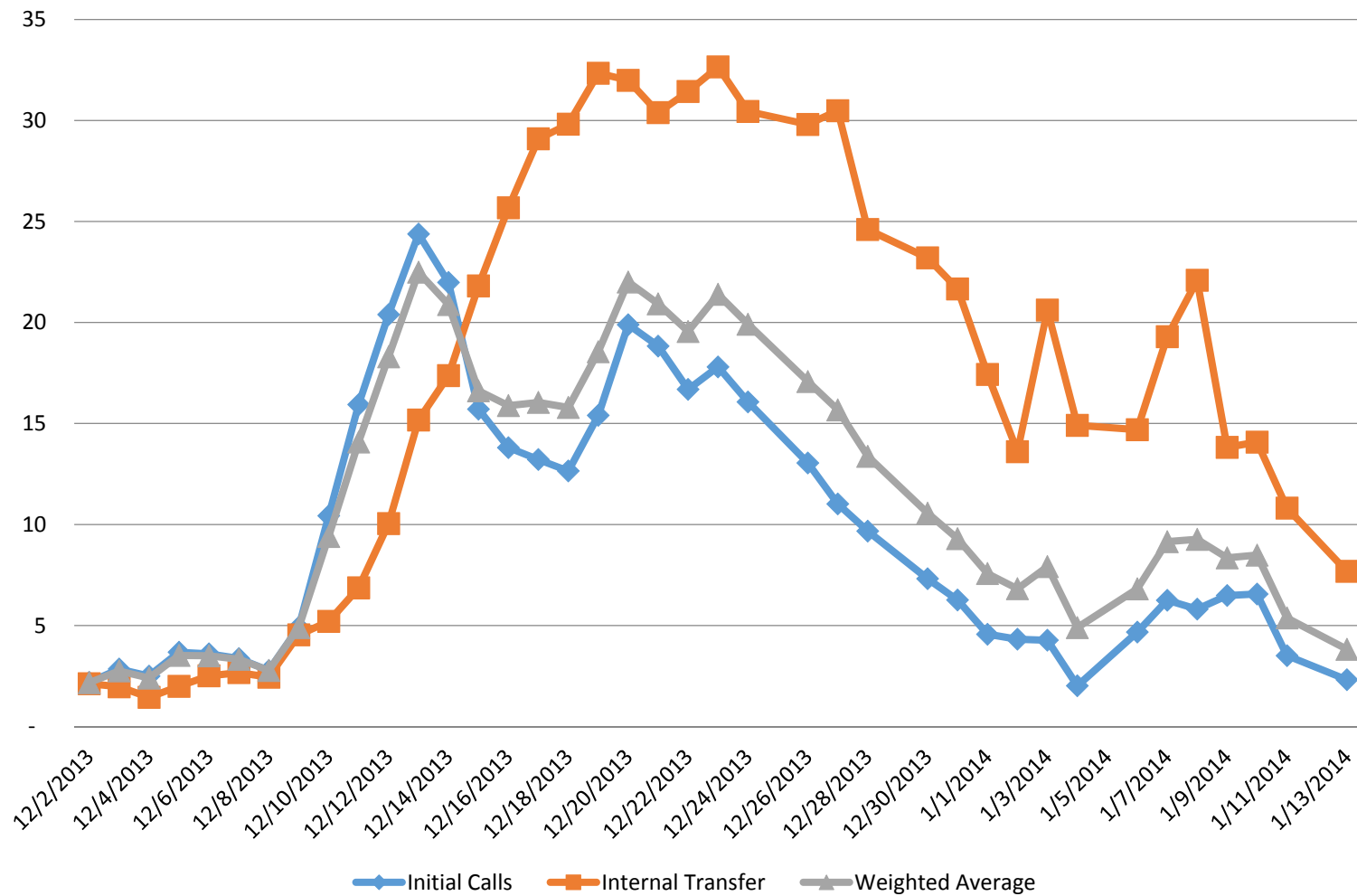
January Issues and Actions

- Membership continues to grow

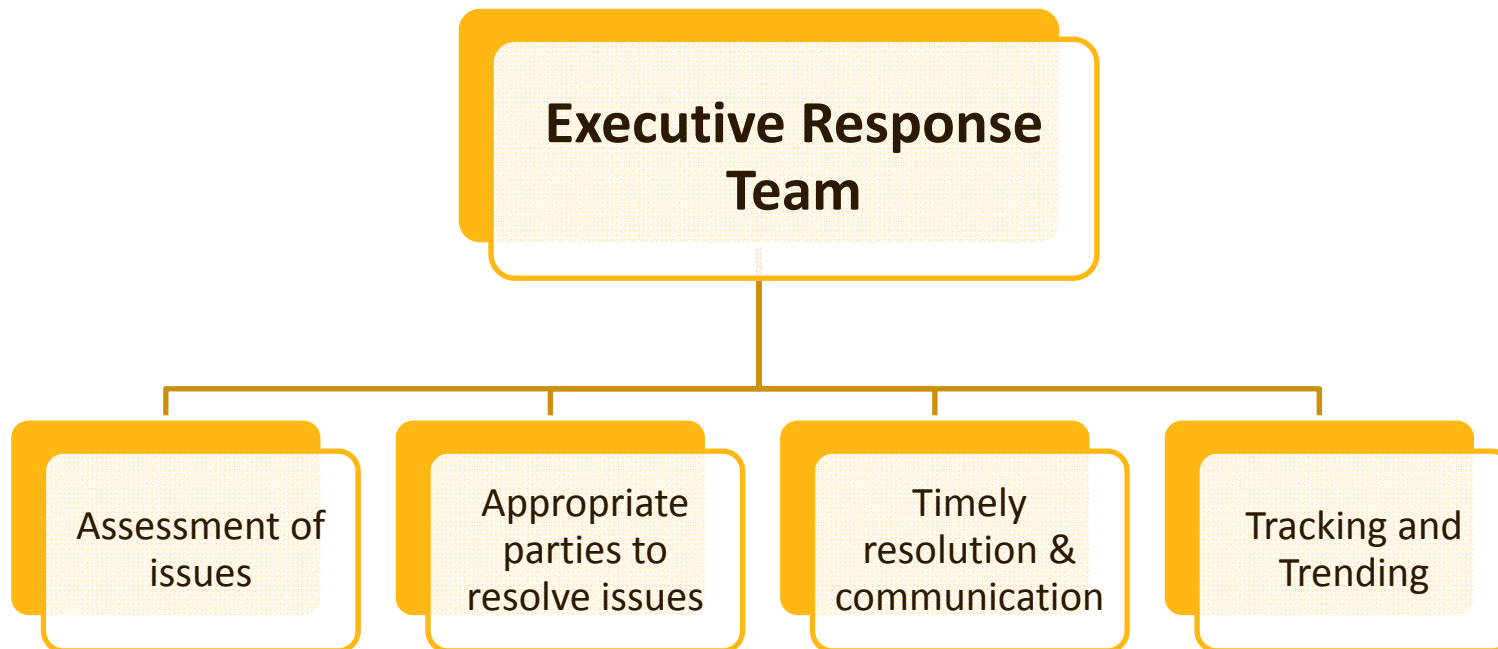- Customer Service – "RPM" Rollout Performance Management
  - Call center capacity and effectiveness
    - Expansion to over 300 call center representatives in January
    - Continued aggressive engagement of call center vendor
    - Appropriate handling of customers
      » HUSKY/CHIP calls to DSS
      » Insurance calls to carriers

  - Address Member Issues
    - Access to benefits
    - Customer education
    - System improvements

  - HUSKY/CHIP Customers
    - Work with DSS to increase their capacity to handle annual redeterminations
      » Education
      » Technical Support
    - Engagement of current contractors for data entry and call center support

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Carrier Engagement – Executive Response Team

Executive Response Team

- Assessment of issues
- Appropriate parties to resolve issues
- Timely resolution & communication
- Tracking and Trending

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Roles and Coordination

- Escalated issues are identified and forwarded to the Team for research

AHCT and Carriers' Call Centers

- Feedback to AHCT on carrier related issues and complaints

Connecticut Insurance Department

Carriers' Customer Service Representatives

- Assist in resolution of carrier related issues

AHCT Plan Management and Operations staff

- Research escalated issues & coordinate with carriers

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Operations – Background Material

1) Operating Summary Reports

   a. January 13-19, 2014

   b. January 6-12, 2014

2) Carrier Hospital Contract Update

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Operations Summary Report

Date Span of: 01/13/2014 thru 01/19/2014	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Weekly Total	Totals from 10/1/2013
Contact Center									
Call answered	4,026	4,275						8,301	
Avg wait time *(minutes)*	5.62	4.35						4.97	
Abandonment rate	13.83%	9.80%						11.83%	
All Applications - Cumulative									
Applications Initiated	84,763	86,669						86,669	**86,669**
Total Apps. Completed	38,576	39,816						39,816	**39,816**
Number of Paper Applications Completed	18	40						58	**618**
Individual Membership Within Completed Applications - Cumulative									
Medicaid	27,443	28,686						28,686	**28,686**
CHIP	1,795	1,874						1,874	**1,874**
Medicaid (Organic Growth) by DSS since 10/1	10,000	10,000						10,000	**10,000**
QHP without APTC	12,552	12,718						12,718	**12,718**
QHP with APTC	29,057	29,887						29,887	**29,887**
Total Enrollment	**80,847**	**83,165**						**83,165**	**83,165**
HUSKY/CHIP Redeterminations		88						88	
Individual Web Activity									
Number of Web Visitors	10,597	11,668						22,265	**1,043,715**
Number of Unique Web Visitors	8,275	8,941						15,698	**556,726**

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Operations Summary Report

Date Span of: 01/06/2014 thru 01/12/2014

	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Weekly Total	Totals from 10/1/2013
Contact Center									
Call answered	2,932	3,289	3334	3,275	2,898	260	0	15,988	
Avg wait time *(minutes)*	16.10	12.10	7.52	5.77	0.93	0.53	0	8.37	
Abandonment rate	18.56%	11.45%	5.16%	4.32%	0.74%	1.97%	0.00%	9.39%	
All Applications - Cumulative									
Applications Initiated	76,160	77,685	79,263	80,777	82,168	82,595	82,933	82,933	**82,933**
Accounts Created	76,531	77,550	78,560	79,372	80,198	80,668	81,049	81,049	**81,049**
Total Apps. Completed	33,578	34,476	35,369	36,210	37,053	37,300	37,447	37,447	**37,447**
Number of Paper Applications Completed	8	16	13	21	17	0	0	75	**560**
Individual Membership Within Completed Applications - Cumulative									
Medicaid	21,694	22,790	23,876	24,960	25,980	26,138	26,250	26,250	**26,250**
CHIP	1,527	1,572	1,610	1,671	1,718	1,741	1,749	1,749	**1,749**
HUSKY Redeterminations								-	
Medicaid (Organic Growth) by DSS since 10/1	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	**10,000**
QHP without APTC	11,993	12,056	12,139	12,196	12,257	12,345	12,372	12,372	**12,372**
QHP with APTC	26,427	26,863	27,328	27,727	28,172	28,361	28,453	28,453	**28,453**
Total Enrollment	**71,641**	**73,281**	**74,953**	**76,554**	**78,127**	**78,585**	**78,824**	**78,824**	**78,824**
Individual Web Activity									
Number of Web Visitors	11,010	11,419	10,887	10,070	8,683	4,556	4,128	60,753	**1,021,450**
Number of Unique Web Visitors	8,802	9,051	8,616	8,091	6,946	3,849	3,592	40,205	**547,377**

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Carrier Hospital Contracting

Provider Name	Facility Name	Facility City	Anthem	CBI	HCT	UHC
Bridgeport Hospital	Bridgeport Hospital	Bridgeport	Both	On	Both	Both
Saint Vincent's Medical Cente	Saint Vincent's Medical Center	Bridgeport	Both	On	Both	Both
Bristol Hospital, Inc.	Bristol Hospital, Inc.	Bristol	Both	On	Both	Both
Western CT Health Network	Danbury Hospital	Danbury	Both	On	Both	Both
Griffin Hospital	Griffin Hospital	Derby	Both	On	Both	Both
State of CT, University of CT H	John Dempsey Hospital	Farmington	Both	On	Under Negotiation	Both
Greenwich Hospital	Greenwich Hospital	Greenwich	Both	On	Both	Both
CT Children's Medical Center	CT Children's Medical Center	Hartford	Both	On	Both	Both
Hartford HealthCare	Hartford Hospital	Hartford	Both	On	Both	Both
Saint FrancisCare	Saint Francis Hospital and Medi	Hartford	Off	On	Under Negotiation	Both
Eastern CT Health Network	Manchester Memorial Hospital	Manchester	Both	On	Both	Both
Hartford HealthCare	Mid-State Medical Center	Meriden	Both	On	Both	Both
Middlesex Hospital	Middlesex Hospital	Middletown	Both	On	Under Negotiation	Both
Milford Hospital, Inc.	Milford Hospital, Inc.	Milford	Both	On	Not Contracted	Both
Hartford HealthCare	Hospital of Central CT, The	New Britain	Both	On	Both	Both
Yale-New Haven Health Syste	Hospital of Saint Raphael	New Haven	Both	On	Both	Both
Yale-New Haven Health Syste	Yale-New Haven Hospital	New Haven	Both	On	Both	Both
Lawrence and Memorial Hosp	Lawrence and Memorial Hospita	New London	Both	On	Both	Both
Western CT Health Network	New Milford Hospital	New Milford	Both	On	Both	Both
Norwalk Hospital Association	Norwalk Hospital	Norwalk	Off	On	Both	Both
William W. Backus Hospital, T	William W. Backus Hospital, The	Norwich	Both	On	Both	Both
Day Kimball Healthcare, Inc.	Day Kimball Hospital	Putnam	Both	Under Negotiation	Both	Both
Essent Healthcare of CT, Inc.	Sharon Hospital	Sharon	Both	On	Both	Both
Hartford HealthCare	Hospital of Central CT, The	Southington	Both	On	Both	Both
Johnson Memorial Medical Ce	Johnson Memorial Medical Cen	Stafford Springs	Both	On	Not Contracted	Both
Stamford Hospital, The	Stamford Hospital, The	Stamford	Both	On	Both	Both
Charlotte Hungerford Hospita	Charlotte Hungerford Hospital,	Torrington	Both	On	Both	Both
Eastern CT Health Network	Rockville General Hospital	Vernon	Both	On	Both	Both
Saint Mary's Health System	Saint Mary's Hospital, Inc.	Waterbury	Both	On	Both	Both
Waterbury Hospital	Waterbury Hospital	Waterbury	Both	On	Both	Both
Hartford HealthCare	Windham Hospital	Willimantic	Both	On	Both	Both
		Total Hospitals	31	31	31	31
		Not Contracted	0	0	2	0
		Off Exchange Only	2	0	0	0
		Under Negotiation	0	1	3	0
		On Exchange	29	30	26	31

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Connecticut's Health Insurance Marketplace

Information Technology Update

Information Technology Update

- Short Term Accomplishments – System Stabilization
  - Multiple releases in December
    - Implemented Special Enrollment Functionality
    - Capturing Race & Ethnicity in QHP application
    - Foster Care Screen addition
    - Usability improvements to Program Selection Screen
    - Improved EDI/834 transaction processing with Carriers
  - 1/1 Readiness successfully occurred with minimal fallout
  - System Peaked at about 1000 customer interactions per second on 12/23

- Tactical Accomplishment – Federal Data Services Hub Support
  - Department of Labor
    - Struggling to close out MOU
    - Causes all Medicaid clients to verify income, slowing down application process
  - New RIDP Vendor contracting in final phases
  - Incarcerations
    - Failure rate from Federal Service causing an in process redesign
    - Causes all failed customers to verify they are not incarcerated, slowing down application process
  - Upgraded to new Verification of Lawful Presence Service

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Information Technology Update

- Strategic Priorities – Customer Improvements
  - February Release – 2/2
    - Spanish Translated Web Site
    - Catastrophic Coverage
    - Various System Improvements
  - March Release – 3/26
    - Continued functionality to close out Affordable Care Act requirements
    - Multiple Medicaid customer experience improvements
  - Future Releases under planning

- Miscellaneous Updates
  - IRS Audit on site February 25th -27th
  - EDI/834 Carrier Transactions nightly as of January 13th

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Connecticut's Health Insurance Marketplace

Marketing Update

Contents

- Update on Media Efforts
- Overview of Key Marketing Metrics
- Highlights of Recent NIPA Conference

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Media Update

January activity building on strong December spend

- Decembers spend of $1.2M is continuing to have an impact as we enter Q1
  - January media activity will total roughly half (or $600k)
  - Activity will be focused on high profile media opportunities in Jan and Feb
  - Spend will also be directed to particular geographies and populations needing additional exposure

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Media Update

Creative is being updated to refresh :30 second spots

- Current :30 second animated ads have been in rotation since the summer
- New spots are being developed in the next few weeks to leverage large amount of testimonial footage, and create brand/message consistency
- Initial new spot will focus on multiple channels for in person help
  - Message has been almost 2x's as effective when used in online copy

30 sec

30 sec

30 sec

30 sec – In Person Help Available

30 sec – Message TBD

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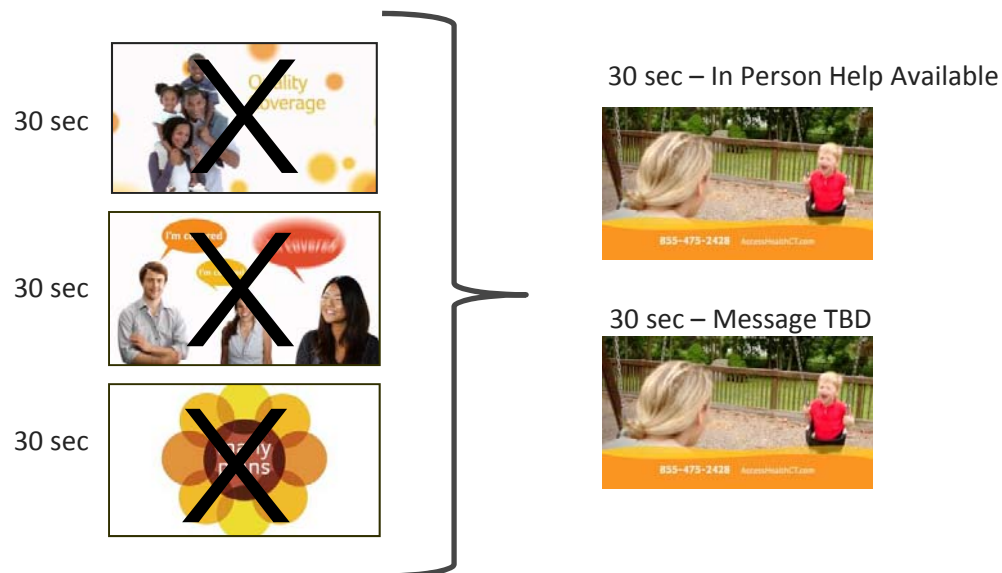
Media Update

Core media buy will be rounded out with high profile opportunities

- Higher profile advertising opportunities are available in Q1 which will help to leverage reduce spend, and reinforce activity.

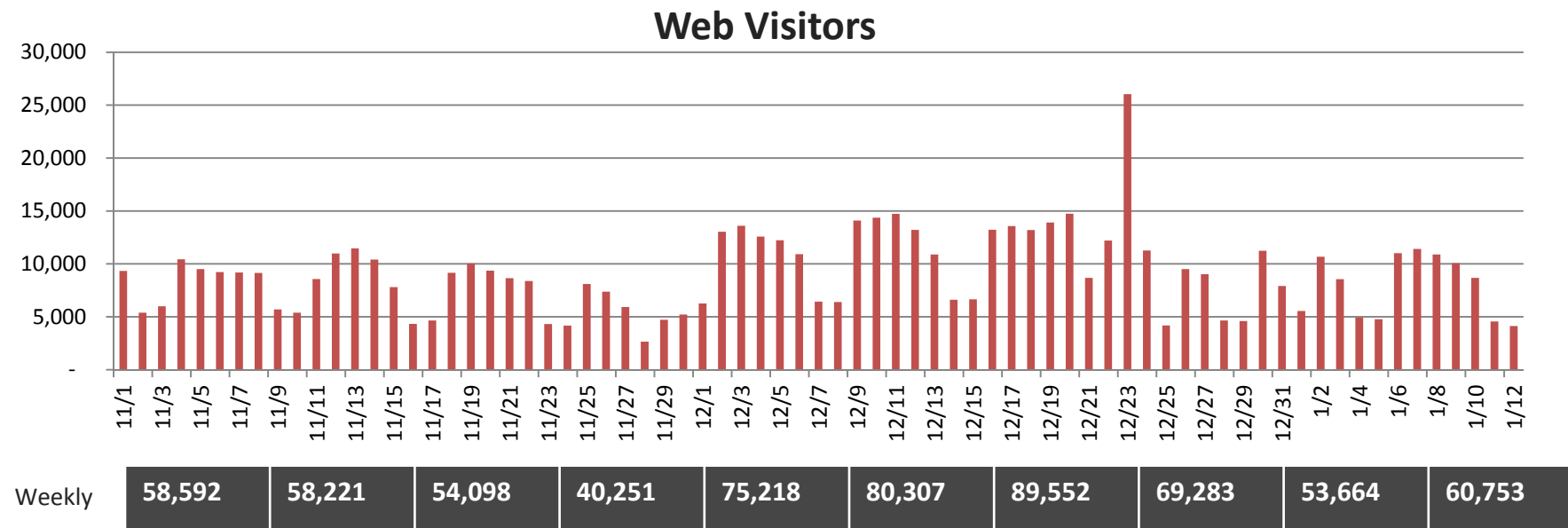|			
Spots secured in all wildcard and playoff games (15-16 GRPS per game)	8 spots ran in recent Golden Globes broadcast (most watched in past decade) for more than 48 GRPs)	February media being negotiated to take advantage of 2+ week Olympic broadcast	NCAA Tournament heavy up will be utilized to support end of quarter enrollment push

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Web Site Traffic Remains Strong

- For the first two weeks of January, weekly web visitors remains 15% above average web traffic in November.
  - Advertising was vacant the 2-weeks after the Christmas and the week of New Years.
- Roughly 5,000 new accounts are being created a week (or 9% of weekly web traffic) suggesting continued strong traffic among interested parties.
  - 81k accounts have been created to date

Web Visitors

Weekly	58,592	58,221	54,098	40,251	75,218	80,307	89,552	69,283	53,664	60,753

Christmas Week

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Field Activity Producing Solid Results

After conducting 37 enrollment fairs to date, nearly 900 individuals have been enrolled (a 48% close rate on those who attended)
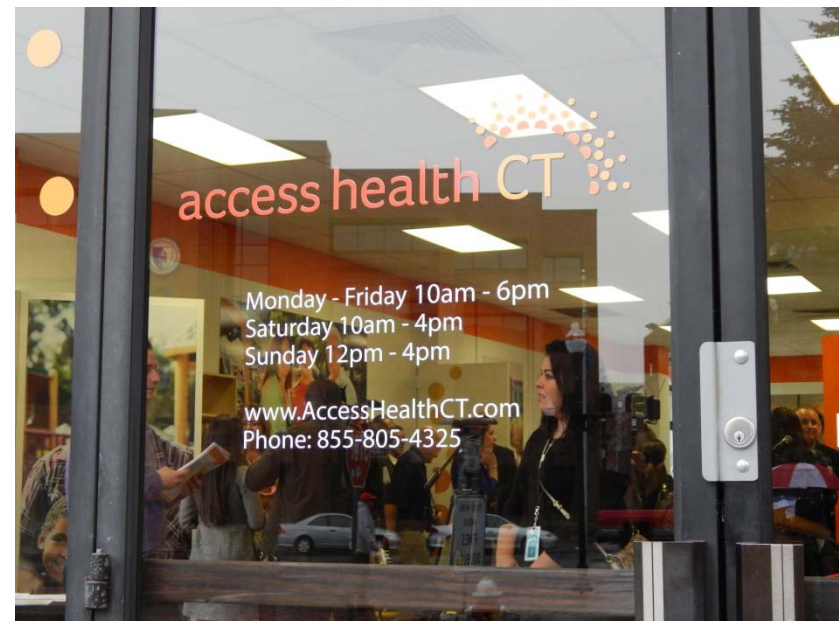
Location	Date	Visitors	Enrolled	(%)	Partial Complete	(%)
Hartford	5-Nov	27	8	30%	12	44%
Stamford	6-Nov	33	2	6%	20	61%
WestHaven	9-Nov	49	38	78%	5	10%
Hartford	12-Nov	26	16	62%	14	54%
Waterbury	13-Nov	41	21	51%	18	44%
Bridgeport	14-Nov	41	12	29%	8	20%
Norwich	16-Nov	42	20	48%	14	33%
Norwalk	16-Nov	44	20	45%	18	41%
Danbury	18-Nov	37	13	35%	14	38%
Hartford	19-Nov	24	17	71%	5	21%
Stamford	20-Nov	45	19	42%	16	36%
Bridgeport	21-Nov	8	6	75%	2	25%
Torrington	23-Nov	30	12	40%	15	50%
Enfield	23-Nov	40	26	65%	10	25%
Willimantic	2-Dec	50	21	42%	16	32%
Hartford	3-Dec	52	17	33%	10	19%
Meriden	3-Dec	44	28	64%	3	7%

Location	Date	Visitors	Enrolled	(%)	Partial Complete	(%)
Stamford	4-Dec	83	30	36%	29	35%
Middletown	5-Dec	52	23	44%	8	15%
Waterbury	5-Dec	62	21	34%	27	44%
Norwich	7-Dec	69	40	58%	22	32%
Bloomfield	7-Dec	51	27	53%	20	39%
Hartford	9-Dec	39	22	56%	4	10%
Danbury	9-Dec	94	21	22%	26	28%
Meriden	10-Dec	27	15	56%	8	30%
Waterbury	11-Dec	49	27	55%	8	16%
Bridgeport	12-Dec	84	35	42%	37	44%
Manchester	14-Dec	76	33	43%	17	22%
Hartford	16-Dec	42	9	21%	17	40%
Danbury	16-Dec	53	13	25%	17	32%
Norwalk	17-Dec	53	31	58%	9	17%
Stamford	18-Dec	96	39	41%	24	25%
Bridgeport	19-Dec	69	40	58%	13	19%
New London	19-Dec	75	37	49%	12	16%
West Haven	21-Dec	54	36	67%	14	26%
Hartford	8-Jan	43	37	86%	6	14%
Manchester	11-Jan	65	32	49%	4	6%

	Visitors	Enrolled	(%)	Partial Complete	(%)
Total	1869	864	46%	522	28%

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Retail Activity Producing Solid Results

- Since opening, our retail store fronts have seen nearly 5,225 visitors, and enrolled more than 2,550 people (a 49% close ratio)
  - More than 200 people were enrolled on December 23rd alone, indicating capacity and potential

COMBINED: NEW BRITAIN & NEW HAVEN	OVERALL FROM START 10-28 to 1-12	
Total Visitors	5224	
Total Enrollments	2534	
(% of overall visitors)	49%	
# Began Application/Didn't Pick Plan	738	78%
# Only Created Accounts	212	22%
Partial Completes	950	100%
(% of overall visitors)	18%	

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Monday - Friday 10am - 6pm
Saturday 10am - 4pm
Sunday 12pm - 4pm

www.AccessHealthCT.com
Phone: 855-805-4325

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Winter Concert Promotion

- A winter concert/event promotion campaign has recently been launched, building on the success of our summer outreach approach.

- With a heavy online and social media emphasis, effort looks to build awareness and gather leads in a scalable fashion

4 week performance:

- Total # of entrants: 60,054

- Total # of opt-ins: 19,118

- Total Facebook likes: 8,700

Dates of Entry – 12/18/13 – 1/13/14

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Navigator and Assister Outreach Program

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Connecticut's Official Health Insurance Marketplace

NIPA Implementation Update

- **Training and Certification**
  - 476 Navigators, Assisters and Certified Application Counselors
- 277 Certified Assisters
- 31 Navigators (17 certified)
- 182 CACs

- **Healthcare Coverage Enrollments**
  - 4,600 Qualified Health Plan applications
  - Ongoing collection of self-reported Medicaid enrollments

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Collaboration Highlights

- **Certified Application Counselors**
  - Essential Community Providers
  - Community Health Center Association of CT, Inc.
  - CT Hospital Association
    - Health Departments and Municipalities
    - Dept. of Mental Health and Addiction Services

- **NIPA Services Provided**
  - Training and certification
  - Regional Navigator support
  - Monthly regional meetings
  - Enrollment referrals
  - Event collaboration and support
  - Online resources, toolkits and downloads

2014 NIPA Best Practices Conference

To equip consumer enrollment assistance providers with education, training and strategies to achieve goals in 2nd half of open enrollment

- Regional Navigator Update (lessons learned)
- AHCT web portal continuing education
- ACA legal and policy Q and A
- Strategies to Engage Culturally and Linguistically Diverse and Vulnerable Populations (African American and Hispanic communities)
- Genius Bar and Peer Networking
- Small Business Engagement

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Conference Guests, Panelists and Supporters

- Lt. Governor Nancy Wyman

- Christie Hager, HHS Region 1 Director

- Enroll America

- CT Health Foundation

- Community Health Center Association of CT, Inc.

- Small Business Majority

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Thank You!

Enroll Now!

Enroll Now with a Navigator, Assister or Broker

Make an Appointment

Share the Enrollment Checklist

Post on Facebook

Tweet

Denise Smith, CHW
T: 860-757-5355

denise.smith@ct.gov
www.ahctcommunity.org

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Connecticut's Health Insurance Marketplace

All Payer Claims Database Update

Presentation Agenda

- Overview of APCD – CEO/ED Update
- Data Management Process – Developing RFP
- Observations from the NAHDO Conference
- Develop Data Use Cases
- Annual Registration Process
- Status of Subcommittees
- Future Meetings

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CEO / ED Update

CEO Update

- We have articulated a well defined role of the Advisory Group

- Two subcommittees were formed

  - Data Privacy & Security

  - Policy & Procedure Enhancement

- Included 2 Advisory Group members in RFP Evaluation committee

- RFP Evaluation Committee includes

  - Select AHCT's SLT (CEO, CFO, COO, CIO)

  - ED / Manager of Access Health Analytics (AHA - new name for CT's APCD)

  - 2 Advisory Group members (Dean Myshrall and Bob Tessier)

- Proceeding to obtain Trademark for AHA

- Evaluated various vendors for consumer decision support tools/information
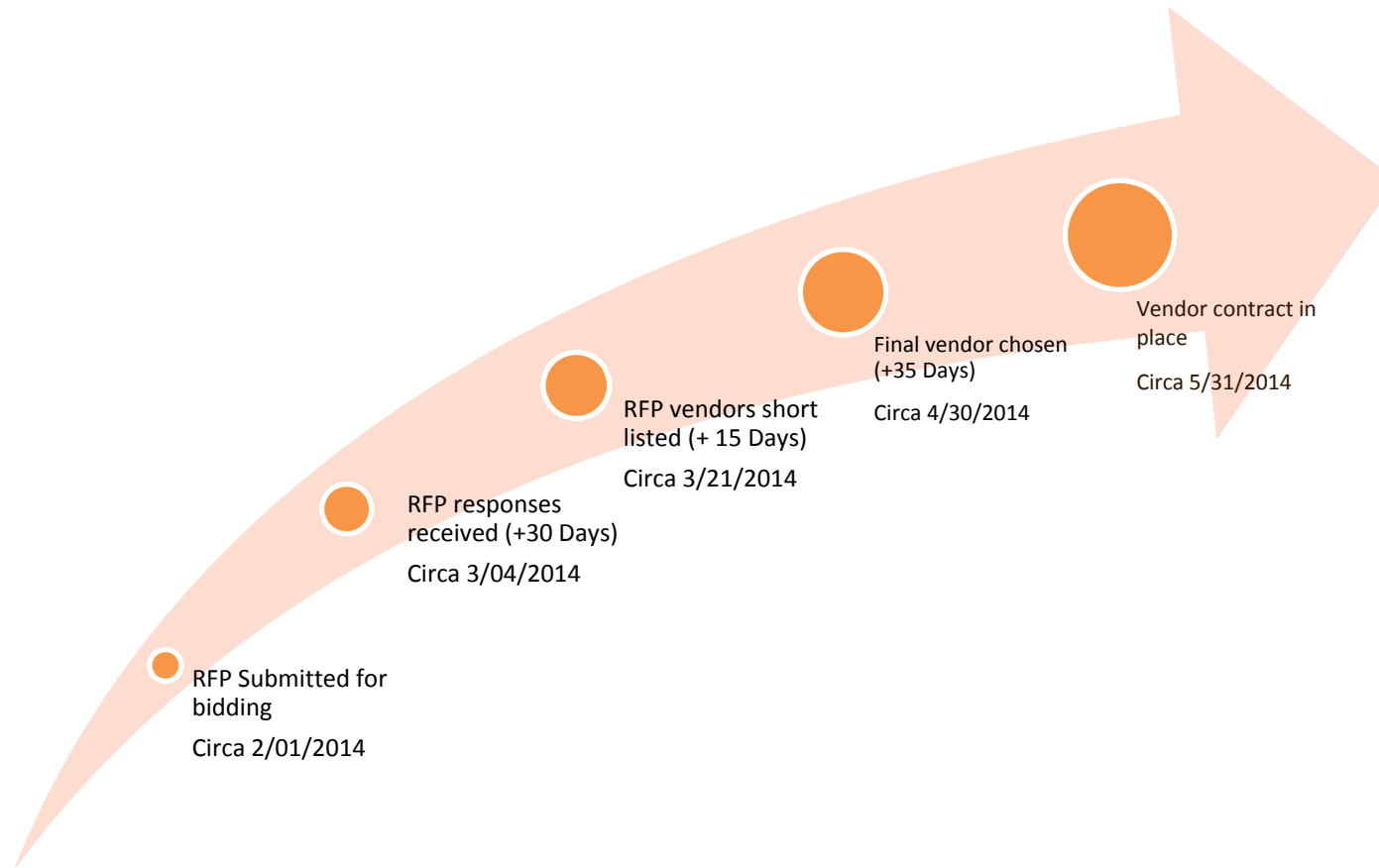
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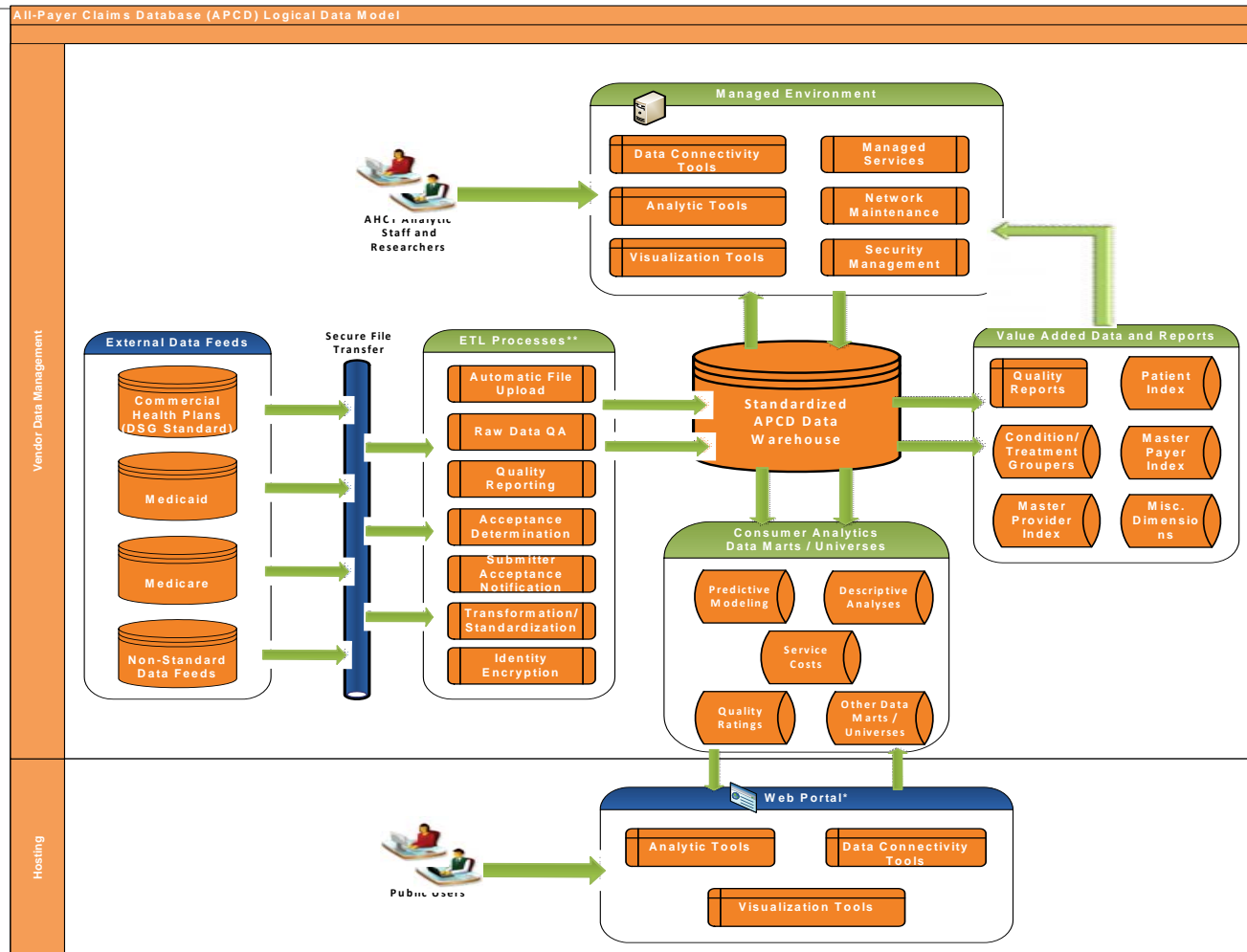# Data Management Process – Developing RFP

- Objective – optimize Federal funding in rapidly developing credible data center, analytics and web-hosting capabilities for AHA

- Option – outsource model

- Budget – maximize use of Federal grant but drive down annual operations costs

- Data Integration Details – choice of vendor possessing ability to integrate multi-payer data, e.g., commercial carriers, Medicaid and Medicare

- Design Infrastructure for AHA – flexible dual environment (see slide)

- Design Infrastructure for HIX – integrated with HIX operations (see slide)

- Data Governance – subcommittee developing

- Infrastructure Strength & Security – technical strength demonstrated by vendor and policy strength being developed by data governance subcommittee

- KPMG is administering RFP process; included an APCD specialist in advising AHA

- Timeline – test data available as early May and historical data by July (see slide)

44

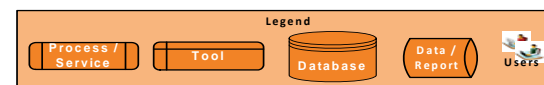access health CT
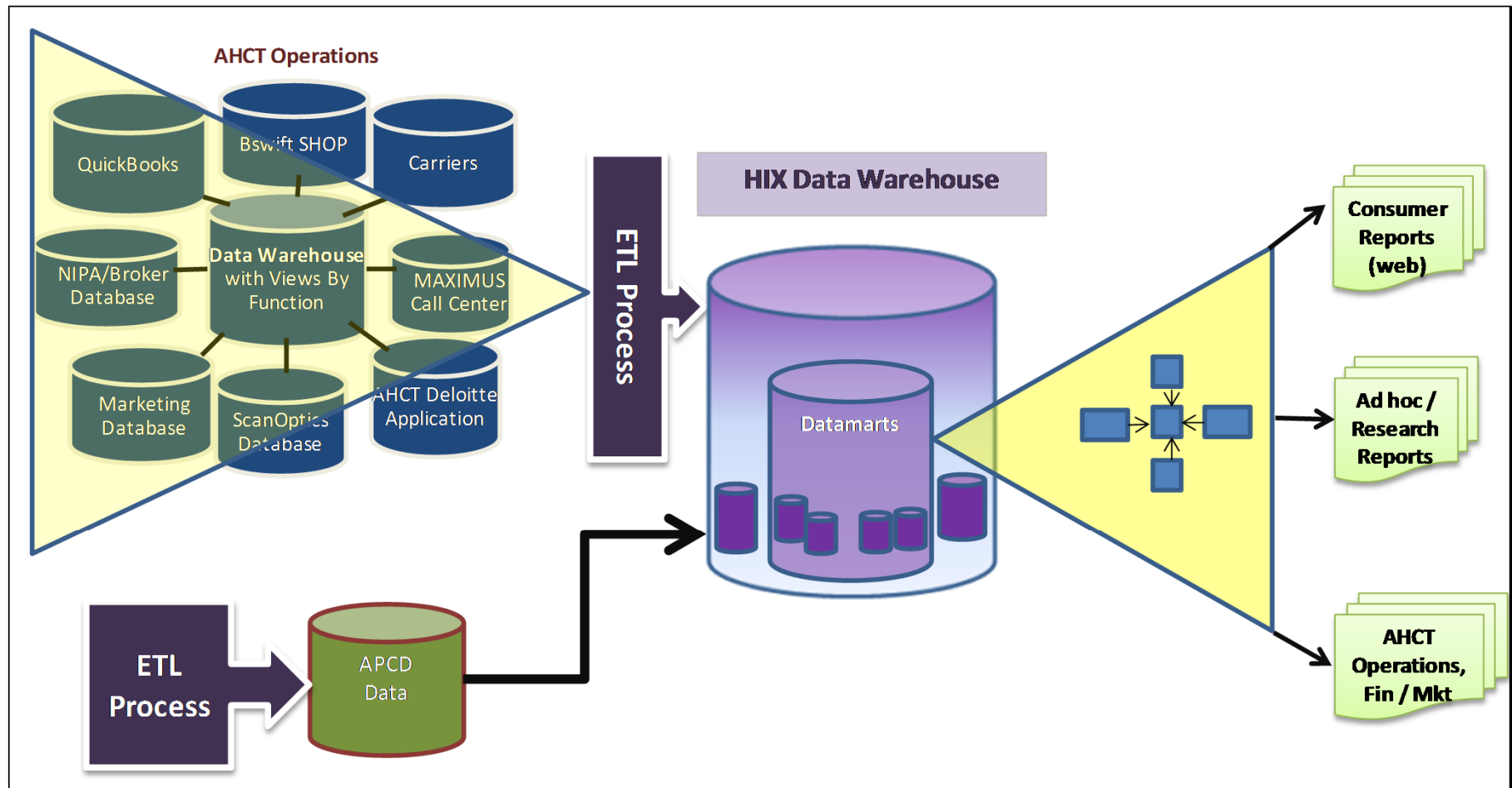
Projected Timeline for APCD's RFP Process

Vendor contract in place

Circa 5/31/2014

Final vendor chosen (+35 Days)

Circa 4/30/2014

RFP vendors short listed (+ 15 Days)

Circa 3/21/2014

RFP responses received (+30 Days)

Circa 3/04/2014

RFP Submitted for bidding

Circa 2/01/2014

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Data Management Process – Design Infrastructure for AHA

All-Payer Claims Database (APCD) Logical Data Model

Vendor Data Management

Managed Environment
- Data Connectivity Tools
- Analytic Tools
- Visualization Tools
- Managed Services
- Network Maintenance
- Security Management

AHCI Analytic Staff and Researchers

External Data Feeds
- Commercial Health Plans (DSG Standard)
- Medicaid
- Medicare
- Non-Standard Data Feeds

Secure File Transfer

ETL Processes**
- Automatic File Upload
- Raw Data QA
- Quality Reporting
- Acceptance Determination
- Submitter Acceptance Notification
- Transformation/ Standardization
- Identity Encryption

Standardized APCD Data Warehouse

Value Added Data and Reports
- Quality Reports
- Condition/ Treatment Groupers
- Master Provider Index
- Patient Index
- Master Payer Index
- Misc. Dimensions

Consumer Analytics Data Marts / Universes
- Predictive Modeling
- Descriptive Analyses
- Service Costs
- Quality Ratings
- Other Data Marts / Universes

Hosting

Web Portal*
- Analytic Tools
- Data Connectivity Tools
- Visualization Tools

Public Users

* Hosting Services required
** Tools and Technology required

Legend
- Process / Service
- Tool
- Database
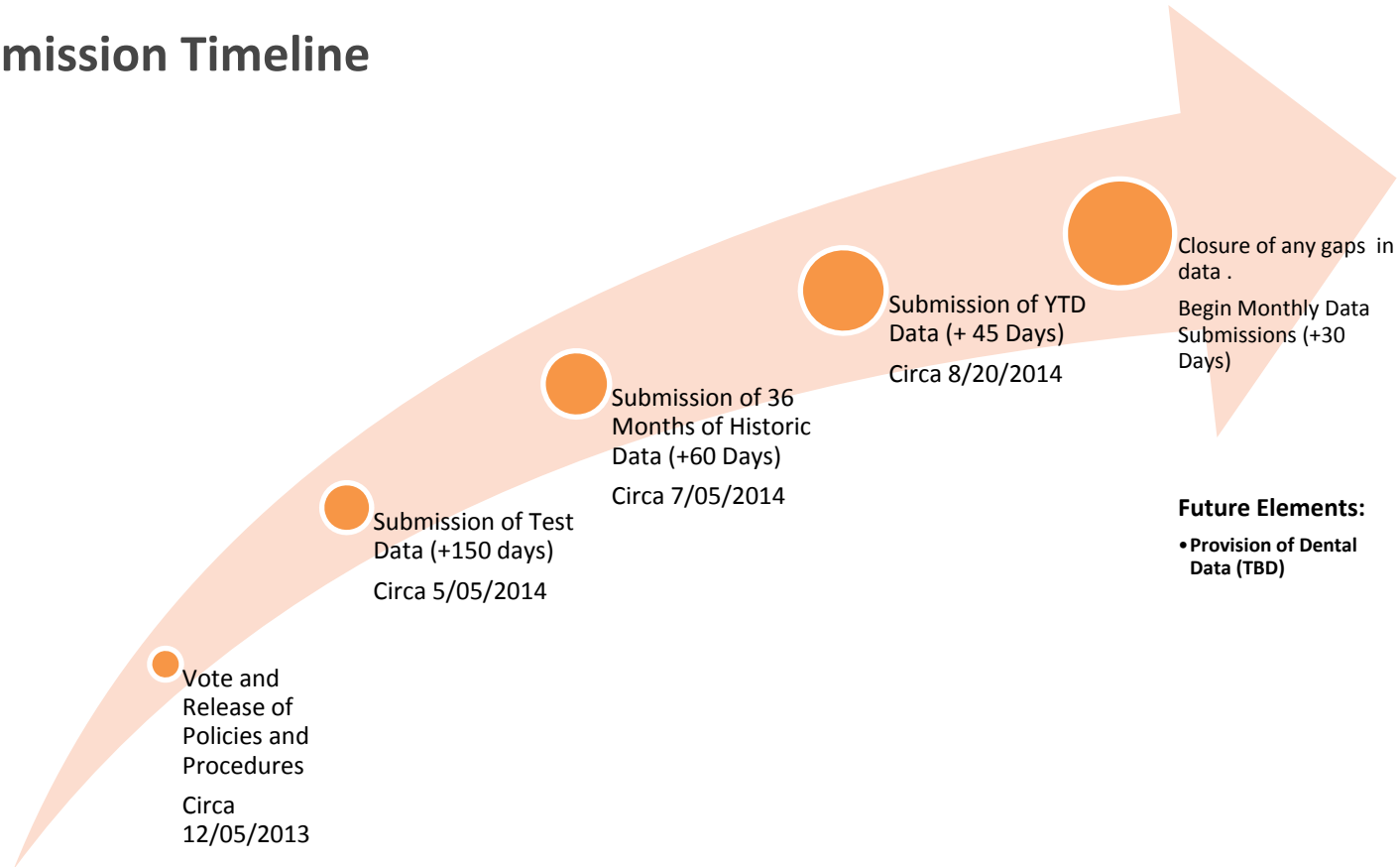- Data / Report
- Users

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Data Management Process – Design Infrastructure for HIX

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Projected Timeline for APCD's Data Submissions

Data Submission Timeline

Closure of any gaps in data .

Begin Monthly Data Submissions (+30 Days)

Submission of YTD Data (+ 45 Days)

Circa 8/20/2014

Submission of 36 Months of Historic Data (+60 Days)

Circa 7/05/2014

Submission of Test Data (+150 days)

Circa 5/05/2014

Vote and Release of Policies and Procedures

Circa 12/05/2013

Future Elements:

• **Provision of Dental Data (TBD)**

APCD Landscape -National Association of Health Data Organizations (NAHDO) 28th Annual Conference

APCD interest and implementations expanding across the nation.

- 10 existing APCDs

- Approx. 6 in implementation (including CT)

- Over 20 with strong interest in establishing an APCD

Major Challenges

- Data management implementations can be challenging

- States shifting focus to cost transparency, decision support, and public facing reporting tools

- Levels and degrees of data accessibility vary across states

- Creation of a master provider index is one of the biggest challenges in the creation of a useful APCD

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Develop Data Use Cases - Stakeholders

1. PROVIDER –
   - Hospital (CHA)
   - Specialty Services (Outpatient Centers, Standalone Facilities, etc.)
   - Professional (Various Groups)

2. SUBSCRIBER/MEMBER/PATIENT

3. STATE AGENCIES -
   - DSS/Medicaid/Medicare
   - OHA
   - DPH
   - OPM
   - Comptroller
   - CID

4. RESEARCHERS
   - State University
   - Private Universities
   - Research Foundations

5. CONSUMER ADVOCATES

6. EXCHANGE ANALYTICS

7. HEALTH INSURANCE COMPANIES

8. EMPLOYER GROUPS

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Develop Data Use Cases – Consumer Advocate

Types	Measures	Categories	Data	Challenges
Variations in Care	• Prevalence • Costs / Utilization • Episodes of care • Risks • Clinical quality • Access to care • Under delivery of care • Barriers to care • Safety • Complications	• Conditions • Types of services • Payer • Race • Regions • Urban vs. Rural • Hospitals • Physicians • Facilities	• APCD • Hospital's administrative data • ED • Others	• Developing Master Physician Index • Attributing services to physicians • Determining location of services • Episode of Care • Episode completeness • Claims leakage Establishing equivalence
Variations in Costs	• Costs • Quality • Sanctions • Safety/Risks	• Conditions • Types of services • Payer • Facilities • Physicians • Regions/Locations	• APCD • Hospital's administrative data • ED • Others	• Same as above

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Annual Registration Process

- **Purpose** – Capture submitter POC information, retrieve estimates of submitter population size and claims volume, establish communication pipeline, and assign submitter IDs for future data submissions

- Annual Data Submitter Registration forms published and delivered to submitters on 12/17/2013 (deadline - 1/10/2013).

- A registration database has been designed and created. A process to automatically upload submitter responses into the database has been deployed.

- Identification of submitters is an ongoing process.

- 36 medical, PBM, and dental reporting entities identified within CT.

Submitters	Comprehensive Medical	Pharmacy Benefit Manager	Dental Policies	TPA	Grand Total
Identified by AHA*	15	4	15	2	36
Contacted by AHA*	15	4	5	2	26
Registration Received*	7			2	9

Results as of 1/8/2014

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Connecticut's Health Insurance Marketplace

January 2014
Finance Update

Finance Update

- Finance focus continues on tasks needed to effectively meet the commitments required by the transition to a "Going Concern."

- As part of securing financial resources, the market based assessment notices are complete and are being readied for distribution.

- Business process will be enhanced as an end user analytical and reporting tool vendor was selected whose product includes a new general ledger and a customer relationship management (CRM) application.

- Regulatory requirements continue to be met:

  o New monthly CMS/CCIIO Budget Reporting requirements were implemented with the first report filed in December.

  o The Board approved AHCT Fiscal Year 2013 Annual Report was submitted to the Governor and the Auditors of Public Accounts.

  o Finance is coordinating the activities for the Eligibility audit begun January 6th by The HHS Office of Inspector General.

- The December 2013 dashboard follows, which displays year to date results through the 2nd Quarter of 2014.
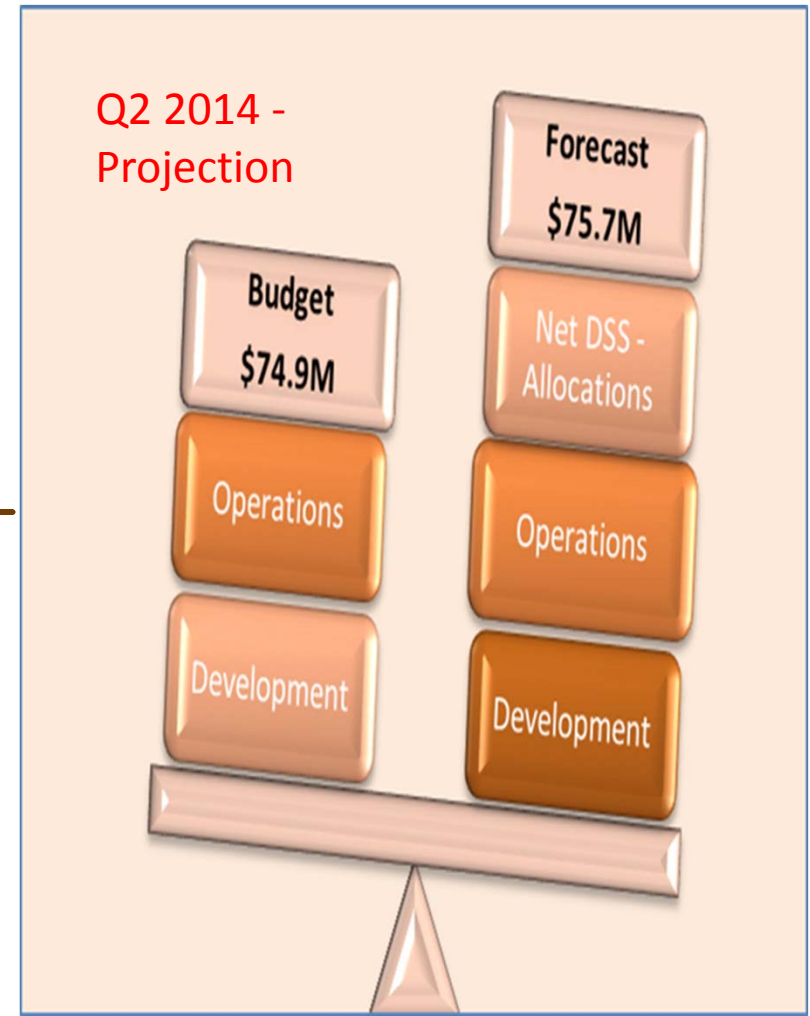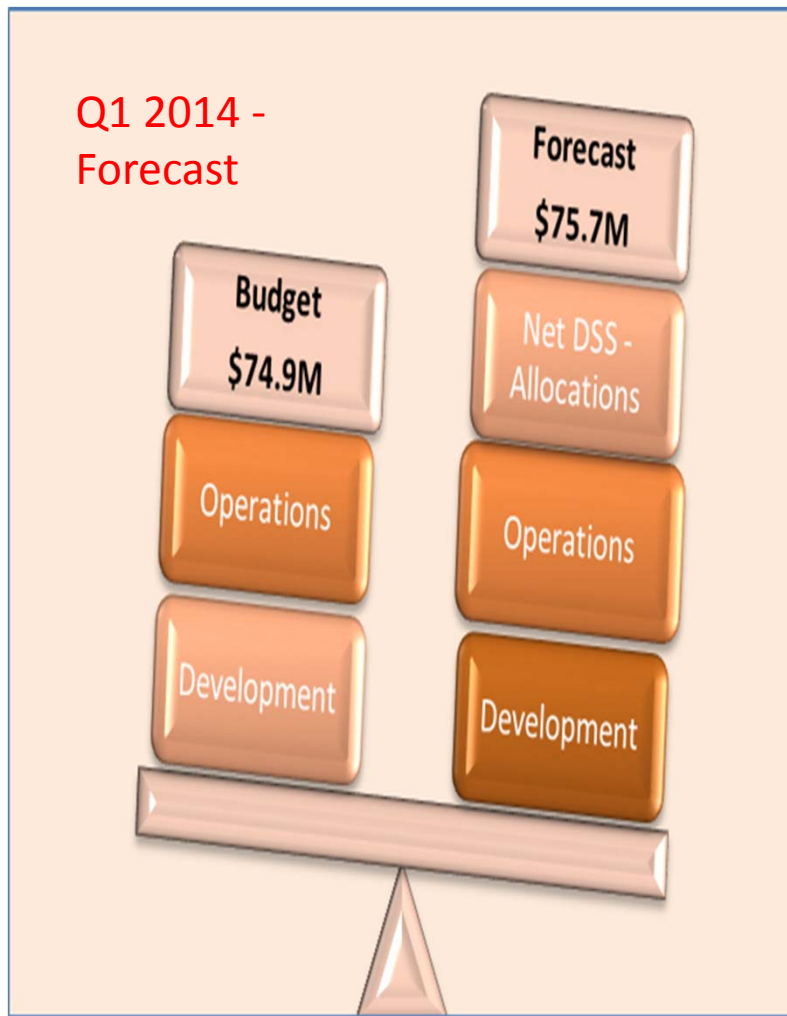
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Connecticut's Health Insurance Marketplace

December 2013
Finance Dashboard
Q2 - 2014

December 2013 Finance Dashboard
Q1 Forecast Validation

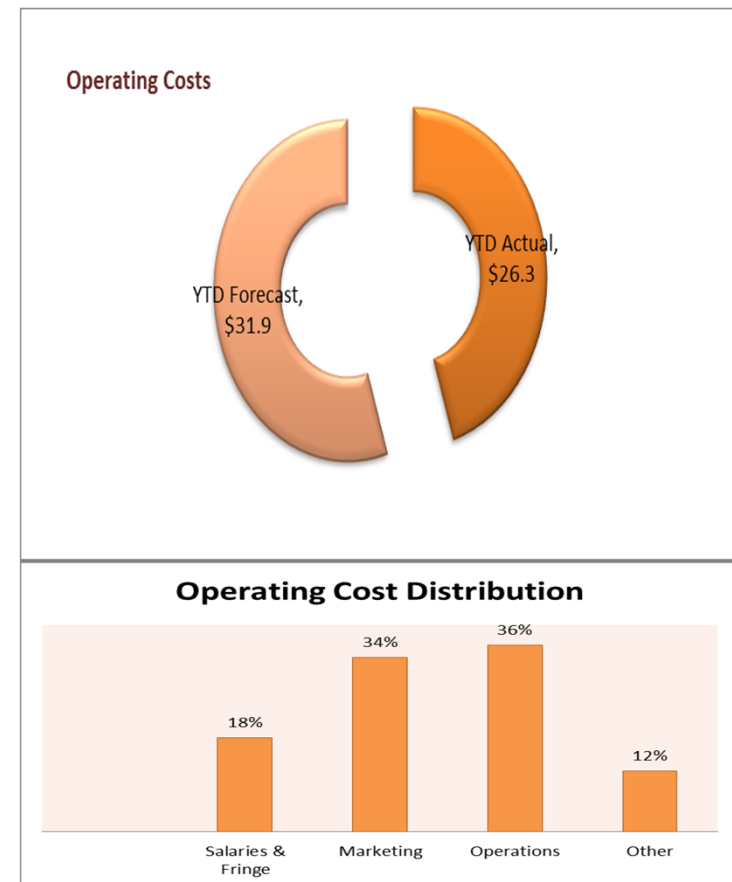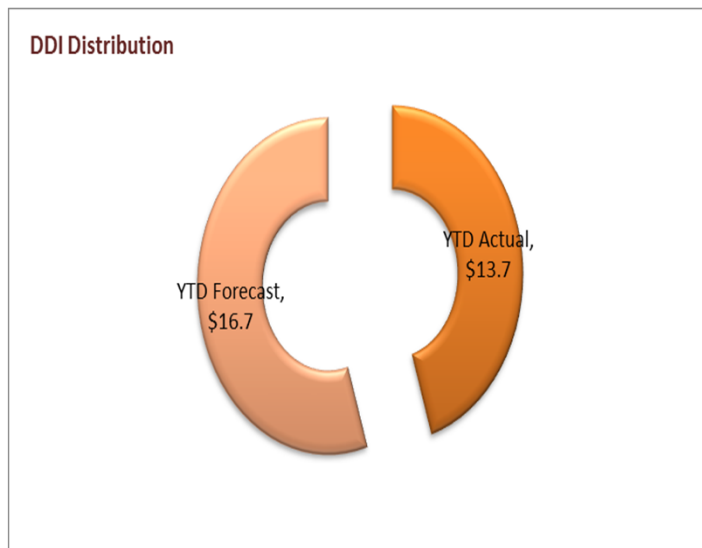# December 2013 Finance Dashboard Overview

Fiscal Year to Date Results

YTD Consolidated Results					
Expense Categories	**YTD Actual**	**YTD Forecast**	**YTD Budget**	**Forecast Variance to Actual B (W)**	**Budget Variance to Actual B (W)**
Salaries & Fringe	$ 5,161,214	$ 5,481,278	$ 5,431,860	$ 320,064	$ 270,647
Consultants	$ 34,041,179	$ 41,317,557	$ 37,890,374	$ 7,276,378	$ 3,849,195
Equipment	$ 917,289	$ 796,065	$ 257,493	$ (121,225)	$ (659,796)
Supplies	$ 16,654	$ 23,468	$ 5,000	$ 6,814	$ (11,654)
Travel	$ 97,397	$ 91,268	$ 92,608	$ (6,129)	$ (4,789)
Other	$ 543,410	$ 897,594	$ 473,920	$ 354,184	$ (69,490)
Grand Total	**$ 40,777,142**	**$ 48,607,230**	**$ 44,151,255**	**$ 7,830,087**	**$ 3,374,112**

- Expenses are trending favorable to Forecast primarily driven by the timing of IT costs and offset by unfavorable Marketing costs

  - IT costs will ramp in Q3 to reach projected levels

  - Marketing costs are running ahead of forecast – due primarily to timing as Marketing costs are being managed to a total campaign cost.
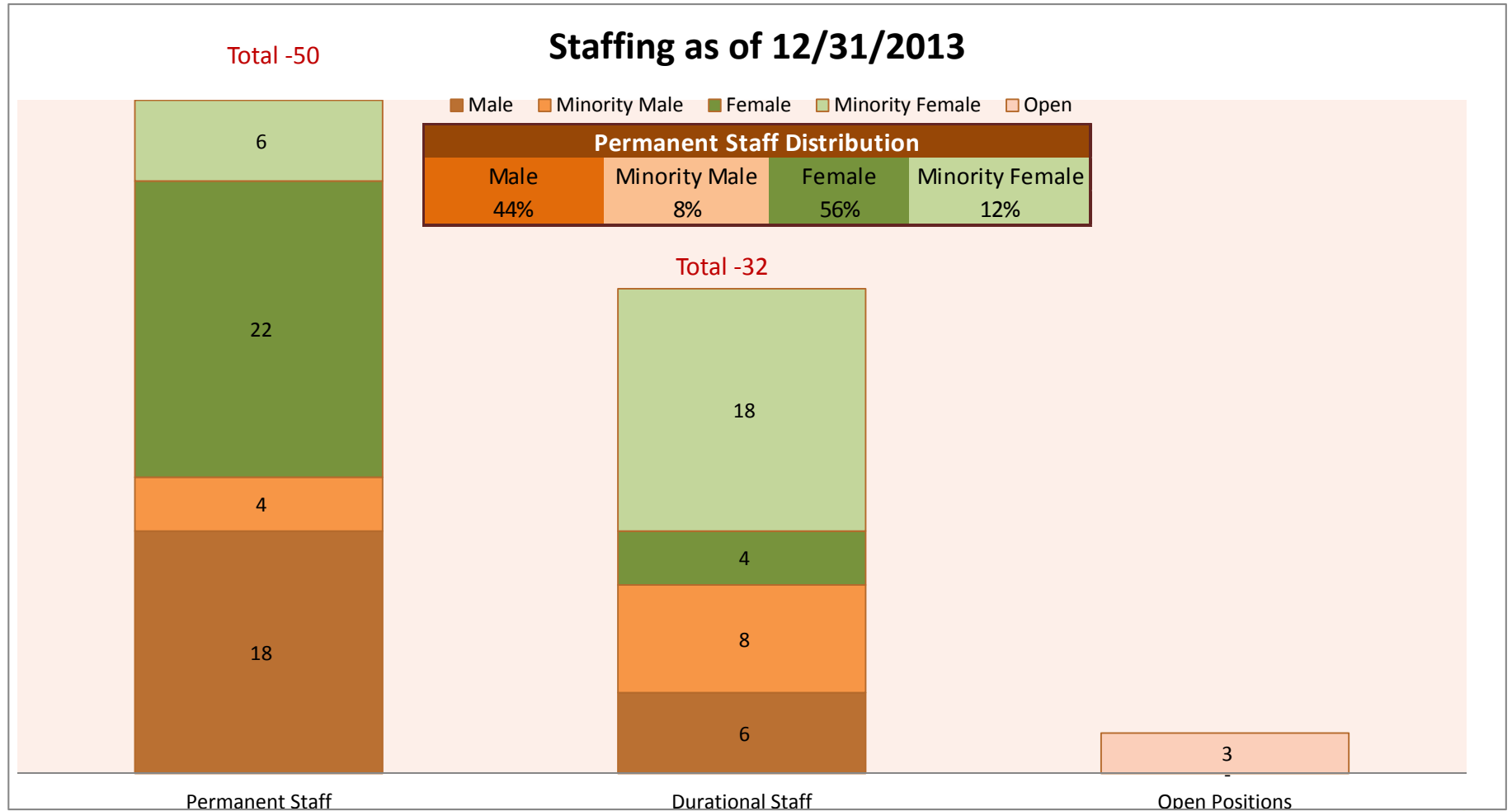
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Finance Dashboard

December 2013 Results
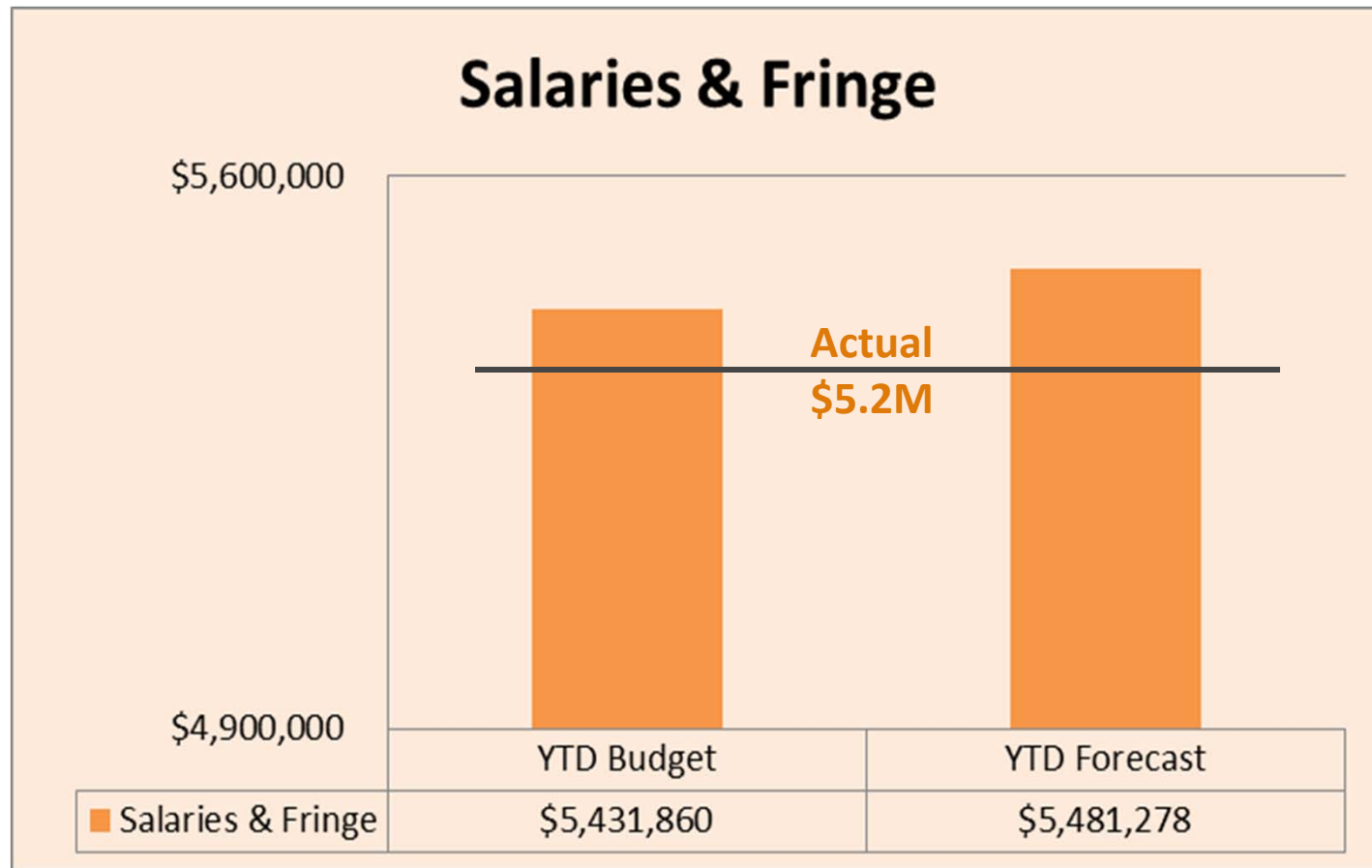Q2 - 2014

Design, Development & Implementation Vs. Operations

Finance Dashboard

December 2013 Results
Q1 - 2014

Staffing as of 12/31/2013

Legend: Male · Minority Male · Female · Minority Female · Open

Permanent Staff Distribution			
Male	Minority Male	Female	Minority Female
44%	8%	56%	12%

Permanent Staff — Total -50: 6, 22, 4, 18

Durational Staff — Total -32: 18, 4, 8, 6

Open Positions: 3

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Finance Dashboard

Salaries & Fringe

	YTD Budget	YTD Forecast
■ Salaries & Fringe	$5,431,860	$5,481,278

$5,600,000

$4,900,000

Actual
$5.2M

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Connecticut's Health Insurance Marketplace

Strategy Committee Update

Robert Scalettar, MD
January 16, 2014

Choosing Wisely™-AHCT Partnership

- ABIM Foundation Partnership with Consumer Reports

  www.***choosingwisely***.org

- Encourages Thoughtful Discussion between Patients & Physicians
  to Choose Care
  - Supported by Evidence
  - Not Duplicative of Other Tests or Procedures
  - Free from Harm
  - Truly Necessary

- CR Developing Patient-Friendly Materials
  - Distribute via Web Site, AHCT stores, MD offices, etc.

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Choosing Wisely™ – Next Steps

- Establish *Choosing Wisely*™ Campaign
- Components:
  - Outreach to local physician leaders to gain support
  - ID subset to tests/procedures deemed risky
  - Develop criteria for selecting test/procedures
  - Create Care Delivery Workgroups to create awareness and support
  - Coordinate with SIM and other state initiatives
  - Create CW URL for program description and updates

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Connecticut's Health Insurance Marketplace

Adjournment