



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.

Chair: Amy Gagliardi **Monday January 14, 2012 at 10:00 AM in LOB Room 1B** **Summary**

Attendance: Amy Gagliardi (Chair), Nadine Fraser, Abha Bernard, Dr. Barbara Ward-Zimmerman, Mariette McCourt, Amy Romano, Beth Cheney APRN, Bernadette D'Amelia, Dr. Robert Zavoski, Sen. Dante Bartolomeo, Rep. Melissa Ziobron, Rep. David Zoni

There were introductions on committee members. Amy Gagliardi opened the meeting at 10:00 AM.

Karen Foley-Schain (CTF)- Health Start Update Tabled until next meeting.

Pay for Performance Update

DSS gave an overview of the Pay for Performance Program. The pay for performance program is to incentive better health care in obstetric care. The Program has come to work with obstetric home model. The fee-schedule has been increased. DSS is looking to incentive practitioners use obstetrics enrollment form and reach performance measures. The form should identify women who have high risk pregnancies. Medicaid is a large payer in deliveries. DSS can tell what's going on medically is when they receive a claim for it. Mothers can't get their prenatal vitamins. DSS needs to identify their

pregnancy as early as possible to get better overall care. One of the measures is use to incentive providers. They are going to incentive early prenatal care and get them into their first OB visit. OB Providers will receive incentives for post prenatal care. The money to cost out the program is 1.3 Million dollars. The Program was not included in the past years budget. Dr. Zavoski (DSS) sent out a memo to help fund the program. The memo went to the commissioners. DSS covers 40% of coverage for Medicaid Deliveries. The 40% cover people who don't have Medicaid during deliveries.

Comments and Discussion

- Abha Bernard questioned and commented about the funding for providers.
- There was a question in the medical use and producers of 17B. There was discussion about the medication and the use of it in the measures.
- On the enrollment form: There is a referral to the WIC office. When the provider goes to the OB Notification Form: There is a link to WIC and a member is referred. There are a nutritional needs and social needs of the member.
- Question: Does this delay this program because the number was included in the budget?
- Answer: The fiscal situation delays a lot of things. Questions about what the projections are and if the governor's budget will be out shortly.
- Rep. Melissa Ziobron questioned about adding a measure by reducing drug use by pregnant women.
- DSS responded with looking at those measures down the line but needing to get providers on board first.
- CHNCT commented about the risk social factors and medical risk factors included on the form. Some social and medical risk factors include homelessness, lack of food, co-morbidity, previous preterm labor, smoking, and drug use.

- There was discussion about the risk management and stratifications.
- There is ICM (Intensive Care Management) included in the program. RN will do a home visit. Connection with the provider of plan. There are non-financial incentives to use the form. They will have the ASO ICM staff manage the client.
- There needs to have more education to the providers to have the fill out the form.
- There was a question about the projection of savings. There has not been an analysis done.
- Discussion about how the pay for performance will work at a consumer and provider level.
- There was a brief background on the program's inception. There was a rate decrease for providers, then a rate increase for providers. CT has the maximum eligibility which is 250% above the poverty level for pregnancy. There Is Family planning services and smoking cession services available.
- There was discussion about performance based purchasing. DSS is trying to incentive better performance. Longer down the road the goal would be paying on episodes of care and paying on the outcome. Paying for value for care. Less use of the emergency room and better value to care. Hope to bring better value to the state

Erin Jones from March of Dimes gave a brief 39 Weeks Update. All CT hospitals have a hard stop written policy around 39 Weeks. Under CMS rules they need to have a policy in place. Not allowed to have elected C- Section before 39 Weeks. The initiative began with the question of " Why are there is how they're having pre-term babies. The 37-39% could have been prevented. There will still be a need for C-Sections. There is a lot of development of the baby that goes on during the last weeks of pregnancy.

Amy Romano- Child Birth Connection mentions the report of the costs of having a baby in the US. The study is in the attached link. <http://transform.childbirthconnection.org/reports/cost/>

This study provides many separate cost analyses, including:

- cesarean versus vaginal birth
- Medicaid versus Commercial insurance costs
- out-of-pocket payments
- type of service (facility, provider, lab, anesthesiology, imaging, and pharmacy)
- phase of care (prenatal, intrapartum, and postpartum)
- cost variation across selected states (maternal only)
- neonatal intensive care unit costs
- comparison of commercial payer and out-of-pocket maternal costs in 2004 and 2010

The Depression Screening Update

Depression Screening Update- DSS will not be changing the code to just PCMH Providers. There will not be limiting to the code. There won't be changing the code. 94420 Code will be funded a post-partum screening code. All Physicians will be able to use the code.

Other Updates by Committee Members

- Questions of will there be changes to eligibility system in regards to Health Insurance Exchange. Comments about people getting dropped off with the exchange. The question is referred to the exchange board.
- Margie Hudson (DPH) gave an update on Hartford Healthy Start. The program services 530 women and 303 children in the Hartford Health Start program. The program addresses Health Disparities. There is targeted outreach to African American Women. There has been 373 Prenatal Sessions. There will be a database. There is Social Support and Post-Partum Medical Visit. Ethnic Racial Percentage- 40% Hispanic 47% Black African.
- CT Women's Consortium Update - Link to training better education behavioral health system to better help women that are pregnant. Family Development credentials.

Next Month Agenda:
DPH-Updates on Initiatives
Pay for Performance Update

Next meeting date: February 11, 2013 at 10:00 AM in LOB Room 1B