



## Council on Medical Assistance Program Oversight Women's Health Subcommittee

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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.*

Agenda for June 11, 2012

Chair: Amy Gagliardi

*Attendance:*

*Olivia Puckett, Amy Gagliardi, Pat Cronin(DSS), Erin Jones( March of Dimes), Nadine Fraser, Khaija Gurnah, Nika Mobisson-atuk (CHA), Alice Minervino( DMHAS), Jen Vendetti( Uconn Health Center), Tracey Andrews( CT Dental Health Partnership), Beth Cheney (Windham Hospital Prenatal Care), Bernadette D' Almeida ( CHNCT)*

***Khadija Gurnah- Update on Retention***

- Khadija gave an overview of the enrollment and retention state in CT. She reviewed her presentation at the women's health meeting about the Automated Health Systems she developed. The system tracks children and reaches out by phone calls. The system helps control retention. The system has been implemented in other states and health care organizations. The system would inform clients that their children year old 1 is about to loose coverage.
- **Update:** She has been working with Department of Social Services and informed them about the benefits of the system: Last month she met with Commissioner Bremby. The Deputy Commissioner will communicate with Khadija and let her know this week about what the decision of DSS.
- She has been in contact with DSS workers on the ground doing outreach work and

- trying to understand how the system works. DSS told her there is a limited into how much work they can work on these taskforces. There hasn't been a contract reached yet.
- Data Base system has been developed, just needs to do implement. The implementation would take about a week or two. There is uncertainty how systemically the information can be viewed on a community level.
  - Comments:
    - o It is not a lap of caring on DSS, it is the lack of services being able to provide.
    - o There are questions about whose responsibility would it be to implement
      - DSS responsibility.
      - ASO= different touch points
      - Integrated Care
    - o Concerns about the retention: 6 Month lag for a program -1 year for adult.
  - Next Steps: Hear back from DSS and Deputy Commissioner. Provide Update to Women's Health and hopefully have a time line next time.

### **Pay for Performance/ OB Fee Schedule**

- An update was given on the Pay for Performance/ OB Fee Schedule. There will be no retro given. DSS hopes to initiate the implementation of Pay for Performance and Fee schedule on July 1, 2012
  - o Do not have a percentage of the fee schedule would be.
- DSS reports there will be a program description written: Project- Mark Schaefer Rebecca Wiesner.
- The Women's Health Committee requests to see the draft of the program description and be included in any updates.
  - o Need to look at it before it's finalized.
  - o Oral health Requests to be included in the final development.
  - o Members want to know what type of Training/ Education/ Roll-Out will happen.
- The Commissioner and OPM have final say in the P4P.

- There has been a series of meetings with providers in the fall to develop process measures.
  - o Needs to be officially rolled-out.
  - o Multi Prong Approach- uptake (CHA)
- There was discussion about tracking and monitoring information from where members are getting prenatal and delivery services.
  - o Concerns about patient's transfers but care would stay within the community.
  - o Transfers from first prenatal visit from other providers- Bernadette
  - o Data Monitor with OB Form
  - o Track Transfers and Capture
  - o Outcome data from hospital records: Providers should be accountable to be entering the information.
  - o People who receive prenatal care with one provider will go to a different provider for delivery
  - o As the system grows: reflect and respect the cultural difference to the women we have served.
  - o Increasing Cultural Competency within hospital
  - o How are women making a decision?
  - o Provider behavioral and values/ Hospitals behavior and values
- There was discussion about Prenatal Data/ Hospital Data/ Measures
  - o Concern by Provider: Update Data Set
- There was discussion about a huge Initiative in Quality and Patient= Partnership for Patients from CMS
  - o Several measures in which hospital will be evaluated. Numbers of hospitals are interested in implementing the policy.
  - o Include the hospitals in the initiative.
- CMS will also rollout 2013 Breast Feeding Initiative

### **Strong Start Update**

- Dr. Carol Stone thanking the committee for its participation. The committee Chair and members doing the same.

- **Update on Grant Application:**
  - o Total of 12 partners including DSS, 7 implementing Maternity Home Model, and rest focusing on Centered Home Model.
  - o Meetings have gone well.
  - o Grant Application can service 20,000 Medicaid Recipients over 3 years representing -46% of Medicaid recipient totaled 20,000.
  - o Cost per patient CMS judging grant applicants judging budget wise. Total 9.2 million dollar application. \$475.00 per patient total- admin/ data cost/ 420.00 for providers
  - o Due on Wednesday. Grant award date is mid-September.
- Data and how the state is going to use is important of how we use the data is important in terms of grant wise
- CMS will hopefully negotiate.
- The grant funds will be distributed in designated Catch-man areas. All but 46 towns. Less than 10 % of Medicaid Population. Outermost towns.
- Women's health committee submitted a letter of support to provide feedback to the partners.
  - o Other letter of support – March of Dimes and Women's Health C.
  - o Maternal childhood advisory committee.
- How many sites will be getting the award:
  - o The Grant is a State competition- State wide level- Data
  - o 4-5 Awardees out of 50 States. Some of the larger cities are applying.
- The grant will be made available after it has been submitted.
- Congratulate Dr. Carol Stone on working on grant.
  - o Ken Dimm- Grant Writer/ did not have content knowledge but worked out the details.
- DSS was a strong collaborator and multiple state provider groups.

**Bernadette D' Almeida from CHNCT reviews data presented about: Deliveries by Hospital by Medicaid. Please see handout.**

- The State of CT Map is divided up from each hospitals and # of deliveries from Medicaid women. Hospitals can divide up into neighborhoods

- The location of where the deliveries were.
- The committee expressed interest in the non-Medicaid birth data from CHA
- Non-emergency- does not include prenatal care and delivery
- 100 Delivery a year are undocumented patients in Windham County- Beth Cheney
- Un-documented members were discussed in terms of their reports of documents births.

**Infrastructure in Indemnification for Maternal Depression-** Jennifer Venditti- Policy Practice Social Work

- Jennifer Venditti from Nurturing Families expressed her concern with Medicaid Women do not have a formalized process for indentifying mental health needs post or pre pardon.
- Talking points:
  - o Gaps in services and systems fragmented
  - o Connections coordination with Nurturing families at UConn Health Center
  - o Post Pardum phone support
  - o 100 phone support or drop-in moms
  - o All that have been calling are new moms
  - o Do not have a formalized process for indentifying mental health needs
    - Infant mental health
- Haven't seen anything since provider warm line DPH/ Yale Provider group
- She discussed the development of a survey through Nurturing Families- BHP Surveying: Women's Issues
  - o Interested in Mental Health Training
  - o Where were they referring?
  - o Conversations BHP with Heidi
  - o Care Coordinators- can provide short list?/ There isn't a coordinated system
- She expressed concern and raised the need for a proper: Referral System, Training, Prenatal mood disorder training.
  - o Groups of counseling/ where to get it/psycho-analytical

- BHP- Another Category: Women's Issues
- How are women identified into Behavioral Health/ More than Depression
  - Category for Prenatal Mood Disorder
  - UNDER BHP
  - IS THERE A FORMAL CERTIFICATION/ OR SELF IDENTIFIED?
- Pre Natal Education- Classes
  - DSS does not reimburse for education
  - Patient Education
  - Classes
- Comments were made about the efforts of DPH.
  - What do they do in relation to education and training
  - WIC education
- Beth Cheney made comments about Prenatal Loss
- Referral was made to Behavioral Health Oversight Council.

***Next Meeting Date: July 13, 2012 at 9:30 AM in LOB Room 1B***

Next Items of Discussion:

1. Khadjia- Update on Rentension
2. Tracking Prenatal Visits – Update
3. March of Dimes: BMI and Pregnancy Research/ Diabetes
  - a. Weight Gain during pregnancy

Issues and items for next meeting can be forwarded to [Olivia.puckett@cga.ct.gov](mailto:Olivia.puckett@cga.ct.gov)

July 16, 2012 at 9:30 AM