



Memorandum

TO: Board of Directors
FROM: Susan Sherry, Deputy Director
DATE: December 2015
RE: Program Report

Strategic Goal 1

Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.

Supporting Advocacy Infrastructure

The *Consumer Voices for Coverage (CVC)* annual meeting was held in September with the largest and most diverse participation (140) in the eight years of *CVC*. A plenary session on racial and social justice led by board member Anton Gunn was especially well-received. Community Catalyst made clear that while the RWJF *CVC* program is ending, we will continue to hold an annual State Consumer Advocacy meeting. In a sign of how valued the CVC work has been, we finalized our last year of CVC funding with over double the originally planned RWJF allocation.

As we enter the final year of *CVC*, Community Catalyst and the state advocacy network face the challenge of losing a core national funder. Developing a strategy to compensate for this loss will be a major 2016 focus for senior management, development and *State Consumer Advocacy Program (SCHAP)* leadership. There remain major consumer advocacy issues ranging from health literacy to insurance markets to affordability and coverage for remaining uninsured. It is likely that our sustainability strategy will involve multiple funders for different issues and populations while we seek to cultivate new core national funders. New resources for state advocates on sustainability were developed and more will come in 2016. Two state funder briefings about delivery system reform and consumer engagement were held in PA and OH as part of the RWJF *Value Advocacy Project (VAP)* with the PA briefing helping to clinch a first time grant from a local funder. This type of increased visibility for the work of state advocates will be of increased importance in the coming years.

A key element of supporting the infrastructure is organizational development assistance especially during times of transition. *SCHAP* has been very involved in supporting leadership transitions in MI, OH and FL including participation in hiring new EDs and having them come to Boston to learn about our services and to develop working relationships. A new Executive Director support group will begin in 2016 providing a place to address both strategic and organizational management issues. A contract for advocacy training and support for the grantees of a TN funder was finalized with work beginning in January. KS funders initiated conversations around how Community Catalyst might assist that state to tackle consumer leadership and advocacy development.

The *ACA Implementation Fund (ACAIF)* issued seven marketplace implementation grants (CA, CO, GA, NJ, NY, TX and WA) and two *Close the Gap (CTG)* grants (KY and LA). Requests for proposals (RFPs) for *CTG* year two grants were sent to eight states (FL, GA, LA, NC TN, TX, VA and UT).

A special opportunity communications RFP was sent to MI for targeted media around the success of Medicaid expansion due to the threat that the expansion could be rescinded.

An evaluation of **SCHAP** technical assistance and Community Catalyst’s grant-making process was completed with generally favorable results. Staff will be taking an in-depth look at the findings and incorporate these into 2016 planning. Part of the recent organizational restructuring included implementing a proactive organization-wide approach to assuring consistency and continual improvement in our TA so the evaluation is timely. A video about our technical assistance (TA) based on interviews with several state advocates is in development. It is expected that the video will be helpful in explaining our TA approach to advocates and funders.

The learning community remains vibrant with broad participation including strong engagement from the **Southern Health Partners (SHP)** states.

ACA Implementation

This quarter was the start of the third ACA open enrollment period. Community Catalyst provided support to advocates with new toolkits, materials and learning community calls. **In the Loop (ITL)** retooled supports for its over 4,200 participants with an outreach push, updated fact sheets, reorganized website and improved reporting to federal officials. Support for the **Cover Missouri Coalition (CMC)** included annual regional summits, webinars and training. **CMC** identified specific populations (African-American and Latino) for focused efforts by helping to build new partnerships between assistors and organizations of color.

Private insurance market issues continue to demand the attention of state advocates. Issues related to affordability especially cost-sharing, adequacy of provider networks, rate review, surprise medical bills, parity compliance and more are being tackled by state advocates. The topics outlined in the activity chart below provide give a more detailed list of specific concerns.

As the Administration enters its final 18 months, we are seeing a marked increase in proposed regulations (see Comment Letters section of activity charts). Policy staff from across the organization collaborated to meet the increased demand for comments – including template comments for state advocates in priority areas. We expect this regulatory demand to increase in the first part of 2016 (regulations issued in the final months of the administration can be undone by a new administration).

CTG has continued to generate slow but steady momentum. Montana finalized its waiver and closed the Medicaid gap. LA and AL are now in play so funding and technical assistance support have stepped up in those states. The 2016 election will slow progress in most gap states so staff are working with state advocates to establish interim outcomes that will lay the foundation for a stronger push in 2017.

STRATEGIC GOAL #1
<i>Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.</i>
NEWSLETTERS:
Southern Health Perspective: August 5 Edition
TOOLKITS:
Open Enrollment 3: Here We Go!

New Materials On Starting A Fundraising Campaign
COMMENT LETTERS:
Section 1557 Nondiscrimination in Health Programs and Activities
Comments on Montana 1115 Waiver Application
FACT SHEETS:
Letter To Consumers About Renewing Coverage
WEBINARS:
Enrolling Immigrant Consumers: Tips and Tricks for Complex Cases
Plan Comparison and Selection for MO Assistors
Helpful Resources for Grassroots Outreach to Maximize Enrollment (GOME) Grantees
Kids' Advocates Testify on Connected Food, Housing and Health Issues
Have You Checked Your State's Essential Health Benefits Selection Lately? It's Worth a Look.
Membership Discussion
Red State Caucus Call on Open Enrollment 3
LEARNING COMMUNITY CALLS:
Evaluation training
Sustainability Discussion And Grassroots Outreach to Maximize Enrollment (GOME) Grantee Update
Race Equity and the Organization
Provider Assessments to Fund Medicaid
New Coverage Gap Focus Group Findings
Empowering Consumers Through Task-Force Representation
BLOGS , PAPERS, REPORTS:
Grasstops Engagement and Grassroots Activation: How Advocates Improved Pennsylvania's Medicaid Waiver
Life Changes that Give Consumers a Special Enrollment Period
Parent Eligibility Roll-Back in Rhode Island: Causes, Effects and Lessons Learned
ACA Enrollment: Reaching People with Substance Use Disorders
How Common Medicaid Waiver Provisions Impact People and State Budgets
MAJOR CONVENINGS :
Cover Missouri Coalition Regional Summits: St. Louis, Springfield and Columbia
Grassroots Outreach to Maximize Enrollment (GOME) Orientation
Pennsylvania Funder Briefing
New England Alliance for Children's Health - 2015 Summit
2015 CVC Meeting

Strategic Goal 2

Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.

Community Catalyst projects continued to support development and strengthening of new partnerships and more diverse constituency engagement in state advocacy systems. Successful work with criminal justice reform advocates under the ***Substance Use Disorder (SUD) Project*** led to a new grant to deepen this collaboration. The ***SUD*** work also led to new state health advocacy and youth organization

partnerships in two states. Outreach and enrollment work across the states is increasingly focused on the harder to reach populations that remain uncovered including racial and ethnic groups, mixed status families and LGBT people. This is deepening local and community-based linkages. As noted below, all of the Health System Transformation projects directly address health equity in some way.

Following assessment of how effectively program convenings and materials promote health equity, the internal **Health Equity Team** helped the organization to incorporate a stronger emphasis on health equity at recent meetings, in federal comments, materials and learning community calls. An internal staff survey about level of knowledge and comfort around health equity was conducted and will inform 2016 staff training and development. Community Catalyst will seek to provide more direct funding to organizations of color during 2016. An intern will assist in evaluating health equity in grant-making. Plans for a stronger 2016 investment in building up state campaign capacity are being finalized. It is clear that advocates will continue to face a challenging political environment in the coming years making more robust campaign skills and infrastructure increasingly important.

STRATEGIC GOAL #2
<i>Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.</i>
TOOLKITS:
Social and Economic Determinants 101 Training for Northwest Bronx Community and Clergy Coalition (NWBCCC)
Community Benefit 101 and Strategy Development for Northwest Bronx Community and Clergy Coalition (NWBCCC)

<u>Strategic Goal 3</u>
Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs.

Program staff from across the organization and projects contributed to work around consumer engagement in delivery system reform. This included development of the new **Center for Consumer Engagement in Health Innovation (The Center)** and numerous comments on proposed federal regulations. (Community Catalyst's operational development of the Center is covered in other reports. The focus in this memo will be program-related activities). Internally, staff education about Health System Transformation (HST) continues at a consistent pace with high levels of interest across programs.

We undertook a successful effort to better integrate and coordinate HST work across **Voices for Better Health (VBH)**, **VAP** and the **ACAIF**-funded HST projects strengthening the learning community and maximizing our own policy activities. The annual **VBH** convening extended to all of these projects bringing 70 advocates from 15 states together with providers and select health plans. The convening also included a separate advocates-only half day focused on grassroots engagement and planning. Feedback from advocates was very positive with many advocates noting that the lessons from the duals

demo are relevant to all HST work. The Dual Agenda publication of VBH was revamped to cover a broader HST issues (beyond the “duals”) and to expand the readership to over 2,600. VBH completed the final set of CMS-sponsored webinars with very high levels of participation.

The RWJF **VAP** grantees convened for the first time at the CVC meeting and also participated in the VBH meeting enabling staff to gain a better understanding of the specific challenges grantees face. In response, VAP shifted resources to provide grantees with additional communications technical assistance to develop individualized communication goals and plans. Several of the issues briefs in the chart below arose directly from VAP grantee needs. Health disparities issues remain prominent in the VAP work. One challenge for many grantees which parallels the VBH experience is balancing time and attention between policy-making arenas and on-the-ground direct engagement with consumers that is necessary to fully understand consumer experience and needs.

The **Hospital Accountability Project (HAP)** has focused on pilot site work, the national learning community and development of relationships with leading hospital systems. Discussions with Trinity Health, Ascension Health and other providers are focused on potential collaboration around strengthening community engagement in pilot sites within the system as well as linking community benefits and clinical transformation within the institution. There is very strong demand for community benefit information from a broad cross-section of stakeholders so all of our products are well-received. However, audience needs around level of detail, focus and approach vary. While the HAP team is able to strike this balance demand is greater than capacity.

The **Substance Use Disorders Project (SUD)** has produced new materials and tools (see chart) along with contributing specialized knowledge to Community Catalyst’s Outreach and Enrollment resources and organizational comments on proposed federal regulations. The project continues to build new partnerships between state health advocates and substance use disorders organizations including with youth recovery groups. In December, with support from an Open Society Foundations grant, the project will extend its focus on people at risk of incarceration and how the health system could better serve this population. The Substance Use Disorders Project has increased its national visibility (speaking at 7 conferences) and strengthened its partnerships with key national organizations working on parity. Active discussions are underway about a possible collaboration with The Kennedy Forum and others to build a stronger state-based parity campaign capacity.

The **SUD Project** successfully piloted a new strategy to build policy maker support for SBIRT (Screening Brief Intervention Referral to Treatment) by bringing two dozen state and school officials and advocates together with experts for a full-day intensive program, followed by a trip to Gloucester, MA which is implementing SBIRT as part of a community-wide comprehensive approach to addiction. Policymakers from GA, NJ, OH, WI and MA attended. In addition to the increased knowledge and cross-state learning about SBIRT, this pilot could be a model for other Community Catalyst programs and projects.

The **Children’s Team** held the New England summit this quarter beginning discussion about the upcoming 2016 CHIP campaign and jumpstarting conversation about social determinants of health with an emphasis on housing. Other areas of focus included strategies to address increasing incidence of substance exposed newborns (SEN) and leveraging blended funding to connect children to community based services. Technical assistance support in a number of states helped to connect child advocates with state consumer health organizations around Close the Gap, delivery system reform and health equity. Staff integrated child-focused content into Community Catalyst’s federal regulatory comments including those on Medicaid Managed Care and Essential Health Benefits (EHB). Of note, children’s team

advocacy led directly to improvements in the Massachusetts' EHB pediatric vision benefit. The benchmark now includes glasses for children. The children's team supported Maine advocates in winning a more robust autism benefit for all ages in their benchmark. The Children's Team worked with partners in Ohio to implement ICHIA (a state option to drop the 5 year bar on newly immigrated women and children so they can gain public coverage) and in Florida campaigned for the adoption of ICHIA and expanded immigrant child coverage through story-banking.

The **Dental Project** held a national convening in Portland, OR which is the site of a new tribal dental therapist demonstration project. Community Catalyst is supporting the Northwest Portland American Indian Health Board as they develop the demonstration as well as another in Washington state. There were extensive discussions with the WK Kellogg Foundation about the most strategic investments to move the dental therapy agenda. Momentum has clearly begun to shift toward support with more policymakers viewing the ADA position as untenable. Staff urged ongoing support for those the 2 -3 state campaigns that are closest to passage along with investing in advocacy in the demonstration sites. The Foundation only committed to support the existing five state campaigns through July with an assessment of where things stand at that time. Community Catalyst will continue to receive funding but will take on a national support and communications role around the dental therapist issue while continuing to support the state campaigns. This will require rethinking about how to structure the project in 2016. The uncertainty about resources for state campaigns poses challenges.

STRATEGIC GOAL #3
<i>Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.</i>
WEBINARS:
Treating Maternal Depression: The Need for a Two-Generation Approach
Children's Health Watch: Policy Prescriptions for Federal Nutrition Programs to Improve Child Health
Lessons from the Field: Effective Identification and Enrollment of Medically Frail Individuals
Next Steps in Hospital Financial Assistance, Billing and Collections
First Round of Non-profit Hospital Community Health Needs Assessments: Lessons Learned and What's to Come
Next Steps in Hospital Financial Assistance, Billing and Collections
LEARNING COMMUNITY CALLS:
Approaching Mental Health Care Through A Two-Generation Lens
Community Health Needs Assessments: Processes and Results in Rhode Island
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Open Enrollment Period Update
Screening, Brief Intervention, and Referral to Treatment (SBIRT) State Updates and 1115 Waivers
Leveraging Consumer Complaints as a Tool for Change
NEWSLETTERS:
New England Alliance for Children's Health Monthly Checkup
TOOLKITS:
Consumer Complaints Toolkit
BLOGS, PAPERS, REPORTS:
Recovery Is Possible: Why We UNITE To Face Addiction
Trusted Voices: The Role of Community Health Workers in Health System Transformation
Maternal Depression: Implications for Parents and Children and Opportunities for Policy Change
Demographic Health Disparities in Health System Transformation: Drivers and Solutions
State Innovation Models Round 1: Grant Summary and Analysis

Funding Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Public Schools
Leveraging "Medically Frail" Medicaid Rules to Help Consumers: Advocacy in States Considering Existing Policies
FACT SHEETS:
Talking Points On Health Care Sharing Ministries
Leveraging 'Medically Frail' Medicaid Rules to Help Consumers: Advocacy in States Considering New Policies
Leveraging 'Medically Frail' Medicaid Rules to Help Consumers: Advocacy in States with Existing Policies
COMMENT LETTERS:
Massachusetts 2017 Essential Health Benefits Benchmark Plan Comments
Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2016
Medicare Program; Comprehensive Care for Joint Replacement Payment Model for Acute Care Hospitals Furnishing Lower Extremity Joint Replacement Services; Proposed Rule
Office of Minority Health's Plan to Address Health Equity in Medicare
Proposed regulations updating requirements for long-term care facilities
Proposed Rule on Nondiscrimination in Health Programs and Activities
Request for Information Regarding Implementation of the Merit-Based Incentive Payment System, Promotion of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models
The Health Care Payment Learning & Action Network's Draft White Paper on Alternative Payment Model (APM) Framework
Proposed Changes to the CMS-HCC Risk Adjustment Model
SPEAKING ENGAGEMENTS:
Essential Health Benefits at Florida CHAIN Conference
Pennsylvania Homes Within Reach Conference
Creating Constituencies of Consequence: Uniting a Movement to Face Addiction, Hilton Foundation Screening, Brief Intervention, and Referral to Treatment (SBIRT) Conference
Advocacy for Screening, Brief Intervention, and Referral to Treatment (SBIRT), Association of Addiction Professionals (NAADAC)
Consumer Complaints and Provider Advocacy, New Hampshire Alcohol and Other Drug Service Providers Association
Consumer Complaints and Parity Enforcement, Mental Health Legal Advisors Committee
The Continuum of Care for Neonatal Abstinence Syndrome: Prevention, Intervention, and Treatment, NEACH Summit
Promoting Youth Substance Use Disorder Strategies in Medicaid, Representatives from several state Medicaid offices
Coerced Treatment, Drug Policy Alliance National Conference
Community Catalyst and Community Benefit: Jessica Curtis presentation to American Federation of Teachers
Lessons Learned: Community Health Needs Assessments and Catalyzing Health
Marrying Health and Housing: How Community Development Can Make Meaningful Connections with Health Care Systems in Pennsylvania
Transforming Health Care to Put Patients and Communities First



Memorandum

DATE: December 2015

TO: Board of Directors

FR: Amy Rosenthal

RE: External Affairs: Health Equity, The ACA is Here to Stay Update, and *In the Loop*

Health Equity

Expanding our health equity work continues to be a priority for Community Catalyst's Board, Senior Management Team, and staff. Within the past six months, the External Affairs team decided to work with our Health Equity team to further develop relationships with a diverse set of national organizations focused on health equity. This new focus dovetailed nicely with the Health Equity team's recent shift in leadership resulting in State Advocacy Manager, Alberto Gonzalez, being tasked with focusing on national partner outreach. The goal of this work is to build off of existing relationships and identify new opportunities for future collaboration. The strategic goals that this relates to are #1 and #3.

As part of this, Amy Rosenthal, Alberto Gonzalez, and Eva Marie Stahl, the children's health program director, dedicated a day in DC to meeting with groups such as the National Council of La Raza (NCLR), National Immigration Law Center (NILC), and the Asian Pacific Islander Health Action Forum (APIHA), as well as held a call with the National Medical Association to launch this effort and find intersections in our work.

The meetings have been a strong launching off point for building our relationship with each organization, including connecting various Community Catalyst projects to the staff we met with. They also led to new connections with other staff members at these partner organizations. These connections will further our work and will continue to allow us to integrate a Health Equity lens into all of our programs, while establishing Community Catalyst as an organization at the forefront of health equity issues.

There are four organizations we targeted for the first phase of this work:

National Medical Association

Last year, Joia Crear-Perry introduced Community Catalyst to the National Medical Association, the collective voice of African American physicians and the leading force for parity and justice in medicine as well as the elimination of disparities in health. We reconnected with the new Executive Director this past quarter, shared with him information about our Close the Gap work, and are planning to partner on issues such as CHIP reauthorization and advancing health

system transformation efforts (e.g., promoting Accountable Care Organizations). We also continued to offer our support for their yearly conference, as well.

National Immigration Law Center (NILC)

Community Catalyst has worked with NILC over the years in several ways. Our children's health care team has leveraged their messaging during the CHIP debate, particularly as it related to the Immigrant Children's Health Improvement Act (ICHIA), to help support our partners in Ohio and Florida. In Florida, we also have coordinated our Close the Gap efforts.

We have also partnered with NILC to do outreach and enrollment work during the second open enrollment period in order to address the significant under-enrollment of Latinos, Asian Pacific Islanders, and other families of color and with mixed statuses. They serve as experts as well on *In the Loop*, providing immigrant enrollment information for assisters across the country.

Meeting in early October with Matt Lopas, Health Policy Attorney for NILC, allowed us to reconnect, solidify and expand on this existing partnership. After the meeting, we were asked by the organization to become a Founding Partner of their new 10-year campaign to "change the hearts and minds" of how this country thinks about immigrants. This campaign is a high priority for NILC, and they are inviting about 10 organizations to be Founding Partners. While we are still reviewing the criteria to be a Founding Partner and determining if it is a good fit for us, we are very committed to working with NILC on this work. We are planning to offer our support in the following ways:

- ◆ Making meaningful introductions (more than just an introductory email) between our state partners and their lead groups in the 7 target states (MA, MD, NY, CA, CO, IL, MN)
- ◆ Providing insights on how to allocate resources between a national office and state partners to maximize effectiveness and build capacity on the state level
- ◆ Serving as a sounding board to think through and align their campaign strategy and tactics
- ◆ Connecting them with national thought leaders who worked on the gay marriage issue, another issue that required a massive shift in cultural norms and perception
- ◆ Providing health care policy support, if needed

Additionally, as a result of this meeting we connected partners at NILC with our HAP team to partner on shared hospital work.

National Council of La Raza

NCLR has partnered with Community Catalyst in the past, namely in Florida working on the Close the Gap campaign. Specifically, we awarded a Special Opportunity Communications Fund grant to NCLR in Florida for radio ads as part of this project. We have also asked staff from NCLR to present at various Community Catalyst events (like Southern Health Partners and our Consumer Voices for Coverage annual convening).

Meeting with Steven Lopez at NCLR provided a chance to build off our work together to date and consider where we could potentially partner going forward. There were two immediate, tangible outcomes from the meeting. First, NCLR has now joined our OnMessage table. Steven had expressed an interest in our new messaging work, and we were able to immediately connect him with Kathy Melley and have him join us at the in-person meeting in D.C. Second, we learned that NCLR has a c4 organization, NCLR Action Fund. We are following up with the head of the c4 arm learn more about how they operate and see if there are synergies with the Community Catalyst Action Fund.

Asian Pacific Islander American Health Forum

After meeting with Amina Abbas, Director of Government Relations and Communications at APIAHF, we have continued to work together on multiple issues. First, we connected Amina with our staff working on Network Adequacy and on our hospital accountability work. Our program staff were able to answer Amina's questions about Community Health Needs Assessment regulations specifically. Also, we connected her with our staff working on the 1557 proposed rule comments, and ended up including some of their language access comments into the letter we submitted.

Additionally, Amina reached out to flag a letter from Senator Hirono asking for stronger language access protections in the 1557 proposed rule. We were able to reach out to Senator Warren's office and advocate that she sign on, which she subsequently did. This partnership is already proving to be mutually beneficial for both of our organizations.

ACA is Here to Stay Update

In addition to our focus on health equity over the last quarter, we have also dedicated much of our time wrapping up and rolling out the results from our ACA is Here to Stay Campaign, a campaign that included six focus groups (2 each in NC, PA and WI), funded campaigns in each of the three target states to apply our messaging research to ground-level action including grassroots organizing and earned and social media, and a national poll done in partnership with SEIU. These campaigns contributed to Community Catalysts strategic goals #1, #2, and #4.

The key messages from this work are:

- ◆ **Likely voters believe the ACA is here to stay.** Two-thirds of likely voters agree with this (64%). They want Congress to work to improve the law (71% agree) and they would rather have elected officials focus on improving the law than keep trying to repeal it (58% vs. 40%).
- ◆ **They prefer a candidate who will keep the law and improve it.** They would choose a keep/improve candidate over one who wants to repeal the law and start all over (55% vs. 40%).
- ◆ **They value the outcomes of the law but generally do not agree that "the ACA is working."** Across party affiliation, likely voters say a number of outcomes of the law are important

(e.g., 93% say no more exclusions due to pre-existing conditions is important. While individuals support these individual provisions, they do not broadly agree that “the ACA is working,” primarily because their own personal costs continue to rise (only 46% agree).

- ◆ **They support a number of ideas to improve the law.** Across party lines, voters want to see the law improved. The improvements with greatest support reflect likely voters’ interest to make premiums and cost-sharing more affordable, not just in the ACA marketplaces but broadly.

State Campaigns

Since we reported on this campaign at the September board meeting, the state-level campaigns have wrapped up. Over the three months of the campaigns, the groups on the ground did an incredible job of lifting up the messaging that we now know resonates with consumers. While the experience of state advocates reinforced what we learned through the focus groups and polling, they also provided new insights as to how to apply these messages on the ground in effective, impactful ways. We found that:

- ◆ The message frame we developed appeals to consumers across ideologies.
- ◆ Personal stories of people who benefit from various provisions of the law remain an important way to communicate about both the benefits of the ACA generally and underscore why people should enroll (and implicitly why it should be preserved).
- ◆ “Fixing the law” doesn’t mean making specific tweaks to the ACA. Instead, people responded more favorably to proposals that are designed to lower personal health care costs for individuals and their families whether or not those proposals are specific to the ACA per se.

These campaigns provide helpful guidance for future efforts to elevate a more positive ACA message that could be replicated in other states.

Briefings in Washington, DC

We spent multiple days in DC doing briefings on the research and answering specific questions and requests. During this time, we briefed Senate Democratic Leadership (including staff from the Senate Democratic Policy and Communications Committee, Senate Finance Committee, Senate HELP Committee, and the Senate Democratic Leaders Office), House Democratic Leadership (including staff from Ways & Means, Energy & Commerce, the House Education and the Workforce Committee, the House Democratic Leaders office, the House Minority Whips office, and Congressman Steve Israel’s office). We also briefed the staff in Senator Chuck Grassley’s office.

We also briefed contacts at the White House and at the Department of Health and Human Services. At the White House, we briefed the usual attendees of the White House's weekly ACA meetings, in addition to several other White House Staff including representatives from the Vice President's office, the Press Secretary's office, the Domestic Policy Council, and the Office of Communications. At HHS, the staff we briefed included the Office of the Secretary, the Office of Health Reform, the Office of Communications, Centers on Medicaid and Medicare Services, Intergovernmental and External Affairs, and the Office of the Assistant Secretary for Public Affairs.

The interest in our research and its applications was substantial across the board. We received both positive feedback and requests for follow up materials and resources from multiple offices. Most notably, Leslie Dach Senior Advisor to the Secretary reached out to learn more about how we used our new messaging in The ACA is Here to Stay Campaigns. We provided a summary of how our state partners used the information (the report is in Attachment 1). We were then asked to come to DC on December 8th for a follow-up meeting with Leslie and his team, who is interested in partnering with us to replicate the campaign in three additional states (between March-June) and combine it with several large scale events that HHS and SEIU would plan. This campaign is still in the early stages of formation, but we are exploring this work with HHS.

In the Loop and President Obama

Each year at the start of Open Enrollment, President Obama and HHS Secretary conduct a "pep-up" launch call for enrollment assisters across the country. This year, the White House asked Community Catalyst to identify an enrollment assister from ***In the Loop*** to introduce the President. We worked with the White House to select Steve Goldman from the OK Primary Care Association and a long-time Looper.

Steve was an eloquent speaker who shared his insights and deep commitment to enrolling individuals from a wide range of backgrounds (in fact, he did the call while at a Tribal event in rural OK). As part of his remarks, Steve credited ***In the Loop*** as part of his success as an enrollment assister and gave out the web address on the call. We had close to 100 new Loopers join the site that afternoon! ***In the Loop*** is now over 4,100 Loopers strong as a result of a busy summer of outreach to new assisters and the boost from Steve's endorsement on this call.

It is worth noting that when Community Catalyst provides these high-profile opportunities to dedicated advocates and enrollment assisters, it is highly meaningful to them and their work. Steve sent us a thank you email which read, in part: "Thanks again for the memorable opportunity to introduce the President. Growing up in Gary, Indiana, my parents took me to presidential candidate speeches and we deeply discussed at the dinner table the social issues of the late 1960s and 1970s.....so today is a high point of my family's political involvement!"

In the Loop will continue to provide more of these personal opportunities. Shortly after December 15th, multiple Loopers will be receiving personal calls from Senior White House

officials thanking them for their hard-work and dedication during open enrollment. We made these connections this last year, and it proves to be a very important for the Loopers and their colleagues to be recognized in this way.



Memorandum

DATE: December 2015
TO: Board of Directors
FR: Diane M. Felicio, PH.D., Director of Development
RE: Quarterly Report on Development Activities

There was progress across all fundraising strategies during the final quarter of 2015. The number of proposals submitted to and successfully secured from foundations was up overall; we hosted a very well received annual breakfast for existing and prospective donors, with attendance the highest ever; we are continuing our exploration of the federal landscape with support from senior fellow, Jay Himmelstein and, as we will discuss at the board meeting, are getting clearer about the “sweet spot” for Community Catalyst; and we are well immersed in business planning for *In the Loop* and for the Center for Consumer Engagement in Health Innovation (the Center).

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted

	FY15	FY14	FY13	FY12	FY11
Proposals	40	26	40	36	28
Reports	48	66	48	49	41

New Opportunity with the Kresge Foundation – The Kresge Foundation has been a core supporter of our Community Benefit work through their Health Program. As a result of our existing relationship, we were given an opportunity to submit a proposal for a new project to their Human Services Program (which focuses on strengthening of and access to social services). After many discussions internally and with Christine Robinson (program officer at Kresge), we developed a proposal that sits at the intersection of our joint interests in Medicaid expansion, health system transformation, and social determinants of health. Several of our teams (Substance Use Disorders, Medicaid Expansion, Children’s Health, Hospital Accountability), worked together to develop an advocacy approach that will strengthen community-based efforts to address social determinants of health and push towards integrating human services and health care within one delivery system. We see a real opportunity here to raise local stories to the state level for the purpose of defending/supporting Medicaid Expansion. We will be working in two urban communities from two of these four states: Georgia, Kentucky, North Carolina, and Pennsylvania (TBD). The grant request includes \$150,000 annually for subgrants to state groups.

Program Highlights

♦ The Center for Consumer Engagement in Health Innovation

It is hard to believe that one year ago, nearly to the day of the December 2015 board meeting, we *submitted* our proposal for the Center to The Atlantic Philanthropies. Within that timespan we have, along with a number of programmatic successes (see Sue's report), secured 80% of our required \$4 million match. As a reminder, we can count toward our match funds that are directed to Health System Transformation (HST) efforts and/or any of the elements of the Center funded through the proposal. We are obligated to raise the full match by the close of 2016. We are being particularly strategic about how we develop our proposals organization-wide in order to be able to "count" toward the match any/all HST dollars.

<i>Funder Name</i>	<i>Award Date</i>	<i>Full Amount</i>	<i>AP Match</i>	<i>Program</i>
The Jacob and Valeria Langeloth Foundation*	4/16/2015	400,000	132,000	ACA Fund
Wyss Foundation*	4/28/2015	2,660,000	877,800	Close the Gap
Robert Wood Johnson Foundation		625,697	625,697	Value Advocacy Project
The Hartford Foundation	8/13/2015	1,525,757	1,525,757	Voices for Better Health
P. Villers	9/26/2015	50,000	50,000	On Message Project
The Lewin Group		51,700	51,700	Voices for Better Health
National PACE Association		19,000	19,000	Voices for Better Health
Totals		5,332,154	3,281,954	
Match requirement			4,000,000	
Balance to raise			718,046	

* Per an agreement between the foundation and The Atlantic Philanthropies, Community Catalyst is designating 1/3 of this award toward the \$4M AP match requirement. The portion of which is related to HST.

BUSINESS PLANNING: THE CENTER AND *IN THE LOOP*

Community Catalyst is required, as part of our Legacy grant from The Atlantic Philanthropies, to complete a Phase II business plan (to supplement the Phase I plan completed by Root Cause). Completion of a viable Phase II plan will trigger the release of an additional \$500,000 of our Atlantic award. As you may recall from your knowledge of the Atlantic grant and/or presentations that you attended, we had designed a revenue-generating partnership between the Center and CCA as part of our sustainability plan. Soon after our grant was awarded, we began to take steps to implement this plan. However, during the last several months CCA has had to turn its attention to serious issues concerning the One Care program, which provides integrated care to under-65 dually eligible beneficiaries with disabilities. Because of these emergent issues, CCA has not been in a position to be a major partner on the development of a business plan related to the Center and we do not believe they will be in such a position for some time. We explained this situation to our program officer, Sara Kay, and we were granted an extension on submitting our Phase II plan (originally due in December 2015, and now due March 31, 2016).

Given this turn of events, we have begun to explore other options for identifying additional revenue generating products and potential partners for the Center (along with staying tuned in with CCA and what may be possible with them down the line). Further, we are also taking this opportunity to think more broadly—across the organization—about revenue generating opportunities to support other programs at Community Catalyst.

To this end, using funds designated for this purpose from the Atlantic grant, we hired Alan Frohman of Frohman & Associates to serve as our lead business planning consultant (Alan has worked at length with CCA). We have also hired Allison Salke, a business planning strategist who knows the health care sector, to serve as a “fellow” to support Community Catalyst staff through the business planning process.

Following an initial set of meetings, we concluded that we will focus on three programmatic areas that we believe have the greatest potential to yield fruitful revenue generating alternatives: 1. We are going to stick with our original plan and investigate more deeply the interest in the market for Community Catalyst’s consumer engagement expertise (i.e., we would consult to providers and payers aiming to advance their community engagement efforts starting, in all likelihood, with seniors and dual eligibles); 2. We are going to investigate market interest in our Community Benefit consumer outreach/engagement approach, and 3. We are going to explore options for *In the Loop* that will generate revenue for its “traditional” (i.e., original) use as a resource for navigators, as well as potential new/non-traditional uses, perhaps in service to hospitals, hospital systems, plans, etc.

We have begun interviewing key stakeholders to help inform our decision-making (e.g., Mark Schlesinger is being interviewed by the ITL team), and we will be assessing the financial returns of the opportunities that appear to be most viable. Alan and Allison will be especially helpful with the latter. The answers to these questions will serve as the crux of our business plan to Atlantic:

1. What is the product or service that we are selling (based on customer needs and requirements)?
2. Who are our customers? (i.e., What are our markets and why are they attractive markets?)
3. What is the competitive advantage that we have - that CC does better than anyone else?
4. Why would a customer buy this product? (Why do they need it? - the “Why buy.”)
5. What does revenue forecasting tell us about the ROI over time?
6. What do we need that we do not already have in order to be effective?

FEDERAL FUNDS/CONTRACTS

At the last board meeting, a number of concerns were raised about federal contracts including that these contracts may require different skill sets than presently exist at Community Catalyst and that federal contracts often come with limitations on publications and advocacy efforts which might be at odds with our interests and culture. After further discussion with Kavita Patel and current federal contract holders, we think that Community Catalyst should focus on specific federal funding opportunities where we have capacity, interest and flexibility to leverage our experience to further our agenda.

One particular opportunity has risen to the top as both timely and relevant. The Center for Medicare and Medicaid innovation (CMMI) will soon be announcing funding to support the development of "accountable health communities (AHCs)," a new funding model designed to promote coordinated care and address social as well as medical needs. Track #3 of this funding opportunity will offer up to \$4.5 million over five years for up to 20 sites throughout the country.

Community Catalyst may be well positioned to build on experience and existing community relationships to provide technical assistance to one or more communities in developing applications and assisting with the establishment and development of functional community-based backbone organizations. Specifically, Community Catalyst's experience and relationships coming out of the Hospital Accountability Project might position us as a technical assistance provider for establishing community based "backbone" organizations that can implement and test the Accountable Health Community model.

High Level Work Plan: Given the expected release date by end of 2015, we have started to identify partners and a role for Community Catalyst in advance of the release of the funding announcement in December. On a parallel track, we have held conversations with one of the current CMMI evaluation contract holders to explore participation in federal AHC contracts for AHC model evaluation, learning and diffusion support, and implementation support. These opportunities are not scheduled to be released until the federal Q3 (April 2016): we will plan on tracking these opportunities, but currently think that the possibility of partnering with AHC community based applicants as a TA provider is more promising and relevant to Community Catalyst's interests and capacity.

INDIVIDUAL GIVING PROGRAM

You will be hearing at the board meeting from our consultant, Diane Pickles, from M+R Strategic Services about their recommendations for building our individual donor base. In the meantime, I have attached a memo that they prepared that provides an overview of fundraising and development tactics utilized by a few like-us (to one degree or another) organizations.

As I have reported previously, one of the approaches we have been building up since we hired Assistant Director of Development, Tory Stephens one year ago is the extent to which we have been reaching out to our existing donor base. We are communicating with those folks more regularly and trying to engage them more in our work. Those efforts paid off at this year's annual breakfast at which we had record breaking attendance (we started this breakfast four years ago and had about 25 people in the room). This year, the breakfast presentation focused on our polling activities with PerryUndem on perceptions of the ACA in several battleground states. It was a huge success.

We instituted a new stewardship tactic this year. Each table was “hosted” by a member of the Community Catalyst staff. After the breakfast, every attendee received a personal phone call or email from their host thanking them for attending. The response to this personal touch was outstanding. It is too soon to tell, but the goal is that these rave reviews are reflected in increased giving this year to the organization.

ANNUAL BREAKFAST PARTICIPATION RATES 2014/2015		
2015	Registrants	Attendees
	106	66
2014	Registrants	Attendees
	65	41





ACA Implementation Fund Update – Chart shows contributions and pledges to date.

The ACA Implementation Fund has been a very successful model of funder collaboration in supporting consumer advocacy to move health system reform forward. The Fund allows contributors to leverage their contributions for collective impact informed by Community Catalyst’s expertise and advocacy capacity, all of which make for an efficient administrative process. While we continue to see the commitment of a number of funders to the ACAIF - and in fact overall dollars to the fund have increased - we also acknowledge that the actual number of funders has decreased over the last two years. We are taking this trend into account as we consider the future of the Fund and our sub-granting activities generally. As a reminder, when we created the Fund we projected it would have a three-year lifespan. The fact that it is in its fifth year, with commitments until 2017, speaks to the important role it continues to play in the health advocacy landscape.

	Contributions to the ACA Implementation Fund by National Organizations							
	2011	2012	2013	2014	2015	2016	2017	Total
The Nathan Cummings Foundation	500,000	500,000	500,000	150,000				1,650,000
CVS Caremark			75,000	15,000				90,000
Ford Foundation	500,000	500,000	500,000					1,500,000
HJW Foundation	500,000	500,000	500,000					1,500,000
HJW Foundation (Medicaid Expansion)				2,150,000	2,000,000	2,000,000		6,150,000
Langeloth Foundation	500,000	400,000	400,000	400,000	400,000			2,100,000
The Atlantic Philanthropies (\$2M/4yrs til 2017)	500,000	500,000	500,000	500,000	500,000	500,000	500,000	3,500,000
The Atlantic Philanthropies (Legacy Grant) Non-Lobbying (\$4.1M til 2020)					785,000	1,157,000	845,000	2,787,000
Rockefeller Foundation	200,000							200,000
Wellspring Advisors		80,625	100,000	150,000	150,000	150,000	150,000	780,625
The California Endowment	300,000	300,000	300,000					900,000
Total	\$ 3,000,000	\$ 2,780,625	\$ 2,875,000	\$ 3,365,000	\$ 3,835,000	\$3,807,000	\$1,495,000	\$ 21,157,625



Memorandum

DATE: December 8, 2015
TO: Board of Directors
FR: Kathy Melley, Communications Director
RE: Quarterly Report – Q4 2015

Related Strategic Plan Goals:

#3: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs

#5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization

A major focus of the past quarter has been brand development and planning for the launch of the **Center for Consumer Engagement in Health Innovation**. Both activities lay the foundation for our efforts to build visibility for the Center and to introduce Dr. Ann Hwang as its new leader. The goal of the positioning exercise was to create a Center positioning statement, new name, logo and color scheme to create a brand identity that is distinct from Community Catalyst and from others in the consumer engagement/health system transformation (HST) space, while communicating subtly, but effectively, the strength and grounding that the Center's home within Community Catalyst provides it from the outset. The foundation of branding, a positioning statement describes what an organization does, why it does it, and why it's relevant to its key audiences. Most importantly, it captures the organization's "unique selling proposition" to distinguish it from others in the space.

Center Branding Process:

We hired Communications Consultant Colleen Chapman to lead the process and development of the positioning statement, and we convened a small "positioning group" of staff representing various HST-related projects and disciplines (Kathy Melley, Renee Markus Hodin, Diane Felicio, Phillip Gonzalez, Amy Rosenthal, Carol Regan, Jack Cardinal). We began the process by prioritizing the top three audiences the Center needs to reach in the first two years: consumer advocates, policymakers (state and federal), and industry (hospitals, providers and health plans). We then gathered the groups' thinking on which aspect of the Center's work is most important to highlight with each audience, connecting that work to what each audience is most centrally focused on. We brainstormed key words and phrases that distinguish the center's work and compared that to the positioning of other perceived "competitor" organizations/entities (Consumers Union, Camden, National Partnership for Women and Families, and Families USA) in the space, as well as in Community Catalyst's space (Center on Budget and Policy Priorities, Georgetown Center for Children & Families, Families USA). We also looked at other players in the HST space (hospitals, health plans, ACOs) to understand their

positioning. Based on the research and discussions, we developed a draft statement that we discussed one-on-one with each group member. After making additional changes to reflect their comments, we got input from external reviewers with expertise in health advocacy and policy and marketing/branding, Center Director Ann Hwang, and the full HST Executive Committee. We are making some final tweaks, but we anticipate the statement will be final in the next week.

To develop a new name for the Center, Senior Community Catalyst and Center staff members were engaged to respond to a diverse list of potential new names. That list was then culled down through both group discussions and individual feedback. A subsequent short list of names was then shared with external reviewers representing community advocates, senior congressional staff, health leaders who work closely with industry, and marketing/branding colleagues. Based on the group's input, Colleen Chapman and I recommended the name be the *Center for Consumer Engagement in Health Innovation*. (See attached memo for more detail on the Center name.)

What's next? We are now working with our graphic designer on a logo and artwork. Next, we will integrate positioning language and artwork into our Center one-pager and develop language for the website and press releases. We will roll out the new name in a press release announcing Ann's appointment (on December 9) and in the invitation to the January Center launch event in Washington, DC.

Center for Consumer Engagement in Health Innovation Launch: January 15, 2016

We are helping to plan a two-hour breakfast launch event in Washington, DC targeting health care opinion leaders, national organizations, policymakers and industry. The aim is to introduce Ann Hwang and the Center, establish our DC presence, highlight the Center's policy priorities, and bring together funders, policy leaders and health system leaders to validate our work. It will feature a keynote address by Dr. Don Berwick and a panel discussion featuring a variety of health thought leaders that Ann will moderate. More detailed information to follow.

Elevating Community Catalyst's Health System Transformation Work

We organized a working group of staff representing projects working on HST issues to develop a blog series (launched November 9) to educate key audiences about our HST policy priorities. We also retooled and expanded *The Dual Agenda*, formerly the newsletter of the *Voices for Better Health* project, in terms of audience reach and HST content.

#1: Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide

On Message Public Opinion Research – "ACA Is Here to Stay"

A key 2015 goal of the Communications team was to undertake public opinion research to support consumer advocacy on key health issues (organizational goal #1) and to further

establish the *On Message* project as a go-to source for valuable research and messaging (goal #5). We met this goal by conducting research on voter perspectives on the ACA. Following on our focus group work in August, we conducted a poll with Perry/Undem on voter attitudes on the ACA and released the findings to the press. We secured coverage in *POLITICO Pulse* and in *The Hill*, both target publications for this news. We also presented findings to the national organizations that attend the *On Message* meetings, and to White House and Hill staff. We collaborated with the *ACA Is Here to Stay* campaign to develop and disseminate the messaging to state groups and hosted a call with state advocates to review the findings. Advocates have been very successful in incorporating the messaging into media, social media and policymaker outreach efforts and have had considerable success placing news articles, op-eds and LTEs. Lastly, we participated in a panel discussion on this topic at the Community Catalyst annual breakfast. (See Amy Rosenthal's report for more details on outcomes from "ACA Is Here to Stay" campaign work and DC briefings.)

State Technical Assistance:

We provided a variety of types of support to state advocates to further our goals in this area including trainings on messaging and media interviewing at both the CVC annual conference and the Missouri Foundation for Health's advocate retreat. We presented focus group/polling findings at PHAN's annual conference and at the NEACH Summit.

Project Support:

We are assisting the SCHAP team with the development of a video on CC technical assistance, and we're providing support to the SUD team for a video on SBIRT. We're helping the Health Equity team develop a vision statement and guiding principles for incorporating a health equity lens into Community Catalyst's work.

#5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.

Media Training

One of the team's goals for the year was to introduce new communications training for staff. To deepen our bench of media spokespeople, we developed and conducted our first in-house media training. Participants included Ashley Blackburn, policy analyst; Eva Stahl, director of Children's Health; Rachelle Rubinow, policy analyst; and Angela Jenkins, project director, Value Advocacy Project. We received very positive feedback from participating staff and plan to expand the training to include more staff in 2016.

Press Outreach and Coverage (links to coverage follow)

In addition to announcing the ACA polling results, we issued press releases on our report co-produced with the Association for Community Affiliated Plans (ACAP) on the dual eligible

demonstration projects, Susan Sherry’s appointment to the Health Care Transformation Task Force, and Cindy Mann’s appointment as a Senior Advisor, which *Politico Pulse* covered. We issued statements on CMS’s final approval of Montana’s plan to close the coverage gap and on the Senate vote on the Reconciliation bill repealing pillars of the ACA.

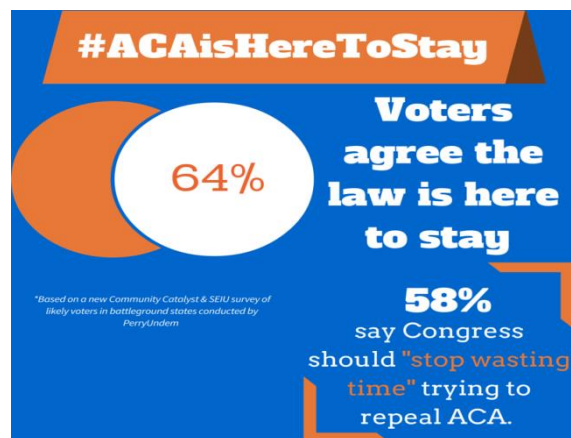
This quarter, we got good traction with reporters covering HST issues. In addition to the aforementioned media coverage, Renee Markus Hodin was quoted in a *Modern Healthcare* article on the dual demonstration projects, Carol Regan was quoted in a *New Republic* article about Hillary Clinton’s long-term care proposal to support family caregivers, and Susan Sherry talked to *Modern Healthcare* about the work of the Health Care Transformation Task Force to date and the consumer perspective (coverage is anticipated). On the outreach and enrollment front, Rachelle Rubinow Brill talked to *POLITICO* about ACA enrollment strategies for year three.

Social Media

Over the course of the quarter, our Twitter account, @HealthPolicyHub gained 191 followers for a total of 5,877 followers (up 200 from Q3). On Facebook, Community Catalyst’s page has nearly 50 more likes than we did at the beginning of the quarter. In total, 1,428 people like Community Catalyst’s page.

Popular content on Facebook included: our graphic announcing our #ACAisHereToStay polling results (reach 1,514 people, liked 11 times, shared 22 times); a blog post our SUD staff wrote recapping their experience at the “Unite to Face Addiction Rally in D.C.” (reach 1,154 people and 11 likes); our Jackson 5 ACA Open Enrollment graphic (reach 1,299 people, shared 3 times, 3 likes); a graphic we created after Alaska announced that it was closing the coverage gap (reach 1,071 people, 19 likes, 3 shares); a photo of our SUD staff with the Affordable Care Bear at the Philadelphia Recovery Walk (reach 674 people and 22 likes); and, our Thanksgiving ACA messaging recipe graphic (reach 595 people, shared 12 times and liked 12 times).

Popular share graphics:



Popular content on Twitter included: tweets linking to our #ACAisHereToStay polling results (97 clicks, 30 retweets, 20 likes); a tweet linking to Michael Miller’s Takeaway “Has PhRMA PHinally

Gone Too Phar?” (22 clicks, 1 retweet, 1 like); a tweet linking to a guest blog from Kentucky Voices for Health “New Coverage Is Making A Difference in Kentucky” (15 clicks, 9 retweets, 3 likes); an NFL graphic we created announcing the opening day of open enrollment (11 retweets and 11 likes).

Note: We do not have web statistics this quarter due to the departure of Christine Lindberg, our Digital Communications Coordinator. We hope to have the position filled by January and will have a full web report next quarter.

COMMUNITY CATALYST PRESS HITS September 2015 – December 2015

September 4, 2015: *Modern Healthcare*, Some States Lffy On Extending ‘Duals’ Demo
<http://www.modernhealthcare.com/article/20150904/NEWS/150909975>

October 8, 2015: *The Hill*, Poll: Likely Battleground Voters Say ObamaCare ‘Here To Stay’
<http://thehill.com/blogs/blog-briefing-room/news/256349-poll-likely-battleground-voters-say-obamacare-here-to-stay>

October 23, 2015: POLITICO Pro, The Ben’s Chili Bowl Recruiting Strategy for Obamacare
<https://www.politicopro.com/health-care/story/2015/10/open-enrollment-opener-tk-tk-069647>

December 1, 2015: *New Republic*, How Hillary Clinton Is Making Aging Parents A 2016 Issue
<https://newrepublic.com/article/124806/hillary-clinton-making-aging-parents-2016-issue>

COMMUNITY CATALYST PRESS RELEASES

October 8, 2015: New Poll: Likely Voters in Key Battleground States Say ACA is “Here to Stay”
<http://www.communitycatalyst.org/news/press-releases/new-poll-likely-voters-in-key-battleground-states-say-aca-is-here-to-stay>

October 14, 2015: Community Catalyst Joins Health Care Transformation Task Force
<http://www.communitycatalyst.org/news/press-releases/community-catalyst-joins-health-care-transformation-task-force>

November 2, 2015: Community Applauds Decision by Centers for Medicare and Medicaid Services (CMS) to Approve Montana’s Plan to Close the Coverage Gap
<http://www.communitycatalyst.org/news/press-releases/community-catalyst-applauds-decision-by-centers-for-medicare-and-medicaid-services-cms-to-approve-montanas-plan-to-close-the-coverage-gap>

November 3, 2015: Cindy Mann, Former Head of Medicaid, Joins Community Catalyst as a Senior Advisor

<http://www.communitycatalyst.org/news/press-releases/cindy-mann-former-head-of-medicaid-joins-community-catalyst-as-a-senior-advisor>

December 2, 2015: Community Catalyst and ACAP Release Report on Survey Findings of Plans Participating in the Dual Eligible Demonstrations

<http://www.communitycatalyst.org/news/press-releases/community-catalyst-and-acap-release-report-on-survey-findings-of-plans-participating-in-the-dual-eligible-demonstrations>

December 4, 2015: Senate Republicans Vote to Take Away Health Care from Millions of Americans

<http://www.communitycatalyst.org/news/press-releases/senate-republicans-vote-to-take-away-health-care-from-millions-of-americans>