



CT's Health Reform Efforts

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June 18, 2013



- ❑ Focus on assisting and educating consumers to make informed decisions when selecting a health plan
- ❑ Assist consumers to resolve problems with their health insurance plans
- ❑ **Identify issues, trends and problems that may require executive, regulatory or legislative intervention – Systemic Advocacy**

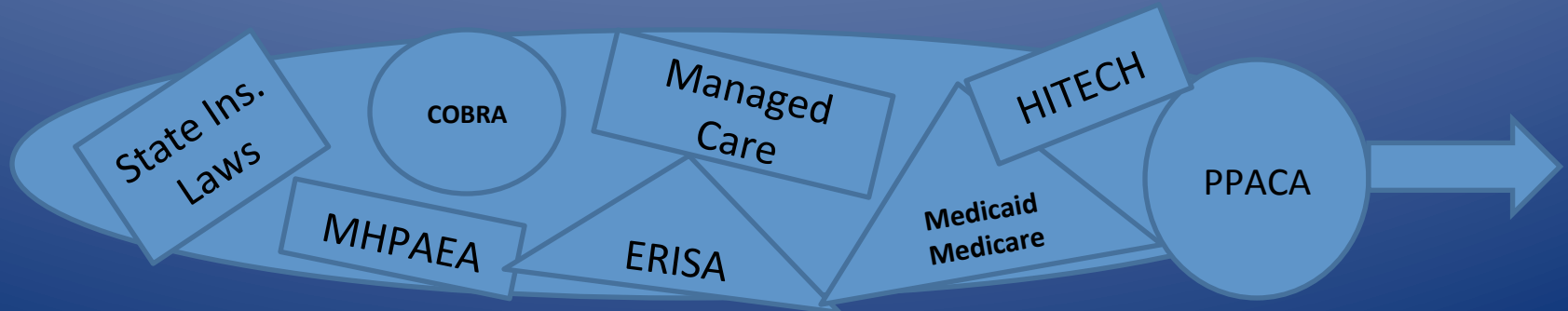
Our Work is Guided by Principles

- Principles for Policy Action
 - http://www.ct.gov/oha/lib/oha/documents/final_draft_-_oha_principles_for_determining_policy_action.pdf
 - Access to quality healthcare; for our State to be competitive, our people must be healthy
 - Reduction in healthcare system waste; innovation is essential to maximize value
 - Healthcare industry watchdog; cost shifting practices burden the State's economy, providers, payors, and consumers
 - Social Justice; OHA has a duty to represent the collective voice of 3.5 million healthcare consumers



Office of the Healthcare Advocate

Connecticut's Federally Recognized Health Insurance Consumer Assistance Program



Snapshot of the Insured/Insurance in CT

- 2.4 million covered by some type of private insurance
- 59% of CT population covered by employer plan
- 5% covered by individual insurance
- 13% Medicare
- Only one plan offers maternity coverage in individual insurance
- Pre-existing conditions still in force for adults
- State Mental Health Parity Legislation
- Gender Rating Allowed
- No mandates for dental and vision for kids
- Over 50% are in self-funded plans—CT law N/A

[Kaiser State Health Facts, 2009 data]

Snapshot of Uninsured in CT

- 344, 581
- 41% female
- Concentrated in New Haven, Hartford and Fairfield counties
- 50K more adults estimated to be eligible for Medicaid under the ACA
- 235K adults eligible for the Exchange
 - 32% within 191-300% FPL
 - 28% above 400% FPL
 - Predominantly between 18-34 years old

ACA in CT

- Requirements
 - Plans must offer a standardized plan design but can offer additional innovative plans
 - Plans must contract with sufficient number of ECPs for timely access for low-income and medically underserved areas
 - Network adequacy standards must be disclosed (current law does not require transparency)
 - Exchange required to perform independent monitoring of networks
 - Plans may be rejected on the basis of being a price outlier
 - Exchange required to move toward active purchasing

ACA in CT

- Five carriers participating
 - First new market entrant in nearly 30 years—non-profit
- Rates currently under review
- Board engaged actuary to conduct a review of the rate filings
- Outreach efforts beginning in earnest – OHA is managing the community outreach work

Access Health CT-Assisters

- Navigator and In Person Assister Program
 - Called “Community Assisters”
 - Team of seven Navigators and 300 Assisters
 - Medicaid, CHIP or in a Qualified Health Plan and help them to be informed consumers for the future
 - Partnerships with community organizations
 - Bring the health coverage marketplace directly to people

Assisters-Specific Steps

- Direct community engagement in outreach and enrollment
- Data collection for enrollees
- Incorporation of data into All Payer Claims Database to track utilization of services by type, payment
- Work with CADH Health Equity Index to track and promote community health and promote change

Additional Goals

- Force change in Medicaid data collection processes
- Include meaningful data in statewide data collaborative efforts – e.g. partnership with UConn disparities Institute, APCD
- Push systems and vision change at Access Health CT and state policy making levels

Getting Care Right Takes Work – e.g. mental health and substance use

- READ – OHA's Recommendations on redesigning our MH/SU delivery system

<http://www.ct.gov/oha/lib/oha/documents/publications/>

[report of findings and recs](#)

[1-2-13.pdf](#)



What's Happened?

- Short term, concrete fixes
 - Insurance statutes
 - Accountability in existing programs
 - PCP/Psychiatrist partnerships
 - Stigma reduction/awareness
- Longer term
 - Task Force on systemic solutions
 - Coordinating body for MH/SU –OHA is pursuing
 - Options based on independent study of the CTBHP—
OHA is pursuing

Public Act 13-3

- In time for Access Health CT Open Enrollment
 - Substantial revisions to reviews of MH/SU requests and appeal provisions
 - Protects Newly insured in the Exchange
 - Reporting will be tracked in report card and through Access Health CT
- Still requires vigilance
 - CID parity compliance is critical
 - Exchange plans must comply with state insurance laws

Moving Away from Sick System

Achieving social justice depends on moving away from our fractured system

- Data is critical
- Intervention/prevention
- Hard to enforce rights if you don't know what those rights are
- Requires broad stakeholder involvement and commitment of state leadership
- Cost control

State Vision- Bold Effort Example

- CMS Innovation Center- State Innovation Model Initiatives-CT needs to seize the day
 - Federal Opportunity for state to develop broad model design vision of a health system
 - Competitive grant opportunity
 - Agencies and stakeholders coming together for broad individual and community wellness system vision
 - Ongoing federal support will assist with design AND implementation

Next Steps

- OHA is one of many agencies involved in this effort
- Convene broad stakeholder groups to inform and assist with planning, including:
 - Exec branch, legislators, state agencies, community groups, small businesses, insurers, etc.
- State must develop a “State Health Care Innovation Plan” and testing grant application
- Grant app deadline is 9/17/12

Closing the Circle

- Entering work force now means entering in huge opportunities in all related fields-providers, payers, advocates, researchers
- Healthcare advocacy is critical to consumer voice and overall system improvements and control costs
- Healthcare advocacy can help move us from a sick system to an individual and community wellness system – multiple opportunities for driving accountability and patient centeredness
- Broad, bold vision and stakeholder engagement are keys to achieving overall success.