



Connecticut Medicaid Medical Assistance Program Oversight Council **Quality Improvement (QI) 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/med

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 May 9, 2013 **9:30 AM-11:00 LOB ROOM 3803**

Attendance: Debbie Poerio, Steve Colangelo, Laura Vander Heide, Dr. Zavoski, Les Holcomb, Linda Pierce, Roberta Geller, Cindy Kozek, Regina Roundtree,

Debbie Poerio began the meeting at 9:30 AM.

There were Introductions of the committee members.

Member Outreach- Linda Pierce from CHNCT provided a presentation on member and provider call center outreach efforts.

Presentation

- Member and Provider Call Center Outreach Efforts
- May 9, 2013
- “Call Center, May I Help You?”

Available Monday – Friday 9:00 am – 7:00 pm

- ❖ Provider Call Center: 1-800-440-5071
- ❖ Member Services: : 1-800-859-9889

If you have Questions About

- ❖ Member Eligibility
- ❖ Covered Services
- ❖ Finding a PCP or Specialist /providing appointment assistance
- ❖ Research and referrals to community resources that your patient may need
- ❖ Transition to alternative provider when indicated
- ❖ Coordination with other services such as Behavioral Health, Transportation, Dental

- ❖ Assistance for patients when English is not their primary language

We can help with that!!!

- Primary Focus: Inbound Calls
- Outreach from the Call Center-
- An Outbound call is: A call made on behalf of a member or provider NOT made within a queue call (i.e. not with the mbr or provider still on the line)
 - Between July- December 2012, over 26,200 calls were made to or on behalf of members
 - Between January- April 2013, we made over 22, 413 calls to or on behalf of members

Calls were made:

- ❖ Confirming provider participation in CMAP and locating CMAP providers accepting new members and providing appointment assistance
- ❖ Providing referral assistance to members and providers when members require the services of a specialist or sub specialist.
- ❖ Identifying barriers to care and providing education to members with a history of missed appointments
- ❖ Quality Initiatives to help targeted members select a PCP
- ❖ Outreach from the Call Center-

Calls were made to outside agencies to:

- ❖ Research and refer to community resources such as shelters, food pantries, energy assistance programs and free or low cost care initiatives
- ❖ Refer to Qualified entities and to DSS for assistance when eligibility issues present barriers to care
- ❖ Coordinate with other entities such as the CTDHP, CTBHP, and Logisticare
- ❖ Coordinate with DSS' vendor regarding other insurance to assist members whose care is being prevented or interrupted due to the presence of other insurance that is no longer active
- ❖ Locating influenza and pneumonia vaccine clinics
- Outbound Calls Made by the Member/Provider Call Center Per Month
- Quality Initiative: Provider Referrals for Members with History of Missed Appointments
- Reasons Members Stated for Missing Appointments (April 2013)
- Quality Initiative: Targeted Follow Up After Center for Research Questionnaire
The Center for Research conducts a Health Risk Questionnaire for all new members.
- The Call Center follows up with active members who are:
 - Parents of members age 6-9 who stated their child(ren) do not have a usual source of care

- Parents of members age 1-2 who stated their child(ren) do not have a usual source of care
- Women over the age of 18 who stated they do not have a usual source of care
- This initiative began in March 2013
- Total households where attempts were made=1401
- Completed Calls =1258
- **Quality Initiative:** Targeted Follow Up After Center for Research Questionnaire
April 2013
- **Quality Initiative:** Targeted Follow Up after ED utilization
Members with 3 or more ED visits from Sept 2012- Jan 2013 without primary dx of MH/SA or ICM trigger diagnoses
- **Quality Initiative:** Outreach to HOH of children 0-1 with no preventative health claims or PCP selected (*on hold pending new data)
- Moving Forward...

Lessons Learned and Next Steps:

- Modify scripting for staff
- Consolidate staff making initial outbound calls but train more staff to handle call backs (do not miss an opportunity to handle a returned call after message left)
- Modify data format /reporting to increase ease of use

Highlights and Discussion

- Call-Center- Funding through the ASO- CHNCT. Located in Wallingford. 23,000 calls going towards.
- Reports come off the phone cue.
- They receive a lot of calls that should have gone through 211.
- Member Crisis line is 24/7. Provide them with a nurse. Either medical or behavioral issues.
 - Nurse line after 7:00 pm
- Outreach from the all centers. Where the call is not in the cue. A call made on behalf of a member of provider not made within a queue call.
- Locate C-MAP Providers. Calls through the call center not the escalation unit.
- Barriers of care. Provider relations rep. that has history of missed appointments. Research and coordination. Outbound calls. Presents of other Insurance
- Description of the calls drop in the winter months because of the snow storms.
- The calls went up in March because of the new call center.
- There has been a success of provider relations forms. Provider's referrals have gone up since October.
- 3 attempts to reach the member for an appointment.

- When they said they reschedule- they reschedule or cancel. Explain them the importance of seeing the provider.
- The most common of not seeing an appointment is that they did reschedule or cancel the appointment.
- Enhanced the form the providers form.
 - Do they offer a reminder?
- Unable to reach members.
- When a member calls anybody on the call can finish the call. Very personal experience.
- ***Can you break it down who cancels the appointment- the provider or member?***
- Who cancelled or who rescheduled by what the member told us?
- ***Who scheduled the appointment?- was it the ED walk in or PCP referrals***
- How invested they are in the appointment?
 - A Reminder can be helpful.
- Transportation is an issue- What was the problem?
- How that member came to that provider?
- Where is there something here we can have an impact? Why aren't members going to an appointment?
 - Acute vs. scheduled? How many missed appointment- goes somewhere else. Do they have their needs met elsewhere?
- Service not provided by that site?
- Discussion about their Quality Initiative : Targeted follow up after center for research questionnaire
- Is there a regular place where you take it
- People who were engaged enough to take a questionnaire.
- Different population than the no-shows.
- Results: Target population- % of households with completed calls/ percent of completed calls results in PCP selected, percent completed calls resulting in apt assistance.
- Targeted population: ED Usage- 494 members out of the escalated unit.
- Rate of not reaching that population. Did this go into a call?
- Assisted some members. Rate- could not find people.
- ***Suggestion of breaking it down by husky type.*** Out of 494 reached 101.
- Did reach them. As far as follow up.
- ***Adult vs. child.***
 - Break it down from 0-21. 21 and above.
- Outreach to Heads of Health of children.

- Attempts of # 98 of members reached
- # 85 of PCP Selected.
- Out of 369 households.
- Don't call people with other insurance
- Collaborative with PCP and EPSTD.
- Put on a hold with these outbound calls.
- Increase scripting for staff
- Consolidate staff making initial outbound calls but train more staff to handle call backs. Cross-training everyone so everyone is able to complete the call.
- Modify data formal/reporting to increase
- ED form- asthmatic attack- question asked if they have a PCP?
- ED Record- Information could be on there.
- DSS taskforce to look at ED Utilization- Some EDs are good Some are not.
- Electronic records-Reasons why their there.
- Claims based data- when they are get diagnosis. Pay EDs in different ways.
- How many times they went to the ER. ED Utilization what point they intervene. There is claims lag.
- ED Follow up-
- Members who are assigned to a FQHC and PCMH?
- Does the PCP tell you to go an ER?
- Does the PCP tell you
- *The QI Committee would like to hear about the data when you do have it.*
- Addiction to pain medications – seeing an increase in claims. Would like to target the population.
- Is there a way to know the people they did reach- how many times they visit? Who are they reaching- the makeup of the individual?
- ED Usage- Patterns to the frequent members.

Mag Morelli- Adult Taskforce Recommendations to QI Committee

Health Issue Chosen for Research: Follow-up visits after PCP prescribed depression medication.

We were informed that the Quality Improvement Committee had requested that we look into the issue of whether adult patients were receiving appropriate follow-up visits after being prescribed anti-depressant medication by their primary care practitioner. The task force agreed to take this on as our initial project. DSS representatives on the task force were asked to gather specified claims data for our review and analysis and these are our findings:

Criteria for Inclusion in Analysis:

- 1) Depression medication prescribed at a PCP visit in the first quarter of 2012.
- 2) No diagnosis of depression in the 4 months prior to prescription date.

- 3) No depression medication prescribed in the 4 months prior to the prescription date.
- 4) Member was between 21 and 64 years old at time of prescription
- 5) Continuous Enrollment of 90 days from date of prescription

Criteria for meeting measure goal:

- 1) Within 90 days client had a follow up visit with a PCP or mental health professional with prescribing privileges.

Child Adolescent Recommendations and Update-

- Steve Colangelo gave recommendations of Child QA Recommendations.
- Development screens done at EPSDT Visit
- It's an administrative measure.
- The Hybrid Approach looks the tool the doctor uses.
- Only getting claims on about 60% of the population.
- Doctors are coding it and the billers are not catching it.
- Bills as a clinic fee for FQHC.
- Focus on the reeducation of the provider.
- Recommend combing second and third together.
- **Recommendations to the Medicaid QA Committee.**
- ✓ Re-education in the form of a reminder Bulletin about developmental screenings and attach a 211 Brochure as a resource for referral purposes. This should be done via a collaborative effort by the AAP (Webinar with CEU), DSS and CHN (Bulletin and 211 Brochure).
- ✓ Review possibilities of linking electronic medical records to Standardized Tools:
 - ○ Current multi-step process to incorporate developmental screenings into electronic medical records is ineffective.
 - ○ Copyright issues with converting screening tools into electronic medical records.
- ✓ Create a taskforce to review, analyze, evaluate and make recommendations for Connecticut's data around developmental screenings.

Chair asks committee members to look over recommendations from QI Child and Adult committee.

Discuss at the next meeting.

Meeting ends at 11:00 PM

Next Meeting of Quality Improvement Committee will be on June 13, 2013 at 9:30 AM in LOB Room 3803