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September 24, 2008

Senator Toni Harp  
Representative Denise Merrill  
Co-Chairs  
Appropriations Committee  
Legislative Office Building  
Hartford, CT 06106

Senator Jonathan Harris  
Representative Peter Villano  
Co-Chairs  
Human Services Committee  
Legislative Office Building  
Hartford, CT 06106

Re: Plan to Implement a Primary Care Case Management Pilot Program

Dear Senators Harp and Harris and Representatives Merrill and Villano:

We submit the following comments on the Proposed HUSKY Primary Care Case Management Plan (Plan) on behalf of Connecticut Voices for Children, and provide this input from our vantage point as researchers and policy advocates on behalf of HUSKY families. As you know Dr. Lee has provided independent performance monitoring of the HUSKY program since the inception of Medicaid managed care thirteen years ago. Among other responsibilities, Attorney Langer coordinates the Covering Connecticut's Kids and Families project which brings together health care professionals, community-based outreach workers, DSS officials and others who work to improve coverage and access to care in our HUSKY program.

We are aware that this Plan was a collaborative effort of DSS officials and health advocates and applaud the parties for its development.

**Recommendation: Supporting PCCM with an Administrative Services Organization**

We agree with the overall goals of the Plan. In April, we wrote about the opportunities that Governor Rell's decision to end contract negotiations with the four managed care plans had unexpectedly brought the state.<sup>1</sup> We, therefore, reiterate our view that HUSKY health care for all members should be managed by primary care providers, especially providers who demonstrate a willingness and capacity to perform high quality primary care, help reduce families' reliance on emergency departments for non-urgent conditions, and coordinate care with specialists and other needed services. Fortunately, these goals are all present in the Plan, albeit for a relatively small number of individuals who will opt for this type of managed care. However, we have concerns that without an administrative services organization (ASO) many of the laudable objectives of the Plan will be difficult to achieve. An ASO, if properly designed and funded, can provide a single point of

<sup>1</sup> Connecticut Voices for Children. *Opportunities for Improving Care for Families in the HUSKY Program*. New Haven, CT: CT Voices, April 2008.

access for assisting families with information, referrals to primary care providers, and support services. In addition, an ASO would be able to collect the data that the Plan calls for in order to monitor utilization, to process requests for prior authorization, and to collect the data needed for monitoring the program and conducting a comprehensive evaluation of the effectiveness of this alternative to risk-based managed care by health plans.

If an ASO will not be developed as part of the Plan, then we have questions about how DSS will change its operations to support PCCM? Will there be a separate unit or division within DSS to oversee and manage the day-to-day operations? How much funding will be allocated for this purpose?

**Recommendation: Build in a Strong Evaluation Component**

PCCM should have a strong evaluation component that is not currently evident in the proposal. This evaluation should be designed BEFORE implementation of the program, and before contracting with providers who must collect and submit the necessary data. We have the following suggestions for some objective program performance measures that can be compared to managed care performance (historical or contemporaneous):

With administrative (claims) data, track the following indicators of access to care and utilization:

- Increase the number and percentage of children with timely well-child care;
- Increase the number and percentage of children with developmental screens;
- Increase the number and percentage of children who receive topical fluoride treatment;
- Increase the number and percentage of mothers who are screened for depression;
- Increase the number and percentage of adults who receive age-appropriate well-care;
- Increase the number and percentage of adults who receive age-appropriate cancer screening;
- Decrease the number and percentage of children and adults with emergency care overall and emergency visits for ambulatory care-sensitive conditions.

With survey data, track the following indicators of access and satisfaction:

- Increase the number and percentage of children and adults who report having a usual source of primary care;
- Decrease the number and percentage of children and adults who report having unmet needs for medical care, behavioral health care, dental care;
- Increase the number and percentage of children and adults who report being satisfied; with primary care providers, referrals for specialty care, and referrals for needed community services.

With data collected from providers by DSS or an administrative services organization:

- Increase the number and percentage of primary care providers with regularly scheduled evening and weekend hours;

- Increase the number and percentage of children and adults with written care plans;
- Increase the number and percentage of children and adults with formal risk assessment;
- Increase the number and percentage of children and adults with selected conditions (e.g., asthma, diabetes, hypertension, tobacco dependence) who have received disease case management and lifestyle counseling;
- Increase the number and percentage of primary care provider practices or clinics with a case manager on-site for every 350 patients.

DSS and its contractors should use these indicators and data on expenditures to compare PCCM to managed care in terms of access to care, utilization, satisfaction, and cost.

**Recommendation: Coordinate implementation with HUSKY Program changes**

We are *very concerned* about the effect of the HUSKY Program transitions on families. The many changes in health plans and provider networks over the past year and in the next several months have created confusion and disruption for many families. The effect may spill over into misinformation or confusion about continuing eligibility for the program.

We believe that families would be best served if the PCCM option is offered when they are asked to choose new managed care options. Since neither the managed care nor the PCCM options are fully operational, delay of implementation and thoughtful planning for how to synchronize the roll-outs is warranted.

**Recommendation: Explain whether entire families are required to sign up for PCCM**

It is our understanding that the whole family will be required to participate if a member wishes to enroll in PCCM and it is offered in the geographical region where the family is located. There is nothing in the Plan itself that explains this requirement that whole families and not just an individual HUSKY A family member may enroll in PCCM. Such a requirement should be set forth in the Plan document. We assume that this requirement only makes sense if each family member's PCP (e.g., a child's pediatrician and the parent's internist) participates in the Plan.

**Comments about Specific Sections of the Plan**

1. Case Management (p. 2)

**Comment:** Will case managers have to meet minimal qualifications? If so, what are they? Must they all be "clinicians"? If so, please define the term "clinician". Must the case managers be on-site in all cases? If not, will there be criteria for when case managers may be off-site, i.e., subcontractors of the PCP?

2. Services that need either Prior Authorization or Referral (pp. 3-4)

**Comment:** In the event that a required referral is not made, what happens? And who is responsible for the cost of care (assuming care is provided without the required PA or referral).

Can a patient self-refer to the Behavioral Health Program or the Dental Benefits Manager (Benecare) or must a referral come from the PCP?

3. Outreach (p. 5)

The proposal states that “[a]dditionally, PCCM specific informational materials will be made available to providers and patients.”

**Comment:** Are these materials subject to departmental review? We encourage DSS to review all HUSKY related materials published by it or its contractors to ensure that the information is accurate and easy to understand and distributed in multiple languages. We also would encourage DSS to assist in distributing these materials to the widest possible audience by posting them to DSS’s HUSKY website for download.

Thank you for this opportunity to comment on the *Connecticut Department of Social Services’ Plan to Implement a Primary Care Case Management Pilot Program*. If you have any questions about our comments or need additional information, please feel free to contact either of us.

Very truly yours,



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