

**Testimony of**  
**THE COMMUNITY HEALTH CENTER ASSOCIATION**  
**OF CONNECTICUT**  
**RE: Comments to Proposed HUSKY Primary Care Case Management Plan**  
**Before**  
**The Human Services and Appropriations Committee**  
**Presented by**  
**Evelyn A. Barnum, J.D., Chief Executive Officer**  
**September 24, 2008**

Dear Senators Harp and Harris, Representatives Merrill and Villano and Committee Members:

The Community Health Center Association represents twelve of the thirteen Federally Qualified Health Centers in Connecticut and we are pleased to report that they applaud the Department of Social Services for the proposed plan to implement Primary Care Case Management (PCCM).

There are several reasons why PCCM is a step forward for Connecticut's HUSKY A health care system. Prior to the termination of the HMOs' risk contracts in 2007, the performance of Connecticut's Medicaid Managed Care Plan has been less than stellar. Access to health care has been problematic, with few providers accepting Medicaid patients. Access to specialty care, especially for those patients living in rural areas of Connecticut is extremely limited or non-existent for the same reason.

The FQHCs have long functioned as medical homes for Connecticut's most vulnerable populations. They embrace PCCM because it supports the concept of a medical home. The patient's primary care provider of choice will be responsible for care management, including coordination and referral to specialty care or other services. The provision of a medical home encourages the patient to seek preventive care rather than wait for health problems to emerge. One of the goals of a medical home is to reduce emergency department admissions for non-emergent medical problems.

PCCM will infuse more choice into our public health care system, both for provider and patient. PCCM will eliminate the middleman in public health care and create a stronger network of providers that are more responsive to the needs of the patients. Tracking patient referrals, compliance and outcomes in a more systematic method will provide feedback critical to evaluating the quality of health services being offered and make the system more accountable.

There are changes/clarifications to the PCCM plan that are important to the FQHCs to ensure that all aspects of this plan align with the goals to improve overall medical outcomes and to improve access to primary and preventive care. The following suggestions will facilitate the enrollment of FQHC primary care providers into PCCM.

- **Emphasis on improved access to specialty care:** Access to the full Medicaid provider complement should facilitate referral of FQHC patients especially for specialty care. Any further infusion of new providers enrolled in PCCM will help develop and strengthen access to specialty care. Lack of specialty care, especially in the rural northeast and northwest corners of the state, is one of HUSKY's weaknesses, creating poor patient follow through for diagnostic tests, medications and specialty services. Ultimately, lack of specialty care impedes a patient's progress to health and their ability to stay healthy.
- **Eliminate or revise language that pertains to the referral of patients to oral health or behavioral health:** The FQHCs do not refer patients for dental or mental health services because by federal law they are required to have arrangements in place for their patients to access those services through the FQHC. This is largely done internally because many FQHCs have onsite oral health and behavioral services.
- **Broaden the language regarding the need of an enrolled provider to have an electronic health record (EHR) available:** Most FQHCs have an electronic system for practice management/accounting or patient registries for disease management. The FQHCs can accommodate reporting needs but need flexibility in reporting mechanisms.

Our state health care system and the infrastructure provided by the FQHCs is not "one size fits all." It is imperative to allow for flexibility in the PCCM plan so that a wide range and diversity of providers can participate.