

Meeting Summary: July 28, 2004

Co-Chairs: Irene Liu & Christine Bianchi

(Next meeting: September 22, 2004 @ 10:30 AM, LOB RM 3800)

HUSKY & Medicaid On-Line Applications

Senator Harp, Chair of the Medicaid Council, has convened a meeting with the Commissioner of DSS and her staff, the CT Association of Community Action Programs, the Co-Chairs of the CA subcommittee and interested foundations on August 5 to begin a discussion about on-line HUSKY & Medicaid applications. A work group of the subcommittee will organize key points regarding the benefits of this initiative, presenting a rationale for CT's development of on-line applications. Key issues reviewed from the July 16 work group meeting included:

- Plan to interface an e-health system with the current DSS EMS system as well as the CT Dept of Information Technology (DOIT) systems.
- System design should contain flexibility for future expansion of e-health to other services.
- Apply the initial design to smaller pilots in diverse geographic areas (i.e. large urban, smaller urban/suburban, rural areas).
- Consider an application eligibility determination system that promotes application processing efficiency while reducing the workload of regional offices, allowing the offices to concentrate on more complex applications.
- Look to other states' assistance in learning from their development process as well as TA assistance for those state e-health systems funded by federal dollars.
- Identify funding opportunities from the state and federal matching funds as well as private funding.

Addendum: Sen. Harp, Co-Chairs of the subcommittee, the Commissioner Wilson-Coker of DSS, Deputy Commissioners Starkowski and Beaulieu, K. Loveland, Director of the Family Service Unit, MMIS manager, and the director of Ct Assoc of CAP agencies met August 5 to review other states online initiatives, including scope and cost; discuss the feasibility of CT projects. The DSS Commissioner will discuss this further internally with her staff and agreed to meet again in mid-September.

HUSKY Transportation Information

Transportation for services covered under HUSKY A & EPSDT is the responsibility of the main MCOs. Each MCO subcontracts transportation services to a vendor (Anthem & Health Net subcontract with Logisticare and CHNCT & POne with Coordinated Transportation Solutions,

Inc (CTS) (see attached transportation matrix). Health Provider experiences with their patient's transportation difficulties suggest there are differences among MCOs' contracts with their transportation vendor and application of contract provisions. The DSS, through Ellen Tracy, will ask MCOs/vendors to provide the following information for September 22:

- Procedures for transportation services and types of transportation approved per MCO (i.e. bus pass, livery, differences for sub-populations in the program). For example, CHNCT stated the plan has 'Care Express' for pregnant women and infants in which the 48-hour notice rule is waived. From January – June, CHNCT CTS received 24,741 transportation calls: CTS logged 61 complaints and CHNCT 18.
- MCOs will identify how information about the availability of transportation/type is communicated to their HUSKY A members.

Lisa Sementilli noted that in 2001 the Children's Health Council & Children's Health Infoline produced a report on transportation issues in HUSKY A and detailed recommendations. (See attached summary of the report). It has historically been difficult to assess the overall extent of these issues on HUSKY A clients' access to health services. The Subcommittee agreed that the MCO transportation policy/procedures would be reviewed at the September 22 Subcommittee meeting. Based on the review, recommendations to DSS for more consistent transportation processes among the HUSKY A MCOs may be made at that time.

Human Services Infrastructure

Information from the DSS website on the vision of this initiative was distributed. The subcommittee agreed that they would like an opportunity to talk further about the Commissioner of Social Services vision and application of the plan after the Commissioner presents information to the Medicaid Council in October.

Health Literacy and Access to Health Care

The report by the Institute of Medicine outlined various aspects of 'health literacy' and the impact of literacy deficits on health status and health care spending (see www.iom.edu and www.surgeongeneral.gov/sites for more information). There was discussion at the May SC meeting, about the feasibility of the subcommittee working with others with expertise to identifying common approaches for practitioners and non-medical providers to address key health care access information to their clients (i.e. focus on access to and continuity of health coverage, use of the health care system such as PCP/medical home concept, importance of preventive health care). A small work group headed by Christine Bianchi agreed to meet (Vanessa Burns, Legislative Comm. on African Affairs, Ellen Tracy & Glendine Henry (DSS), Tanya Barrett (CT HUSKY Infoline), Susan Rosen (Community Access Project), Kevin Colvin (CHNCT). Christine Bianchi and Karen Foley Shane (Nurturing Families – CT Trust Fund) had developed guidelines for Healthy Start and Nurturing Families in Waterbury that addressed health care access.

Other

The CHC Inc stated they are requesting help from the MCOs in identify their pregnant women's health plan, as some MCOs require prior authorization for delivery. In a discussion after the meeting it seemed that 1) MCOs have different requirements for information about pregnant women (i.e. 2 page intake forms, 2 MCOs- Anthem & Health Net - require PA) and 2) the clinic receives a patient panel list from each MCO; however these lists are long and pregnant women

are not readily identified. Unclear if the AEVS system identified the health plan of the eligible member. Deferred for further discussion.

The Subcommittee will meet **Wednesday September 22 at 10:30 AM in the LOB RM 3800.**