

Connecticut  
Medicaid Managed Care Council  
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## Meeting Summary

January 18, 2002

Present: Sen. Toni Harp (Chair), Rep. Vickie Nardello, David Parrella & Rose Ciarcia (DSS), David Guttchen (OPM), Marie Roberto & Dr. Ardel Wilson (DPH), Thomas Deasey (Comptroller Office), Gary Blau (DCF), Janice Perkins, Patrick Carolan (MCO), Jeffrey Walter, Judith Solomon, Lisa Sementilli-Dann, Phylis Rotella, Dr. Edward Kamens.

Also Present; William Diamond (Benova), Tejas Patel (FirstChoice, Preferred One), Sylvia Kelly (CHNCT), Rhona Weiss, (CT Assoc SBHC), Dean Peter Robinson, Robert Cole (UCHC), Mariette McCourt (Council staff).

## University of Connecticut Health Center (UCHC) Dental Projects

Peter Robinson, DDS, Ph.D, Dean, School of Dental Medicine at the University of Connecticut Health Center reviewed UCHC's current involvement in dental care services to the under-served and presented details of two dental pilots, funded by the General Assembly, as requested by the Medicaid Council.

The UCHC School of Dental Medicine has a strong curriculum commitment to serving the under-served. The Center is a major provider of Medicaid dental services:

- Preventive and dental treatment services are provided at 7 sites specifically for children and 5 sites for families (in Federally Qualified Health Clinics).
- Preventive and treatment services for adults are provided at three VA health centers.
- Preventive services are provided in 4 town Head Start programs.

The total CT Medicaid eligible children (ages <1-18 years) receiving dental services during FY2000 was 28,424; of these UCHC School of Dental Medicine provided services to 8226 (28.9%) of the Medicaid eligible children.

The School of Dental Medicine has begun implementing two dental projects as mandated in Public Act No. 00-2, sec.2. The Integrated Community Children's Oral Health Delivery System is based on the principles of service integration within a Medical (Dental) Home model, community-based collaboration, continuity of care and cultural competence. Two sites, a 'Safety Net' program at the University of New Haven (UNH) Dental Hygiene School and a private practice, were chosen:

- UNH has a mature dental hygiene program without an associated dental practice.
- Dr. Micheal Goodman, a well respected pediatric dentist and UCHC faculty member has a private practice in Newington.

Site selection was based on practice type and ability to integrate with community dentists willing to serve Medicaid children within a new concept of care coordination that includes transportation, child care, follow up on missed appointments, case management payment and provider education. The pilot implementation phase met several barriers, including changes in

site administration, interagency agreement on the approach to the project, contract modifications to fit the project needs and Benecare sole-source issues, all of which have been resolved.

The evaluation of the pilots will be based on the following assessments:

- Effectiveness of clinical treatment through outcomes measurement.
- Analysis of patterns of care and patient care management.
- Calculation of dental costs.
- Comparisons of practice settings
- Effectiveness of collaborative relationships among Community agencies and a preventive dental care delivery system.

The budget outline presented showed \$250K for FY 01 for program management and administrative costs and \$355K for FY02 for staff costs that include the care coordinator, dental practice manager, etc for the two projects. As of December 2001:

- UNH case management fees (PMPM) were \$275 with 55 patients enrolled.
- Newington private practice CM fees were \$2,470 with 494 patients enrolled.

Next steps per project include:

- UNH: increase staff support, include clients from all 3 intermediaries, hire general dentists, modify space, upgrade equipment and install new IMS.
- Newington private practice: hire care coordinator, recruit local general dentists, install IMS.

Council questions & comments;

- What is the projected number of clients to be served at both sites? It is expected that 7000 patients will be served at both sites. At this point, the patients seen at UNH are new to dental care and most are new patients at the private practice. Dean Robinson emphasized that goal is not to just to treat patients during the pilot but rather build sustainable community-based preventive and treatment access beyond the project by engaging community dentists in the pilots.
- The identification and differentiation of factors that promote sustainability (I.E. case management fees, care management that ensures patients keep appointments) need to be quantified and included in the quarterly reports from UCHC to DSS.
- The Council requested DSS to provide quarterly project reports to the Council.
- Transportation access for UNH services needs further work. Patrick Carolan (Benecare) stated that the West Haven Board of Education and schools have been very cooperative regarding the project, but the establishment of transportation access is not complete.
- An advisory board that includes consumers may have helped overcome barriers (I.E. transportation problems) earlier in the process.

Senator Harp thanked Dean Robinson and Robert Cole (UCHC) for clarifying the issues around the projects, noting there is a high expectation for the success of the pilots, both in cost and service effectiveness, that will allow the General Assembly to consider some aspect of replication of the model in other areas. The Council will call on the Dean in the future to report on the pilots' progress.

## **Department of Social Services Report**

### **Health Net Fairfield County Status**

The Department reported that the Health Net enrollment freeze in Fairfield County because of dental capacity remains. Enrollment capacity is calculated using a logarithm based on the size of the enrolled population and number of providers/category/county. In Fairfield County there is no impact at this time on new HUSKY enrollment, in that the other 3 health plans have dental capacity within that county and can enroll new members. Dental capacity issues pertaining to Health Net are also evident in Windham County.

Janice Perkins (Health Net) stated that the plan has contracts with 260 credentialed providers and expects to meet the Windham capacity requirements when one more dental provider is added. Contracted providers still need to be entered into the DSS EDS system.

### **HUSKY Enrollment and Outreach**

Judy Solomon (Children's Health Council) provided an overview of the 3-year Robert Wood Johnson (RWJ) Covering Kids grant for 1999, the Back-To-School communications grant and the new 2001 RWJ 4-year Covering Kids & Families grant.

- The CHC was the lead agency in the 1999 grant, in which a statewide coalition was developed to provide outreach to uninsured working families, many of whom were aware of the children's health insurance program but were not aware they might be eligible for the programs.
  - CT was one of 5 states chosen for the communication grant as part of a Back-To-School campaign that provided paid radio and TV advertising of the HUSKY program mid-August through September and statewide and community press events. The campaign increased public awareness of HUSKY, measured by a 166% increase in Benova calls, increased HUSKY enrollment and more effective community-based outreach. Currently, 4 TV stations, 15 radio and 26 cable access stations have agreed to air the ads and DSS HUSKY video as PSA.
  - CHC applied for and was accepted as the lead agency in the 2001 RWJ grant on behalf of a broadened statewide coalition and 3 local groups: Bridgeport/Stratford Bridgeport Child Advocacy Coalition, East of the River HUSKY collaborative and the Stamford "Every Child Matters" initiative. The goals of this grant are:
    - o Directed outreach for enrollment and retention.
    - o Simplification of the enrollment/retention process.
    - o Coordination of coverage: the State Coalition supports and links local projects, provides information feedback loop from the field and DSS to identify opportunities for systemic change and hosts quarterly meetings, outreach conferences at the regional and local level.
- The grant will result in a program with easy enrollment and maximum retention, sustainable outreach infrastructure and institutionalization of HUSKY in schools, business, child care programs and health care settings.

William Diamond (Benova) reviewed the increases in call and application volume between August-December 2001, with peak numbers in October/November. The differences in HUSKY A enrollment growth over the last quarter (September-December) between 2000 and 2001 is significant: 2077 member increase in 2000 compared to 11,743 members in 2001. There are 24,555 more HUSKY A enrollees in December 2001 (256,768) compared to December 2000 (232,213). There are now 260,102 members in HUSKY A as of January 2002. HUSKY B now has 10,706 children enrolled as of January 2002.

Rose Ciarcia (DSS) reviewed the HUSKY retention project funded by a RWJ grant performed by Anderson consultants and proposed recommendations emanating from two off-site stakeholders conferences and individual interviews. The retention evaluation project was designed to diagnose key retention problems, validate the root causes of problem areas, prioritize improvement areas and create action plans for high priority improvement opportunities within DSS.

Recommendations were based both on the consultant's observations and detailed recommendations from the conferences, interviews, consumer focus groups and data analysis: Strategic level consultant recommendations included:

- Strengthening accountability in the DSS reporting structure.
- Centralization of HUSKY processing utilizing a phased in approach that permanently moves

HUSKY intake and renewals from the regions to the Central office, determines a central system for all HUSKY processing.

- Implementation of a comprehensive performance measurement that evaluates customer service at both Benova and DSS.
- Clearly communicate to DSS staff the need for Benova services with active management of the Benova/DSS central office relationship and regional DSS relationship with Benova.

Detailed recommendations focused on four areas:

- Client communication that addressed improving the readability of client-focused HUSKY intake and renewal information and the processes of distributing communication and education about HUSKY.
- Technology improvements that relate to preprinted client renewal forms, management reports and multifunctional web site for HUSKY and other DSS programs that may include pre-screen information and on-line application.
- Stakeholder training, education and communication that includes creating/communicating a HUSKY program mission statement, identifying knowledge gaps, expanding worker knowledge of continuous eligibility, eligibility rules, policy/policy changes, holding statewide "HUSKY Summits", improving the exchange of critical member information between Benova and DSS.
- Other areas that examine the legal language of policy for HUSKY A & B, implement quality control processes to monitor the use of manual codes for dis-enrollment that include DSS regional supervisor oversight, explore opportunities for further delinking of Medical vs. Cash program requirements and expanded HUSKY A adult eligibility.

Next steps in the retention project process include:

- Review of Anderson recommendation/implementation plan by the DSS Implementation Team.
- Establish implementation timeline and evaluation tool for each action plan.
- Prepare and submit application for RWJ implementation grant, due 2/15/02.

Council questions and comments:

- Can the impact of the media campaign versus the downturn in the economy be determined to explain the increase in enrollment? Benova stated there is no long-term information on this. Judy Solomon noted that prior to the campaign and, many uninsured children weren't enrolled (even though the recession started in March 2001); there has been significant enrollment increases since the August Back-to-School and media campaign.
- Benova has added 12 additional staff to manage the increased call/application demand.
- In October, the number of applications (2908) was approximately 13% of the call volume (22,795). Mr. Diamond commented that many calls involved plan enrollment, MCO change, coverage issues as well as applications.
- Schools are now collecting information on student insurance status; Rep. Nardello stated there had been a recommendation from the Consumer Access and Public Health subcommittees that this information be directed to HUSKY outreach initiatives. This apparently has not occurred statewide. Judy Solomon stated information -sharing occurs on a local level between the school district and the CCHI. Policy prevents this from being done statewide. Rep. Nardello stated that if it can be done on a local level, there is a process in place to eventually achieve this statewide.
- Sen. Harp observed that enrollment of African Americans has been stagnate over the past three years and questioned if the reason for this has been explored. Rose Ciarcia (DSS) stated that Commissioner Wilson-Coker and David Dearborn are looking at this and have contracted with a Hartford entity (Building Parent Power) to assess this. Judy Solomon noted that a similar pattern has been observed in CHC studies on service utilization with African Americans less likely to

receive preventive care. Ethnic focus groups will be organized to study family responses to HUSKY as part of the Department's commitment of eliminating racial disparities in Medicaid health care. Senator Harp requested the Department and the Children's Health Council report on this at a future Council meeting.

- HUSKY enrollment predictions for the year-end are not yet available.

Senator Harp commended DSS for their work with RWJ on retention and suggested the Department consider the need for additional budget options related to this important aspect of HUSKY health coverage and communicate this to the legislature prior to the 2002 session.

## **Other**

- General discussion of contracts concluded with the suggestion that any projects defined in legislation be open for competitive bid and project content and evaluation process be closely reviewed by the granting State agency prior to release of funds. Mr. Parrella (DSS) stated that DSS had no discretionary authority in the dental project; there was a legislative mandate defining the entity. The Department has worked with the Dean of the Dental School to improve the management-level issues of the projects. The Department has some leverage in the Dental Project in that contract funding will be reviewed at the end of FY 2002. Decisions regarding the viability of the pilots and whether the unexpended money can be carried forward into the next fiscal year will be made, taking into consideration those concerns raised in this Council meeting. According to DSS, the expenditure of the DPH dental bonding monies and the CT Health Foundation dental pilot capacity sites both include the above recommendations of competitive bidding and program evaluation process and these initiatives will yield important results in dental care access.

- The Department of Public Health has placed legal notice for the release of \$2 million bond funds targeting dental infrastructure development. Interested entities will submit proposals to DPH; the decision process will be completed in March 2002.

- The Council quarterly report was moved for acceptance by D. Parrella, seconded by Phyllis Rotella and accepted. The term "free care" in a Council recommendation was clarified by Sen. Harp to mean non-billed care for HUSKY eligibles, whereas other dollars for some programs are intended for uninsured children.

- Marie Roberto (DPH) clarified the December Council summary on the HUSKY Injury Report in that the Department would be interested in participating in the Children's Health Council working group on childhood injuries. The Department does assess the prevalence of statewide childhood injuries. Judy Solomon stated that DPH and other state agencies are to be included in this work group that the CHC will convene.

- The Department of Public Health is committed to creating an emphasis on diabetes, addressing the impact of cost and quality of life issues. It is now well recognized that the end result of diabetes is cardiovascular disease. The Department of Public Health reported:

- o Connecticut is one of eight states that has received a \$400,000 federal grant (to DPH) to identify the burden of obesity in CT, coordinate planning of initiatives and develop an infrastructure within the state for coordination of any programs that have a health component that involves diabetes, CVD, physical activity.

- o DPH is a member of a New England Collaborative of PH and managed care organizations that is co-chaired by Dr. Scaletar, Medical Director for Anthem. The collaborative is focusing on adult diabetes and the identification and implementation of "best practice" guidelines for the management of adult diabetes.

Senator Harp commended the DPH efforts. The City of New Haven is working with the Yale

School of Nursing Assistant Dean, Margaret Grey and the Millbank Memorial Fund on pediatric obesity, recognizing that type II diabetes, associated with life style, is growing at an alarming rate in children. A pilot is being developed, involving Education, the local Health Department and community groups, for coordination of children's programs that address life style/obesity. It is hoped that HUSKY A & B health plans will also participate as well as DPH.

## **Subcommittee Reports**

· Public Health Subcommittee: Rep. Nardello reported that the Hartford dental participation survey indicated minimal loss of provider participation over the year 2000. The data showing a reduction in dental access in Hartford appears to be a function of data entry issues; Anthem BCFP is working with Mercer on this as is Health Net and their dental vendor, Doral. The Department of Public Health described the "Train the Trainer" program, which involves an oral health curriculum for health care providers and social workers to ensure families understand the importance of children's oral health. The Department has added an evaluation process for the pilot program and will report on the pilot to the subcommittee in six months.

· Behavioral Health Subcommittee: Jeffrey Walter (Chair) welcomed Donna Campbell (Women's Consortium) as Co-Chair and commented on the following subcommittee initiatives:

- o Behavioral Health Outcomes study is moving forward, noting the improvement since Judy Jordan filled the coordinator position suggested by DSS.
- o The BH working group will convene providers and HUSKY BH subcontractors to address standardized practices and reimbursement processes for non-traditional services (I.E. case management, respite services, intensive in-home treatment). The group will initially focus on provider case management, as this seems to be an under utilized but reimbursable service. Donna Campbell will bring her expertise with the Women's Consortium web-based service/referral tool for consideration of a non-direct service information and CM monitoring process that would be useful for health providers, managed care organizations and HUSKY members.
- o Continue to seek information on the implementation of KidCare.

· Quality Assurance Subcommittee: The subcommittee continues to work with MCO's/providers on asthma management in HUSKY. The four MCO's presented their Asthma Disease Management programs and will inform the subcommittee of their assessment of the programs in the Spring. The subcommittee will meet February 7 instead of Jan. 31, at which time the MCO's will confirm the provider prescription process for multiple asthma prescriptions/child/setting and review the local pharmacy/DME vendor data for Waterbury and New Haven.

The subcommittee will host a Pediatric Obesity Forum March 4 at the Legislative Office Building with Dr. Kelly Brownell (Yale) and Dr. Margaret Gray (Yale University; School of Nursing). Senator Harp commended the subcommittee's work on this important health issue and hoped that the subcommittee will be able to work with DPH as well on their diabetes/obesity work.

Senator Harp thanked the members of the Council and subcommittees, the State Agencies and other groups such as the Children's Health Council in their vigilance in creating and improving the program to ensure good resources and accessibility to care for those eligible for the HUSKY health coverage program.

**The Council will meet in February on Friday February 8<sup>th</sup>, 9:30 AM in LOB RM 1D.**