

# Council on Medical Assistance Program Oversight

## Quality Improvement (QI) Committee.

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### Current Mission Statement:

*The purpose of the Quality Improvement (QI) is to provide recommendations to the Council to ensure consistent comprehensive of medical, dental, and behavioral quality health care for Medicaid population. The Committee serves as a forum for concerns regarding quality of service delivery in the program, advises the Department of Social Services (DSS) on subjects and methods of investigations in the problems that arise, and suggests solutions. The Committee will work with all Medicaid Administrative Service Organizations (ASO's) and DSS to develop recommendations utilizing CQI process.*

Co-Chairs: Debbie Poerio and Rep. Toni Walker

### Summary for January 10, 2013 9:30 AM-11:00 LOB ROOM 3803

**Attendance:** *Debbie Poerio(Chair), Steve Colangelo, Roberta Geller, Chris Savold, Les Holcomb, Matt Katz, M. Geerstma, Dr. Zavoski, Jamie Finley, Cindy Cozak,*

Debbie Poerio began the meeting at 9:35 AM. There were introductions of the committee meetings.

#### **Summary:**

**There was discussion and comments made about the Attribution Data presented at the last meeting. The committee members discussed what information they need to identify providers by type. The NPI, National Provider Identification number is an important piece of information to identify the provider. The HP Credential process will be brought back next time answering specific questions and items the committee thought was important. There was a discussion about Charter Oak and Membership in that program. There was discussion about the getting the next baseline data for 2013. There is discussion about the physician network in rural state areas for specialists and on the border of the state physicians. Dental Attribution will be on the agenda for the next meeting. There was discussion about disenrollment. The committee will continue to look at the attribution data to determine provider type and provider network..**

#### **Comments and Discussion**

**Attribution Data: SBHC Data under Provider Program**

- There was a question of clarification. SBHC has been trying to clarify the attribution process and why there have been gaps in the age levels. Can there be attribution from SBHC from location or site?
- If you enroll as a nurse practitioner under nurse practitioner. There is a NPI, National Provider Identifier Number. Anyone that would enroll would have the NPI Number- anybody who has enrolled has the number.
- SBHC was going to send out a survey out to Nurse Practitioners to find out what they are looking for.
- Under the Affordable Care Act they are not able to pay a provider if they are not enrolled into Medicaid. You need to have an NP, APRNS, NPI of the performing entity and NPI of the enrolled and independently enroll with DSS.
- On-call is a big issue for provider service.
- CSMS promotes to enroll into Medicaid.
- DSS is offering to providers they don't need to be listed. The problem mainly is with referring specialists. All providers to enroll with DSS.
- Les Holcomb made comments about billing and to pin point it with addresses.
- Steve Colanegelo made comments about proactively get push for credentials.
- Attribution by entity or provider. Multiple providers attributed. NPI Organization Personal NPI Location they work in.
- Have DSS look at the survey so they will be able edit the survey the best way.
- Provider issues with the ED. Performance monitoring. ED- On Call Service Site. Sites to distinguish.
- Out of state coverage. Physicians on state boards. Hospitals have coverage. Need to look how to attribute.
- Next Attribution Process was going looking at a baseline on the data. Look at some of the new programs that are coming in. They will evaluate as there coming in and then make recommendations. Specialty is it hard to identify quality especially in rural areas.
- PCMH what contacts do they have in outside entities.
- Discussion about the hard time getting physicians to fill out their profile at the CHN.

- Questions about: Does it need to be the physicians or the entity? The institution should be able to fill out the form for the physician.
- Discussion about how best to identify this information with the attribution process. How best to input it and best to do with the data.
- Concerns are identified from month to month.
- Going to look at the attribution next month, February.
- 20% haven't been attributed. There was a breakdown by county for 80% of the population.
- Discussion about: County by Provider Type.
- Which of those populations are attributed to an ED. DSS does not know if it's an ED physician.
- If a provider leaves a site.
- Discussion about how a member is attributed. The attribution where they have chosen to go.
- Only 3% have no claim activity.
- January 1, 2013 anticipating more enrollees- who are they, location, and physician network. Do we have the capacity to handle that? The decision has not been made yet.
- Charter Oak did not cover anybody who eligible of another health program.
- How many people they see? Unified data set. The last day of February each year- looks at the quality of care, HIV positive, health resource service administration.
- Provider expansion and quality access discussion.
- Low Income Adults population will be expansion of Medicaid.
- Average age of Charter Oak was over 65 and women past child bearing age.
- Attribution will see difference in the next attribution of people because of more people coming in. Those we haven't captured.
- Attribution looks at codes being rendered.
- Primary Care Payment Expansion.
- CHN is using their indicator.

### **Agenda for February**

- HP Credential Processes-
  - a. What was the baseline? Who dropped out and who was new?
  - b. How many providers are credentials do we have?
  - c. How many new providers have credentials have been 1/1/12

- d. What is the credential process?- Research
- e. Where did they get your initial data?
- f. Are they working with CAQH? Can they work with them?
- Richard Spencer- Names of who was discontinued? Reason why they were dropped? Reasons for disenrollment.
- Some of the reasons were lack of enrollment.
- Attribution Report - Ask Gail - March
- Have a comprehensive process for credential.
- Dental Attribution table until next month's meeting.

**Next Meeting of Quality Improvement: February 14, 2013 at 9:30 AM in LOB Room 3803**