

Connecticut Medicaid
Medical Assistance Program Oversight Council
Women's Health Subcommittee

Legislative Office Building Room 3000, Hartford CT 06106
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All women are healthy and have the opportunity to achieve a productive life, which may include pregnancy and parenting. The Subcommittee will focus on strategies, which include but are not limited to evidence-based interventions before, during and after pregnancy. Additionally, the Subcommittee will address established woman and child health indicators and associated outcome measures in consideration of woman's health across the life span.

Chair: Amy Gagliardi
Monday January 9, 2011 9:30 – 11 AM Room 3800

Attendance:

Amy Gagliardi SC Chair, Dr. Carol Stone DPH, Beth Cheney, Renee Coleman-Mitchelle DPH, Erin Jone March of Dimes, Maryellen Bocaccino DSS, Susan K Davis CHNCT, Colleen Harrington DMHAS, Alyse Chin CMHAS, Amy Romano CNM

Meeting begins at 9:30 AM.

Susan Davis- Presentation on ASO programs related to pregnancy

Susan Davis introduced new programming established from the Community Health Network of Connecticut. She discussed the new home visitation program that is part of the healthy initiatives program. The home visitation program will be used as an assessment tool and short term program. The Home Service Specialist Role will serve to assist and support all CHNT members and members in the Medicaid and HUSKY Health Program. The purpose of the home visitation program would be to link members and providers with community based support. The Home Service Specialist would contact members phone or face to face to identify and evaluate social service needs. The regions will divide up as the DCF regions within the State of Connecticut. The

program is not pregnancy specific. The program is maternal and child specific. The outline of the new program will be the basis of the Medical Home Model. The Human Service Specialists are experienced and trained to link with Behavioral Value Options. This is based upon the Efficiency Mode. The toll free number for this service is **1-800-859-9889**. Susan Davis also spoke about the success of this model in Oregon and North Carolina.

The Committee suggested to CHNCT there should be provider feedback from the referral given to the Human Service Specialist. The provider needs feedback in order to follow-up with referrals. The committee suggested there should be a designated person for the regional model. Susan Davis will be the WIC contact per catchment (region). The committee put a formal request put into plan on how to get information back to the provider and improve communication. Committee suggested there should be electronic documentation of past provider assessment.

Chin recommended the tracking of these members so there is limited duplication.

Gagliardi suggests a possible presentation with DMAS with Pregnancy.

Chin responded by stating they will get back to the committee with presenting.

Davis finished by stating the program is in the beginning stages. The Committee will be able to provide feedback so CHNCT can build upon and refine the document and program as time goes on.

Carol Stone – PRAMS update

Dr. Stone updated the committee about the PRAMS (Pregnancy Risk Assessment Monitoring System). Implementation of the CDC survey is on target, with a tentative start in September, 2012. She discussed the content of a recent meeting among the PRAMS Steering Committee, which identified a number of priority topics areas. These

areas are: Parent and Infant Characteristics; Prenatal Care; Nutrition; Mental Health; Social Support; and Breastfeeding. The committee discussed some additional ideas, and possible questions and topics to add to the survey. The purpose is to generate data that will be used and translated into action. The ultimate variable of concern in the survey is race/ethnicity, which will be the stratifying variable. The next task for the Steering Committee is how to prioritize the questions.

Amy Gagliardi -Update Pay for Performance Pregnancy Care Initiative

Amy Gagliardi reported that OPM approved a P4P initiative for obstetrics. She also reported that the ob provider fee schedule will be partially reinstated. No start date for the fee schedule changes or the P4P have been determined but the fee schedule will not be retroactive.

Ms Gagliardi also reported on the work done by the Maternity Care provider work group and the process and outcome measures forming the basis of the P4P initiative. Active discussion and feedback was provided by sc members. The performance measure of timely access into prenatal care was discussed at length. After rigorous discussion the consensus was that timely access into prenatal care is an important performance measure to maintain and a 2 week interval from the time a member contacts a provider office to the initial prenatal appointment is an appropriate target.

(EXPAND)

Other Business

Renee Coleman-Mitchell from DPH reported their Community Transformation Grant has been established. She will present more on the grant and its programs next meeting and will send the contact information for the sub-contractors in each community

Next meetings topics include:

Community Transformation Grant

OB P4P Update

PRAMS Update

ASO Human Service Specialist Update

Next meeting date: March 13, 2012

Respectfully Submitted:

Olivia Puckett