

# Council on Medical Assistance Program Oversight

## Consumer Access Committee



Legislative Office Building Room 3000, Hartford CT 06106  
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-5306  
[www.cga.ct.gov /ph/medicaid](http://www.cga.ct.gov/ph/medicaid)

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*The Consumer Access committee will work to improve consumer access to health care. The Subcommittee will elicit consumer input and gather information, identify barriers to care, consider remedies and make recommendations to the Medicaid Managed Care Council.*

***Co-Chairs: Christine Bianchi & Heather Greene***

### ***Summary for June 20, 2012***

**Attendance:** *Christine Bianchi(Chair), Alyse Chin(DMHAS), Gail Digioia CHNCT, Cheryl Sgambelluri (CHNCT), Malone Smith CHCACT, Marty Milkovic(DPH), Sheldon Toubman (New Haven Legal Assistance), Yulia Chillington(DSS), Darylle Willenbrock, Kate McEvoy(DSS), Livia Fiordelisi(WCAAA), Randi Mezzy(CT Legal Services), Mike Towers(Xerox), Olivia Puckett (CGA)*

Christine Bianchi opened the Consumer Access committee meeting at 9:30 AM in LOB Room 3803. There were introduction of committee members. Discussion began with agenda setting at the May meeting with Yulia Chillington as the DSS liaison with all parties contributed.

### ***Transportation***

There have been reported issues with the transportation ASO. Consumer Access will begin the conversations about the reported consumer access issues with transportation, Pharmacy, Behavioral Health Partnership. The BHP started addressing the transportation issue 1 year ago. Kate McEvoy from DSS leads the discussion. There was discussion on transportation issues including complaints

- Reliability of transportation

- Patients can get to their appointment and /or on time
- In forth, can impact the relationship with the provider
- Issue has not been formally addressed by Consumer Access.

Kate McEvoy shares the concerns from Sharon Langer, BHP.

- Siblings be able to ride
- Young Child/ Caregiver Car Ride
- Patients can receive care within 15 miles.
- Information for Enrollee
- Lack of Clarity
- No-Show transportation/ Late to appointment

Kate McEvoy discussing OCREA and a draft revised copy. It will be released for public comment over the summer. The copy includes the current practices, regulation and comment process on April 1, 2012 with single statement broker, fact sheet, provider bulletin, and contract. There was discussion of the reservation hours of the transportation. Reservations must pre-arrange 2 days in advance for non-emergency transportation. There is 24- hour access for urgent reservations. There is 5 day advance notice for public transportation. Regulation has to support the Medicaid Service. Parent/ Guardian Age 16 can ride. Age 12-15 there needs to be parental consent. Escort may accompany. Children may not ride because it is not under “covered coverage” or in definition. There is awareness of difficulties for families in that regard.

Concern is raised for finding the nearest appropriate Health Care Provider

- Retains free choice of practitioner or specialist.
- Endeavour continuous provider
- Follow-up after surgery.

Request Change.

Goal is to reconcile public regulations and hear other concerns.

Christine comments about attempting to redesign the guidelines.

- Get consumer feedback
- Survey
- Partner with community based organizations to survey consumers.
  - Community Health Care Week in August
    - Sample for members.
    - Have outreach workers be there
    - 5 Question Survey
    - Forms in the Waiting Room
  - Back to School Rally

### ***Complaint process***

- Gail from CHN-CT discusses member satisfaction with the ASO. They are drawing down results every month.
- Sheldon Toubman comments about the importance of an inexpensive form of transportation for consumer comments.
- Question rose whether can advocates/consumers come to meeting with feedback?
- Idea rose to have a patient portal in waiting room with survey.
- Malone Smith suggests the Health Care Week in August where to explain the transportation concerns.
- Concern is raised about the 15 mile radius.
- Goal is to come up with recommendations as a committee and put together a timeline

over the summer. Committee members are recommended to prepare comments.

- Sheldon brings up points of concern:
  - 15 Miles Over- Is there a PA Request?
  - What is the policy for sub-specialty and expertise?
  - Policy of Siblings/Child
  - What is the rationale for –No
- Definition - *Person receiving medical service.*
- Consistency in Dept when transitions from the MCO to ASO.
- Concerns about the inability to bring a child and the impact of medical service.
- Discussion about the practicality of the cost.
- What does that person need to receive medical service?
- Christine recommends to the group that the group comes together for input and vote- then revisit in July.
- Concerns about members are able to schedule Emergency rides, even less with 24 hours notice. There is a need to reduce no-shows and review the over-arching goals of the policy.
- Questions rose if the ASO is ready for thousands of calls from consumers?
- From a PCMH practice standpoint, how do they manage it from logistically?
- How can we spread information to consumers?
- Comments made about how there needs to be communication with the provider and the vendor with the correct requirements.
- There was a discussion about the process provider requests transportation- electronically?
- Is the service Door- to- door because some members have a barrier when there is a curb?

- There is a need to make the service easier and better. There needs a better way to serve the consumer.
- LogistiCare is Non-risk and DSS can tell LogistiCare changes.
- There is a shuttle bus for seniors on an hourly basis.
- A recommendation would be to pilot a solution.
- How to get provider feed back is important to consider?
- What is the process for 15 mile?
- Additional costs/additional needs?
- Consults for Urgent Care?
- How it is done, mechanics?
  - Way to address that.
- Communicate guidelines
- Kate will get back to the CA group with Dr. Zavoski.
- Things we need address are complaint/evaluation process.

### **Pharmacy Recommendation from Committee and Vote**

- HP- only documents the frequency of the Prior Authorization.
  - Temporary supply
  - Frequency of incidence
- What happens when a member was turned away?
- Christine and Sheldon worked together on the recommendations and will put them to a vote.
  - Christine will contact Senator Harp for procedural guidelines whether or not to vote.

- There was discussion on HP on DSS Behalf

#### Discussion

- Sheldon recommends they #2 on the PowerPoint “ Refresh Outreach to prescribers on PA requirements and 14-Day Supply- hold a combined educational session for prescribers and pharmacists”- Need for E-Prescribing and include Hyperlinks. A combination of e-prescribing.
- Last Recommendation- HP goes to provider.
- Alyse Chin discusses how the BHP has the PA form on the website.
- Sheldon’s Recommendation:
  - Problem: PA only Drug with a 1 time authorization for 14-day supply. It is a difficult message to consumer.
  - Problem: Pharmacies can’t get through to providers.
    - After they get the 14 Day script- Taken from what CHN used to d.
    - Have a DSS Immediate contact within 24 hours.
    - Contact the Prescriber and use as educational opportunity.
  - 1. PA Process to Provider- Education)
  - 2. Suggest other drugs that don’t require a PA
  - Contact Patient (in a reasonable time frame), speak to doctor, and notice to provider and patient.
- Some patients don’t know the process.
- Development of Email Distribution List
- Yulia Comments about the provider verification when- trying to collect emails.
- Christine comments about the volume of calls involved in this process. She

- understands the resource impact.
- Kate McEvoy discusses the resource notice when the implementer law was established. The requirement was the DSS notice to participants indicating 14-day supply.
  - Evelyn Dudley (Pharmacy) DSS discusses costing it out from HP.
  - DSS also responds by stating they don't have enough resources to produce the notices or evidence enough to do it.
    - DSS doesn't have money appropriated for the process.
  - Randi Mezzy discusses how the consumer does have the right to be notified.
  - There is discussion about how the implementer bill will be effective, whether if there is a cost associated, what strategies can be effective, and is there way to divert the process.
  - Other questions asked were: How effective will the pamphlet be?
  - Has the prescriber received electronic notice for pharmacists?
  - There was a question related to the volume of Behavioral Health Prescriptions requiring PA. What percentage of BHP is filled? Has there been a cost analysis done? Is there a way to quantify the issue?
  - Committee members decided to table the issue for a full meeting and see will see if Senator Harp wants this addressed?

### **ASO Look Back on Complaints**

- Gail Digioia gives an overview on the CHN-CT ASO look back on complaints. The Look-Back is for January, February, and March. The template is reflected in calls with their tracking system. A complaint is an expression of dissatisfaction and it is tracked as a

complaint.

- There is discussion on the grievance process. Is the member asking for help or reporting a grievance? The ASO always wants to fully satisfy the member by helping them or settle the grievance. The grievance is logged in as a complaint and CHN try's to solve the problem. The different elements include enhancements, work in process, and accept. The Medical ASO review, tracks, and trends the complaints.
- For example: There is a complaint for pain management: there is evidence in collaborating with a Community Health Center and Behavioral Health to resolve the issue.
- There was a question about an example of inappropriate care: i.e- Provider insensitive, no call-backs, member wanted a test and didn't get it.
- The Other Section with Fraud is explained as: A member's card is stolen.
- Gail notes the Charter Oak Members are vocal. In Charter Oak 125,000 members call within 4 months.
- All Complaints are taken seriously, trended, and assessed for quality.

### **Discussion**

- Thanks and commends the call-center for their efforts.
- Question about if the Dental Health Partnership, Pharmacy, and Transportation has done the same reporting with their complaints. There was a request for the ASO's to report on a quarterly basis.
- There is discussion about the revised ASO Look Back Template. There will be added sections like transferred and appealed. There will be added enhancements to the practice system.

- Gail will come back in October to review the July, August and September Look back.

### **Follow on Consumer Rights and Responsibilities**

- The draft came to the committees. The draft went to council. There were concerns raised at the council meeting regarding: Right to Continuous Eligibility and Right to communicate with DSS member.
- The issue of continuous eligibility with 1 Year Olds and 18 Year Olds.
- There is a question where the Department stands on publishing and marketing the Consumer Rights and Responsibilities.
  - There is a discussion happening internally.
- Questions asked: 1. is it appropriate to put in the document right to contact DSS worker?
  - Inhibiting access issue.
- Discussion about continuous eligibility. Question raised whether the department is willing to addresses consumers when they are dropped off.
- Comments made about the call-in system being flawed. Comments made about the right to a response.
- Modernization seems to be the solution to the issue. Modernization has the vested interests of consumers and the DSS workers.
- Sheldon comments about people routinely getting cut off Medicaid because of eligibility.
- DSS says the 3 Call Centers will help the accessibility.
- Sheldon comments about the ability to reach a live-person. He comments about the call-center in Florida where there is a high drop rate.
- Comments made about the right to communicate with the department and reaching a live person.

- DSS says they cannot make actionable movements right now (at the moment) because of they are in-process of a huge overhaul.
- Christine discusses the importance of defining what is required of a right? How do you measure it, and where do you go from there? Right to expect it to happen and have a right to complain or take action. She says there needs to be some language.
- Sheldon comments about reasonable access.
- Christine comments about the expectation should not include explicit accountable measures.
- Comments made about Mary Alice and the first issue.
- Other recommendations around: Handbook, Contracts with Mercer, Get Documents, Hand Copy upon Request and Helpful to providers.
- Department responds by stating there is a need to understand the intent and make sure not meaningful able for action.
- Christine states someone needs to be responsible.
- Thanks the department for being involved in the process.
- Yulia will send over a draft.

Next Meeting Date July 18, 2012 at 9:30 AM in Lob Room 3803