

Connecticut  
Medicaid Managed Care Council  
*Consumer Access Subcommittee*  
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**Consumer Access & Quality Assurance Sub Committee Joint meeting**

Meeting Summary: November 16, 2006

Submitted by Sharon Gauthier

**Next Consumer Access SCmeeting: Wednesday January 17, 2007 10 AM  
in IOB RM 2600**

**HUSKY ED Utilization**

General Discussion:

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- Medicaid Husky reimbursements for walk in services/urgent care
- Practice-based telephone evidence-based advice lines available after hours: would patients utilize these – triage advice line system
- MCO's have advice lines- are these under- utilized and do MCO members know about them?

Edith Prague:

Supports walk in clinics, states it's a "good idea" – Blue Care family plan would support walk ins as primary caregivers- feels needs would be met referred to MED EAST clinic which she has used in past with good results

Dr Geertsma:

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Voiced concerns with walk in centers not set up to instruct/ educate/ doesn't want to encourage primary care to be transferred to walk in centers. Not the intent of walk in centers/ Concerns with abilities of physicians to identify serious issues with patients and training to address urgent issues. There was discussion regarding utilization of telephone triage (see above) as a better option and an alternative to be explored.

Edith Prague:

Husky plan doesn't cover walk in clinics, support having Husky plans look at covering walk in clinics. ANTHEM FAMILY PLAN looked at walk in centers coverage – in process of soliciting clinics

Carla Taymans (Co-Chair):

Data needed in utilization of Emergency Departments. Discussions on options

Paula Armbruster:

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What are the alternatives – expectations of parents if they can't see MD in a few days – is it reasonable for parents to expect an immediate response to their need for an appointment?

Husky Program:

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- Urgent care walk in centers have never been covered in Medicaid
- Increased co pay for choices – hosp vs. PCP –
- How can DSS ensure communication of information (i.e. availability of MCO call lines, ED visit communicated to PCP)
- Electronic record important in that process, technology important – not available now

Other issues:

- Medicaid providers rates need to be increased
- PCP's should be available 24/7
- Systems issue
  - Providers not able to reach all patients on panel – some follow up between MCO's and PCP and pt
  - ED crowding is a national issue
  - Walk in clinics are not replacing PCP – important to note
- MCO's – why are they going to the ED?
  - o Need to identify time of day
  - o Is it after hours?
  - o Repeat visits of patients
- Data collection lacking around the whole system from PCP's to MCO's to Hospitals

Health Net: Case Management if member has multiple visits to ED

- Electronic health network – CHC setting up system presently
- CHA preparing ED utilization – committee (Rep. Peggy Sayers ED Task Force) to look at patterns

Next Meeting: Wednesday January 17, 2007 at 10 AM