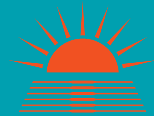
Our Roots Run Deep

2016 Annual Report



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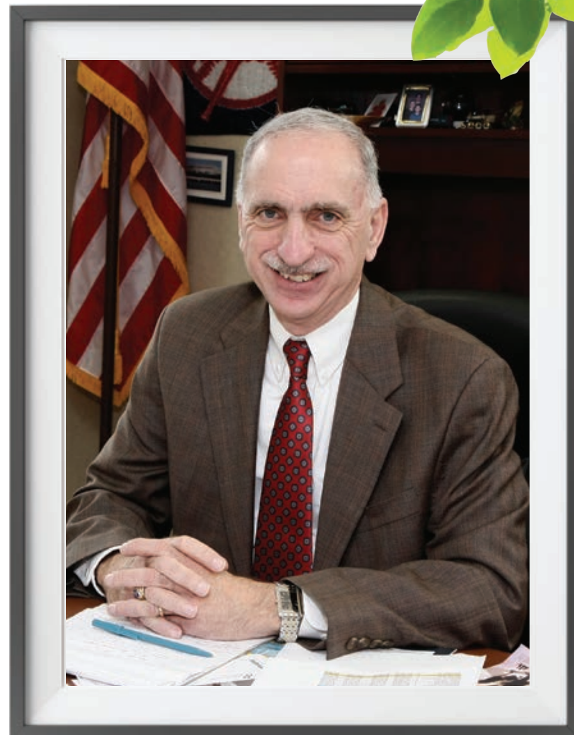


Ludwig Spinelli, Chairman of the Board

Letter from our Board Chair

Community Health Network of Connecticut Inc. (CHNCT) has long had roots in the communities of Connecticut. What began as an organization to support the patients who utilized the state's federally qualified health centers, has grown into an organization that supports the entire HUSKY Health population.

The number of members CHNCT serves has often been the factor that determined the growth of the organization. That number grew exponentially beginning in 2012, when the state replaced its managed care model with an Administrative Services Organization (ASO) model. CHNCT responded brilliantly to that change and stood rooted in its work and its mission even as its membership tripled in size.

What makes CHNCT so unique is that while the organization has grown immensely, it continues to do the small things so well. CHNCT lends a personal touch that has led to a strong connection with the community. CHNCT is the only organization in the state that sends Provider Engagement representatives to providers' offices to discuss the providers' questions and concerns in person. The Intensive Care Managers and Community Health Workers meet with members in safe spaces in the community. It is the dedication of the CHNCT staff to help those in need that has helped this organization thrive.

2016 was a great year. Some highlights include: CHNCT positioning itself to better address value-based care through the creation of the Population Health Management Department; expanding the scope of the Person-Centered Medical Home model; and finding new ways to communicate with members including the use of video conferencing. CHNCT accomplished all of this while continuing to build personal relationships with members and providers.

On behalf of the board of directors, I am humbled and honored to be associated with an organization that keeps proving, with each passing year, that the larger it grows, the deeper it roots itself within Connecticut's various communities. CHNCT helps to bring people together—with each other, with physicians and nurses, and with their own good health—and I, for one, could not be more proud.

Ludwig Spinelli
Chairman of the Board

Sylvia B. Kelly, President & CEO

Letter from our President & CEO

The story of our growth has been well documented, beginning with 94 members, to our current membership of nearly 800,000 members. However, the real impact of what we do is based on our "roots," which have been laid down over the years through our employees' unparalleled dedication and commitment to improving the health of Connecticut's vulnerable populations, and the strong relationships and partnerships we have formed with providers and community organizations. The cultivation of these "roots" reinforces our connection to the community and enables us to continue to be a fixture in the state.

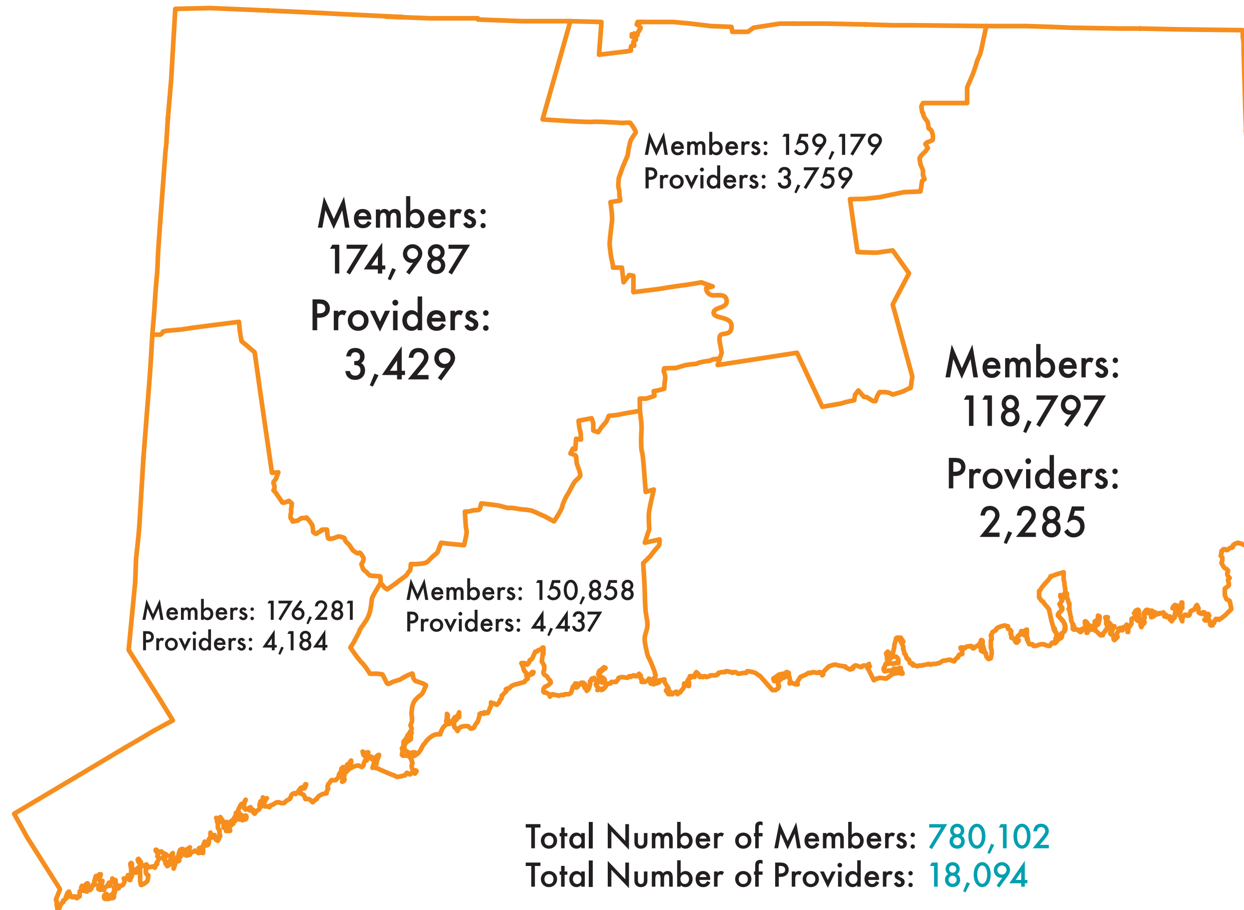
In 2016, we reinforced our major goal of improving member health outcomes by making data-driven decisions, implementing initiatives and interventions to improve care, providing person-centered care coordination, and increasing efforts to address various member social determinants by linking them to services. We saw improvements in reducing hospital inpatient readmissions, emergency department utilization, and gaps in care related to chronic illnesses such as asthma, diabetes, sickle cell disease, and chronic heart failure. We also improved member access to care, program satisfaction, and performance standard results.

CHNCT is also committed to the well-being of its dedicated and hardworking employees. In 2016 we strengthened our Wellness Program which is designed to improve and maintain the health of our staff. A new and enhanced online Rewards Portal was implemented which includes a health assessment that tracks biometric screenings, provides a variety of wellness activities, and offers health information. Employee fitness challenges are included in the program. Nearly 93% of our staff participated in this program in 2016.

Through our "roots," CHNCT has a legacy of working to improve the health of Connecticut's HUSKY members. Our efforts have empowered these members by providing healthcare choices and education, and by encouraging their input as partners in improving their health. I am very proud of the improvements we made in 2016 and look forward to building upon this success.

Sylvia B. Kelly
President & CEO

Statewide Reach with Local Ties



Total Number of Members: 780,102
Total Number of Providers: 18,094

CHNCT at a Glance

Community Health Network of Connecticut, Inc. (CHNCT) is a not-for-profit health plan that strives to improve the health of underserved and vulnerable populations by providing access to high quality and comprehensive healthcare. CHNCT was founded in 1995 by federally qualified health centers that sought to bring non-profit oversight to Medicaid managed care in Connecticut.

The CHNCT Way

Taking a person-centered approach, CHNCT provides innovative and compassionate care for Connecticut's vulnerable populations to ensure members get the right care, in the right place, at the right time.

- Ensuring access to quality healthcare for CT's Medicaid population
- Providing care coordination
- Social responsibility

By receiving URAC accreditation, Community Health Network of Connecticut, Inc. demonstrates a commitment to quality healthcare.

Going the Extra Mile for Members

Member Engagement Services is the first point of contact, and sometimes the only point of contact for members. However, Member Engagement Service representatives do more than pick up the phone. They can be **the hub for coordinating the basic care needs** for members as well as researching and referring members to other resources when necessary.

The scope of Member Engagement Services has grown over the years. In addition to explaining HUSKY Health covered services and benefits, helping members with selecting providers, and providing appointment assistance, they also provide referrals and assistance with:

- Accessing other internal departments such as Intensive Care Management (ICM) or a Community Health Worker (CHW)
- Finding community resources (including 2-1-1) for items such as food, clothing, shelter resources, support and educational groups, WIC, and energy assistance
- Referring to Department of Social Services (DSS) administered resources such as cash assistance, SNAP, and employment services
- Helping members understand eligibility based on the Affordable Care Act (ACA) and how to apply for coverage
- Locating resources for those eligible for Medicare

Member Engagement Services also has **highly skilled representatives who provide care coordination for difficult access to care issues**. For example, a mother contacted several providers and was unable to find a specialist able to perform a specific test recommended for her child. When she contacted us, our representative was able to find a specialist, schedule the appointment, and coordinate transportation to the appointment. As a result, the child had the test, and the test results were provided to the primary care provider.

This is how Member Engagement Services provides care coordination to our members on a daily basis. When a member has a question or a concern, the Member Engagement team is there to assist in any way they can.

In 2016, Member Engagement Services conducted outreach to targeted members in an effort to connect members to a primary care provider. These included:

Members without primary care providers who were contacted by phone

Contacted 13,368 members

Members who identified they did not have a primary care provider when completing the Health Risk Questionnaire

Contacted 3,685 members

Member Advisory Workgroup

One of the ways that CHNCT stays closely connected to the communities we serve is through our monthly Member Advisory Workgroup. This workgroup, led by Member Engagement staff, includes DSS staff and HUSKY Health program member representatives. The workgroup gives a voice to members and helps build a better HUSKY Health program. In 2016, these members provided input to the Welcome Brochure and created member-friendly benefit grids that are now housed on the HUSKY Health website.

Changing How Care is Managed

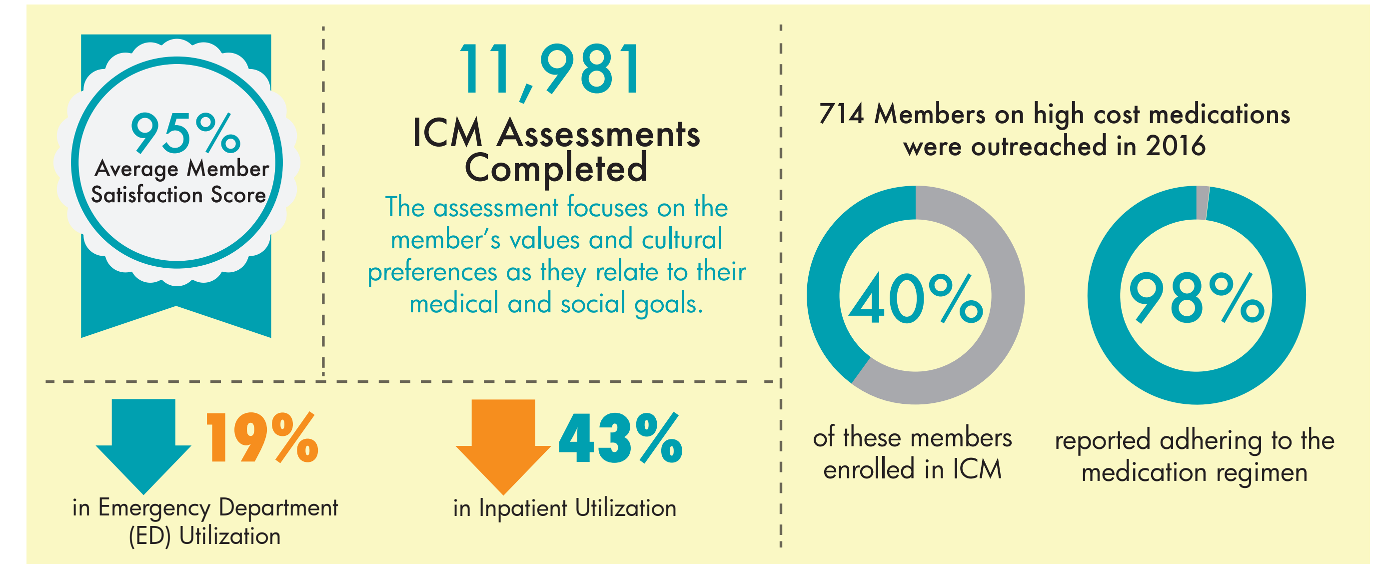
The CHNCT Intensive Care Management (ICM) program provides care coordination for HUSKY Health members with complex health issues. The ICM program has evolved over the years, **building on its roots** in the Managed Care Organization (MCO) model, and developing into the person-centered approach they use today.

When CHNCT began as one of the state's several MCOs, care was fragmented and resulted in duplication of services. In 2012, CHNCT became the state's sole Administrative Service Organization and assumed full responsibility for all HUSKY Health members. The **roots that the ICM program had formed** within the community helped facilitate this transition and they carried over many of the lessons learned as an MCO.

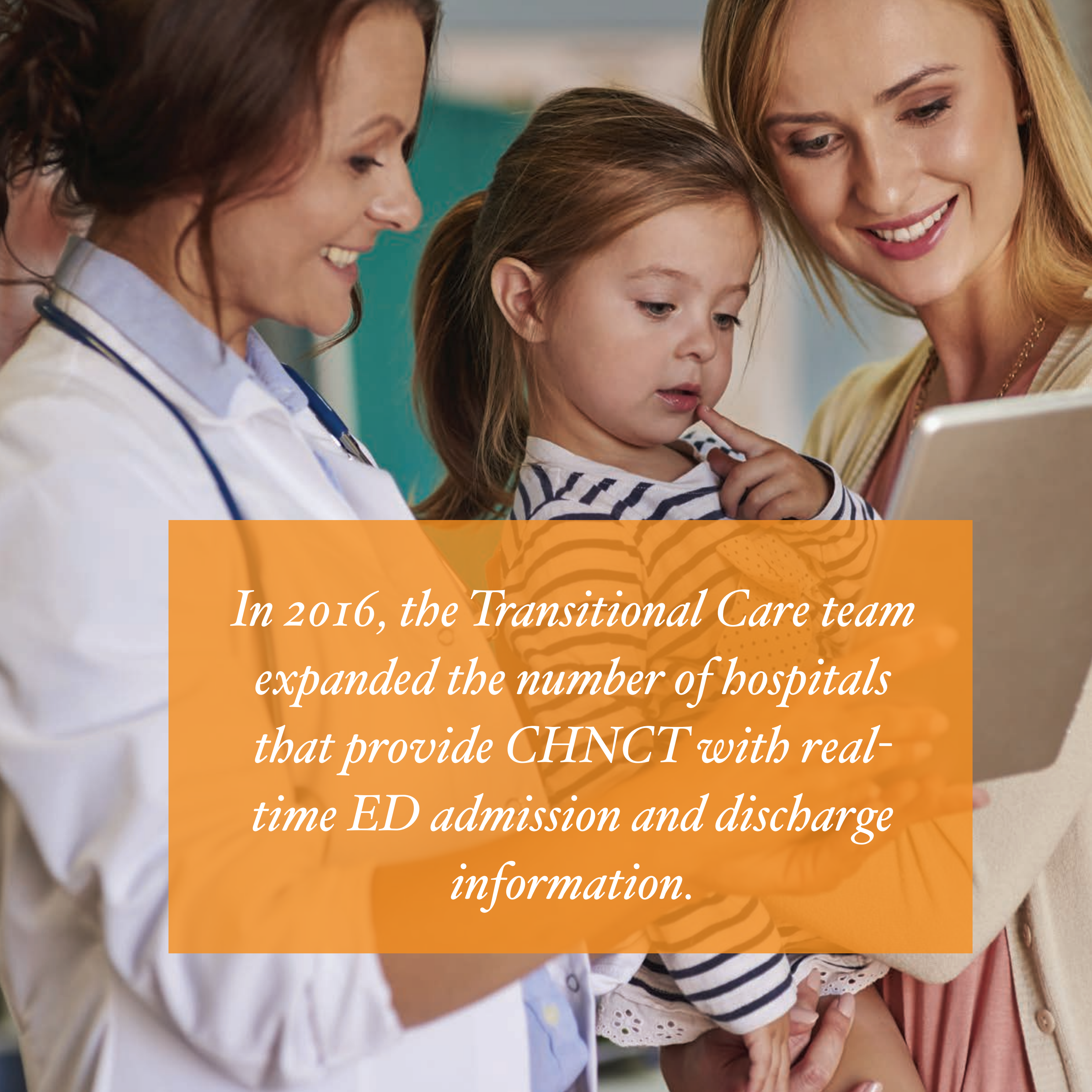
One of those lessons was the importance of building on the connections the ICM program had in the community. CHWs meet with families in the community and help them to improve their health and stabilize their living through access to available community resources. ICM Care Managers **established rapport with members** by communicating via telephone, face-to-face visits, and, new in 2016, video conference. These connections allow ICM to go beyond just coordinating the medical care that members need by focusing on the individual and helping them with the elements that surround their care.

All of this has led to the implementation of a person-centered approach in the management and delivery of services to HUSKY Health members. A **person-centered approach to care management** includes the integration of medical and behavioral health, as well as social determinants of health.

The following 2016 ICM highlights show the commitment of the ICM program to provide this approach and the success the approach has had:



- In October, a Behavioral Health Integration ICM team was formed. The team is dedicated to managing the health needs of HUSKY Health members who have been diagnosed with both a chronic medical condition and a serious and persistent mental illness.
- CHWs participated in the Greater Hartford Coordinated Access Network document fair and attended The Connecticut Department of Veterans Affairs Stand Down event to provide assistance and information to homeless veterans.
- ICM attended Community Care Team meetings to collaborate with providers and external organizations to provide resources for members with social determinant needs and high ED usage.



Providing Members with the Right Care, at the Right Time, in the Right Place

The goal of Utilization Management is to help ensure members receive the right care, at the right time, in the right place. Utilization Management is made up of three divisions that help to reach this goal: **Prior Authorization, Inpatient Utilization Review, and Transitional Care.**

Prior Authorization is deeply rooted within our provider network to help ensure needed goods and services are delivered to members. Prior Authorization conducts provider trainings for the prior authorization portals via webinar, or in person at the provider's office when requested. **Prior Authorization also goes to great lengths to ensure members can access needed services.** If a member cannot find needed services within the state, the prior authorization team will bring an out-of-state provider into the network.

Transitional Care works with members to reduce hospital readmissions and non-emergent Emergency Department (ED) visits. The success of Transitional Care is **reliant on the strength of the relationships** that the team has built with hospitals, members, and primary care providers.

In 2016, the Transitional Care team expanded the number of hospitals that provide CHNCT with real-time ED admission and discharge information. Inpatient Care Managers (IPCMs) and Inpatient Discharge Care Managers (IDCMs) are CHNCT nurses who work telephonically or on-site in many large and mid-sized hospitals throughout the state. They collaborate with hospital staff and meet with members in the hospital to provide support and facilitate a relationship between the member and the ICM Program

To help reduce unnecessary ED visits, Emergency Discharge Care Managers (EDCMs) make calls to members with chronic diseases and multiple ED visits. In 2016, of the 48,700 calls made to members by EDCMs, 48% resulted in a successful outreach to assist those members with needed services in the community.

New Era of Team-Based Care

In 2012, DSS selected the National Association for Quality Assurance (NCQA) Patient-Centered Medical Home as the model for the DSS Person-Centered Medical Home (PCMH) program. The goal: to implement this model in practices throughout the state to benefit the HUSKY Health population and improve health outcomes. CHNCT is the only organization to offer a PCMH assistance program to practices at no cost.

PCMH Program Growth

	2012	2016
Practices	12	110
Sites	129	430
Providers	568	1,500

2016 represented a shift in how the Practice Transformation team works with practices and drives health outcomes. Now that many of the practices in the state are enrolled in the PCMH program, the Practice Transformation team is **focused on helping practices use data and team-based care to improve care coordination and quality of care**. One of the ways that the Practice Transformation team assists practices is by hosting webinars on patient-centered care coordination, integrating physical and behavioral health, and using data to manage patients.

The support the Practice Transformation team provides to practices, especially small practices, across the state is invaluable. The implementation of PCMH and quality improvement projects can be overwhelming. In a common scenario, the Community Practice Transformation Specialist and Regional Network Manager will spend several years supporting a practice in this process. This outside perspective helps a practice see areas for improvement and recognize the things they are doing well. All of this work benefits the patients, and practices often share how their patients take notice of the improvements that the practices make.

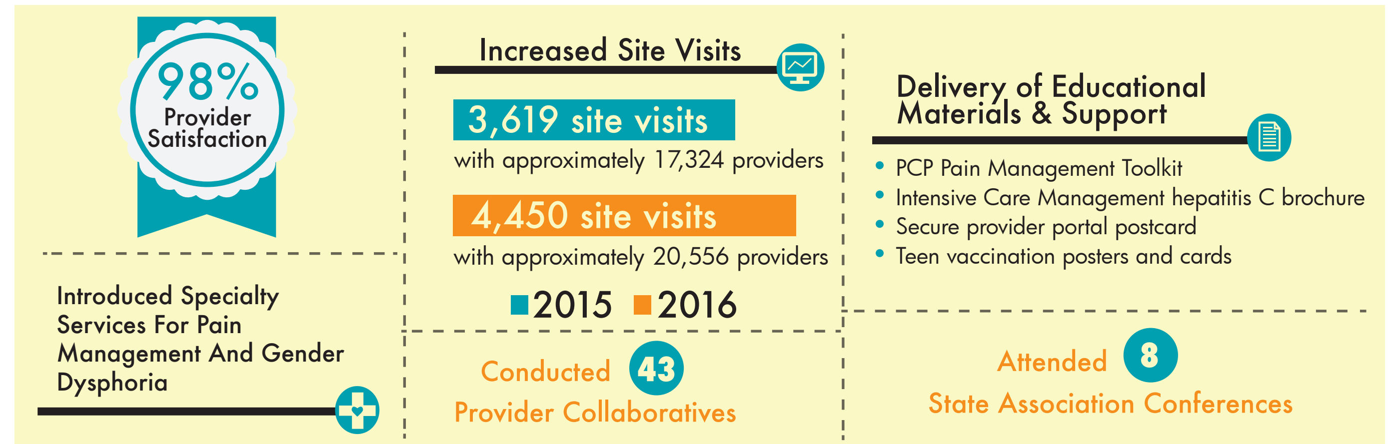
This new era of team-based care holds much **potential for improving health outcomes and access to care** for HUSKY Health members. The relationships that the Practice Transformation team has built with practices over the years will aid in this process. As practices adopt and implement more of the PCMH elements, the CHNCT Practice Transformation team will be there to support, share best practices with, and guide these practices on their journey.

How We Build Deep Relationships with Providers

For over twenty years, CHNCT has been a key player in providing vulnerable populations with access to care. By building strong relationships with providers and their office staff, Provider Engagement Services has been able to ensure that HUSKY Health members can **get the care they need, when they need it, where they need it**. While Provider Engagement representatives work directly with providers, they always keep the members' needs in mind.

Building trust is a core tenant of what Provider Engagement Services does. Since CHNCT is in-state, providers get to talk to someone who lives and works locally. Provider representatives make daily site visits where they hear the questions and concerns of our provider network and can collaborate with the providers on new ideas. This hands-on approach helps the provider representatives build trust and strong relationships with providers that other organizations can't match.

Provider Engagement 2016 Initiatives:



The Population Health Management department is beginning to put down new roots by utilizing existing relationships and implementing many of the successful strategies used by other departments.

Transition to Population Health Management

As CHNCT and other healthcare organizations focus on value-based healthcare, population health management has emerged as an approach that strives to impact the delivery of care to a group of individuals with similar healthcare needs. Population health management is the merging of patient quality data and economics to improve the quality of healthcare services.

In 2016, CHNCT combined the Medical Economics and Quality Management divisions to form the Population Health Management department. The combined departments are responsible for analyzing data, using the data to improve care, and assisting providers with ensuring care that is accessible, safe, timely, and effective.

As a new department looking to put down its roots, one of the first tasks was to hand-deliver provider profile reports to practices across the state. The provider profile reports provide data on 43 health quality measures and clinical best practices from around the state. Handing out the reports in person helped the new department **connect with practices, discuss the results with them, and review improvements** for the next year.

In December, CHNCT hosted its first continuing education conference for almost 100 primary care providers. The conference focused on integrating behavioral health into the primary care setting. Primary care providers will often be the first to note any behavioral health changes in a patient. This program will be offered again in 2017 based on the overwhelmingly positive reviews from our providers.

The Population Health Management department is beginning to put down new roots by **utilizing existing relationships and implementing many of the successful strategies** used by other departments. From this, the future success of the health quality initiatives put forth by Population Health Management will surely grow and flourish.

Our Staff Giving Back

CHNCT's staffing levels remained relatively stable over the course of 2016 and the employee connection to the community has remained strong. Many staff travel across the state to work 1-on-1 with members, providers, and other community agencies. Being in-state has helped staff put down roots in the community so that staff can help members access local resources and help providers get answers to their questions more quickly.

CHNCT staff are also committed to giving back to the communities that they serve. In 2016, CHNCT employees donated over 1,000 pounds of non-perishable items, as well as cash and gift cards, to the Connecticut Food Bank. In addition, members of the executive team and other staff helped pack almost 400 boxes of food. CHNCT employees also give back in other ways. For example, they donated toys to the CT Alliance of Foster and Adoptive Families.

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Financials

Consolidated Statement of Operations and Other Comprehensive Income
Years ended December 31, 2016 and 2015

	2016	2015
REVENUE:		
ASO revenue	$80,519,400	$80,756,954
Program contract revenue	$467,031	$1,617,240
Other revenue	$298,030	$431,110
Net investment income	$220,160	$232,747
Total revenue	$81,504,621	$83,038,051
EXPENSES:		
ASO expenses	$77,913,060	$78,305,134
Program contract expenses	$463,544	$1,617,240
Medical costs (benefits)	($84,874)	($174,963)
Other administrative expenses	$1,037,140	$2,425,438
Total expenses	$79,328,870	$82,172,849
Excess of revenues over expenses	$2,175,751	$865,202
OTHER COMPREHENSIVE INCOME:		
Changes in net unrealized (losses)/gains on investments	$143,701	($406,886)
Comprehensive income	$2,319,452	$458,316

Consolidated Balance Sheets December 31, 2016 and 2015

ASSETS	2016	2015
CURRENT ASSETS:		
Cash and cash equivalents	$22,304,293	$19,648,319
Investments in mutual funds, at fair value	$9,543,070	$9,309,714
Restricted cash - R2Q	-	$86,655
Accounts receivable	$2,754,327	$3,055,237
Deposits	$36,343	$36,343
Other current assets	$3,154,132	$3,145,172
Total current assets	$37,792,165	$35,281,440
Investments in preferred stock, at cost	$375,000	-
Property and equipment - net	$5,737,335	$6,663,035
Total assets	$43,904,500	$41,944,475
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Funds held for R2Q	$0	$72,892
Unearned revenue - DSS ASO	$1,350,662	$1,079,738
Accounts payable and accrued expenses	$5,972,772	$5,730,231
Total liabilities	$7,323,434	$6,882,861
NET ASSETS:		
Contributed capital	$748,984	$748,984
Unrealized losses	($46,319)	($190,020)
Accumulated earnings	$35,878,401	$34,502,650
Total unrestricted net assets	$36,581,066	$35,061,614
Total	$43,904,500	$41,944,475

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