

Women's Health Sub-Committee Meeting Minutes 12/12/11

Attendees: Amy Gagliardi (chair, CHCI), Beth Cheney (Windham Hospital), Pat O'Hagen (DSS), Mary Ellen Bocaccino (DSS), Abha Bernard (WHUSA), Carol Stone (DPH), Jennifer Morin (DPH), Roxanne Robbins (UCNC), Richard Jennings (AAM), Logan Clark (Robinson & Cole), Mary Ann Cyr (CHNCT), Renee Coleman-Mitchell (DPH)

Presentation:

Mary Ann Cyr from CHNCT provided an overview of the ASO's role. CHNCT has been having ongoing dialogue with hospitals and convened a forum at CHA on 11/19/11. CHNCT is also dialoging with providers and will meet with a Yale group this week and has reached out to Pro Health and other large provider groups. There will be no change in the authorization process during January and February 2011. Ray Batista will be coordinating the provider meetings which will be via face to face, telephonic and webinar. Beginning in February there will be outreach to providers regarding education about the online portal. There is no outreach planned for OB/GYN and women's health providers.

Changes regarding perinatal care: no changes and no prior authorization were reported by Ms Cyr. Claims will go through DSS but the Medicaid benefit remains the same. However Childbirth Education will no longer be a covered benefit. The Healthy Pregnancy collaborative with BHP will continue around postpartum depression. There will be enhanced benefits for smoking with the I-Quit project.

CHNCT will implement a home visitation program which will mirror the criteria of the DPH home visitation program. This project will be in areas of the state where there are no home visitation programs and will be staffed by LPNs. CHNCT will also hire 14 human service specialists who will act as care coordinators for not only perinatal but for all populations and address issues such as housing and food insecurity. These care coordinators will possess an understanding of community needs and resources. RN phone help will continue for pregnant patients.

Ms Cyr also provided a description of the data analytics tool purchased from McKesson. This is a predictive modeling tool which will allow for a variety of information in addition to following high risk patients to report what they need and what will likely happen if they do not get it. It will be able to collect data on the regional and community level. Data will come from claims and after a year from EHR. This tool might be ready by April 1st 2012. It is a rules based tool loaded with algorithms that will be able to provide custom reports. It is customized to look at a clinical care perspective. Whereas HEDIS measures look to see that a required measure is done, this tool will look in a more detailed way and will be able to see how things are done and if they are done according to guidelines. This will assist with the required evaluation of PCCM measures.

Information will be available online to providers. It will be HIPPA protected and secure. There will be user IDs for practices and will be a lock down to protect members. EHR will be important for meaningful use. ASO will be able to see gaps in care for anything there is a HEDIS measure for. They will also be able to see ED use and who did not get a follow up with a provider and note that all DSS data will go to McKesson system. Finally the ASO will be able to track pregnant women through vitamins and ad hoc measure for pregnancy testing. Ms Cyr stated that any women with a Medicaid ID will be able to be tracked for ED use and that follow up will be provided.

Beth Cheney stated that there is a paucity of perinatal providers in her community (Winham) accepting Medicaid and that she is concerned about this affecting the availability of care for pregnant women. Abha Bernard echoed this concern about the reduction to the provider fee schedule stating that there will be providers in other parts of the state who will also discontinue providing prenatal care to Medicaid patients if the fee schedule is not resolved soon. She stated that individual providers can not afford to continue seeing Medicaid patients. It was noted that Bridgeport may be the next to be affected by a reduced provider network for Medicaid pregnant patients.

Questions about transportation were raised ie: what is the mileage limit between a patient's home to provider office before an over ride is needed for transportation to the visit. Pat O'Hagan from DSS stated the limit is 15 miles before the visit will require an over ride for transportation. Ms O'Hagan provided additional transportation information which includes: For January 1st, anyone enrolled in HUSKY A or C (formerly FFS) will be using either First Transit (for people residing in the Hartford area) or Logisiticare (for the remainder of the people). CTS will arrange transportation for the HUSKY D (LIA) members. As of April 1st 2011 there will be a single broker for all Medicaid recipients statewide.

As follow up to the October 2011 sub-committee meeting Pat O'Hagan provided information on the status of the timely processing of HUSKY applications for newborns. It was noted that during the recent transition from MCO to ASO the newborn applications were processed manually. Previously newborns automatically were assigned to the MCO of their mother. Dates of birth in Nov or prior are MCO (the November births were manually processed into the MCO, maybe even some late October births) Dates of birth in Dec are FFS

Jennifer Morin and Dr. Carol Stone from DPH provided information on Connecticut's selection as a PRAMS (Pregnancy Risk Assessment Monitoring System) state and an overview of the CDC's PRAMS project (<http://www.cdc.gov/prams/>), which began in 1987 due to persistent rates of infant mortality and low birth weight. DPH will be able to collect statewide, population-based data to identify and monitor risk factors of women before, during and after pregnancy. Prior to being selected as a PRAMS state, DPH developed and utilized their own survey, PRATS (Pregnancy Risk Assessment Tracking System), in 2002, 2003 and 2010-2011.

PRAMS is a mixed mode survey and the responses are from women 2 to 4 months postpartum. They are contacted to participate through a series of mailings, the first being a pre-survey participation letter describing the PRAMS survey and inviting women to participate. A series of questionnaire packet mailings follows, and telephone follow-up is conducted for women who do not mail back the survey. The PRAMS survey will be available in both English and Spanish language and has been assessed by the CDC to be readable and understandable. A \$10 Wal-Mart gift card reward is provided to all women who complete the survey. Wal-Mart was selected based on their availability across the state. DPH will convene a steering committee on December 20th. They expect to begin data collection around September 2012 after a year of development activities. Strategies to get the word out to women were discussed.

Respectfully submitted,
Amy D. Gagliardi