



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)

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 Council on Medical Assistance Program Oversight.

Co-Chairs: Christine Bianchi & Heather Greene

Summary for August 15, 2012

Meeting begins at 9:34 AM

Christine Bianchi begins the meeting at 9:34 AM on August 15, 2012 in LOB Room 3803. Christine thanks everyone for being at the Consumer Access meeting. There were introductions of the committee members.

Update on Application Delays

Kate McEvoy from Department of Social Services began the discussion on the update on Application Delays. The Department has made a commitment to MAPOC to present their detailed reporting for application process delays. There has been an improvement in the data. Kate begins to speak about the key strategies DSS has implemented and tracking.

1. Supplemental Staffing. The Office of Policy and Management has hired 100 new people to work for the department. There has been full application of that staffing. In 2 weeks there will be an additional 100 positions available for eligibility. The goal is amplify eligibility processing staff and place those staff in the greatest need office.
2. Examine Processes
 - a. Long Term Care Applications. There has been multi-department renewal processes using operation teams. The department is trying to initiate streamline processes for asset transfers. 2 Years prior to application for tax returns. Sustainable improvement and applied training to staff.
 - b. Home Care Waiver. Staff in the central and regional offices has been

working on the home waiver applications to address backlog. Kathy Bruni and Mark Shock have been working together on these issues related to spend down.

3. Retention of New Borns and 18 year olds. CT Voices of Children has done a great job documenting individuals so they didn't fall off eligibility. DSS has reinstated procedures.
4. Redetermination Document to address the problems of lost paperwork and people losing coverage is being addresses. The DSS Commissioner has issued memo guidance to the regional offices to have all redetermination paperwork be date stamped and entered into the system within two days so the individual can retain benefits. The pending eligibility during that time stays until the redetermination is adjudicated. There is an accountable party in each office and a set of connection points. The CITS- Client Information Tracking System will track those who have fallen off and then have re-enrolled. It initiates immediate action and it is being operationalized internally.
5. On September 1, 2012 DSS will be contracting with Xerox to help address the Spend Down issue. The system will be automatic. Xerox will do the tally of expenses and once the spend down is reach, the case is sent to regional office. The client will have self-addressed envelopes and tracking sheets.

DSS will present their findings and data in the 5 strategies when the tracking system was first initiated. The system has helped look across all populations. The data will include early July and August data. The data will be presented at the September MAPOC meeting.

Discussion and Questions

- Sheldon questions whether the staffing approved from Office of Policy and Management were from the previous 120 hires. The Department responds stating the previous 120 hires were for the MLIA and SNAP workers. The new 100 workers will be for eligibility.
- Question was raised about the memo sent to the regional offices. How would DSS know if there eligibility was dropped?
- Sharon Langer discusses how about 30 % are dropped very month. She also

suggests to have initiated an automatic eligibility to help those who might not need to lose coverage and help the back log in the offices. States like Louisiana and Colorado are doing similar and it is approved by CMS.

- DSS responds by stating the commissioner and CMS is in discussion of this issue and there hasn't been resolution and is a pending issue. The message will be conveyed.
- Christine Bianchi requests for an update of the application delays in October. There is also a proposal to write a letter to the Commissioner of DSS.
- Modernization: Christine Bianchi asks DSS about the update on Modernization. It was the impression of the committee; the committee would be able to provide consumer input in the process before it is finalized. There was the expectation that the consumer access committee would be able to have input and the department receive feedback from consumers to the commissioner.
- DSS will convey the message back to the Department. DSS is still interested in feedback in the plan. DSS is working through the mechanics of the project still. The Commissioner presented about a month ago an indepth power point about the Modernization project. The Power point is available to the committee. DSS will forward the presentation to the committee.
- Sharon Langer asks how the Medicaid platform will be working with the Health Insurance Exchange coming in October 2013. The referral is made to the Health Insurance Exchange Committee.
- Sheldon suggests the EMS system will not be replaced.
- Sharon responds with the EMS- Medicaid part of the system will be replaced.
- Darylle from WCAAA asks how the calls work because of the problems occurring now with the calling system.
- DSS: The new call centers will expedite all those roach blocks.

Committee Recommendations for Transportation

DSS discusses how OCREA, the legal arm of DSS, has been handling the regulations of

LogistiCare. Kate McEvoy introduces Robin Hamilton General Manager of LogistiCare to the Committee. Kate McEvoy introduces the first issue of children and siblings riding in the van. DSS wants to get an inventory of the issues and then incorporate them into the regulations, and then share a draft of them to the committee.

- Sharon Langer shares that the BHP Coordination of Care Committee has been discussing the transportation issues of DSS. There won't been burdensome with duplicative information being distributed to both groups.
- Christine said that she hoped to see the regulations so the committee can work off something.
- Sheldon comments about wanted to see the draft first so they can take back recommendations.
- Christine states she doesn't want the regulations to go through without being able to have the opportunity for the committee's input and comment.
- Question: Does the regulation define 'urgent'?

Robin Hamilton gives an overview of the processes of the reservation process with the 2 day urgent care and less than 48 hours reservation. There needs to be verification of the urgency with the doctors/physicians office.

- 20,000 Reservations Every Week
- 200 Urgent Everyday

Discussion

- Least expensive transportation options and available options in geographic location. Requests for siblings/ additional child. Rule one plus child. Reason to fill those seats. Multi Load efficiency.
- Christine- Barrier to care.
- Sharon- there has been discussion between lee and robin then balancing safety and convenience.
 1. What is the policy?
 2. What are these exceptions complications and need to figure it out. Show the policy and work around it.
- Robin- There is a online reservation for medical facilities. There have been outreach efforts to providers and webinars.

- Christine recommends doing a survey.
- Robin- There needs to be a sharing of responsibility with the member and the ASO.
- Sharon recommends giving a timeline for regulations so it can help the committee form recommendations.
- DSS Staff will represent will be Uma Geansean with Kate McEvoy as the lead.
- Livia asks the question about having an aide, with a husband who has dementia, and wife wants to go. What is the policy or exception with special cases?
- 90% of the reservations are made by the medical provider. There is RN on staff at LogistiCare.
- LogistiCare is rolling out their online reservations for medical facilities now and by December there will be online reservations for members. WeCare is a part of the LogistiCare website to lodge a concern directly with the Quality Assurance program.
- The Geographic concern is how far a member can go for an appointment. The company tries to get the appointment close to home- 15 Mile Radius. Excessive mileage is considered 30-70 miles. The question is what the exception process is for specialists. The specialists question can be communicated through the RN on staff. Children are not usually questioned because there are two specialists' places to go for care specialization for children in the state, CT Children's Medical Center and New Haven.
- CHN has a process for care management is aware of need of livery and the escalation unit fills out the form.
- Christine overviews of what the progress needs to be on the consume access in transportation.
 - Issues turn into regulations
 - Education and information sharing
- Kate comments about framing the regulations around the current issues that exists.
- Christine recommends to the committee to put a draft together and then do policy implementation and regulation. Issues will be added as they arise.

- LogistiCare doesn't have a grievance report to share.
- WCAAA reports they have – 25 % for WCAAA calls are for DSS Concerns.
- There will be a contact person shared to WCAAA and other access agencies for escalated situations.
- Sharon shares United Way 211 is very helpful to consumers.

Vote on Pharmacy Recommendations

- Kate and Evelyn Dudley will be the liaison for the pharmacy recommendation.
- The committee will take a vote on the pharmacy recommendations and present to MAPOC.

Discussion:

- Read DSS recommendation for pharmacy.
- Change language for consideration.
- Outreach has to be ongoing.
- Provider bulletin- Email communication list to be developed for providers and pharmacists participating in the Medicaid program July 2013. Immediate notification.

Committee Recommendations:

- Make PA forms and Preferred Drug List more accessible on DSS web site as well as available on other frequented websites (e.g., CHN, CPA, Medical Society, etc.)
- Refresh outreach to prescribers on PA requirements and 14-day supply – hold a combined educational session for prescribers and pharmacists regularly scheduled on-going at minimum annually.
- Continue to promote participation in e-prescribing
- Implement a web-based portal for PA process
- Outreach by the respective Provider Representative (one-on-one outreach)
- Email communication list to be developed for providers and pharmacists who participate in the Medicaid Program by July 2013 and utilized as the primary source of communication.
- Whenever DSS electronically denies Medicaid payment to a pharmacy for a prescribed medication, or provides only a one-time 14-day temporary supply of the drug, individualized written notice should be provided by DSS to the enrollee

either immediately at the pharmacy or mailed out to that enrollee within 24 hours, and to the prescriber within two business days:

- The written notice to enrollees should be individually-tailored for the individual, identifying the drug at issue and explaining why payment for the drug was denied, in whole or part, the regulatory basis for the denial, the means to request a hearing to review the denial, and additional actions which may be taken to obtain a supply or further supply of that medication or a substitute medication.
- DSS or its contractor should also contact the prescriber in writing or electronically within two business days of the denial or issuance of the temporary supply to advise of the denial or temporary supply and, if the drug was denied due to lack of prior authorization, should explain to the prescriber that the drug requires prior authorization if a further supply of the drug is needed and, if applicable, that there are other drugs that may be equally effective which do not require prior authorization.

Christine motions to adopt 8 recommendations for DSS Medicaid Denials for Pharmacy to present in front of MAPOC

Livia seconds the motion. 6 -In Favor- 0- No- 0 Abstentions.

Motion Carries.

The recommendations will be presented to the council at the October meeting.

Sharon suggests combining the coordination of care and consumer access committee.

There will be communication between the BHP Coordination and Of Care and Christine Bianchi.

Meeting closes at 12:00 PM