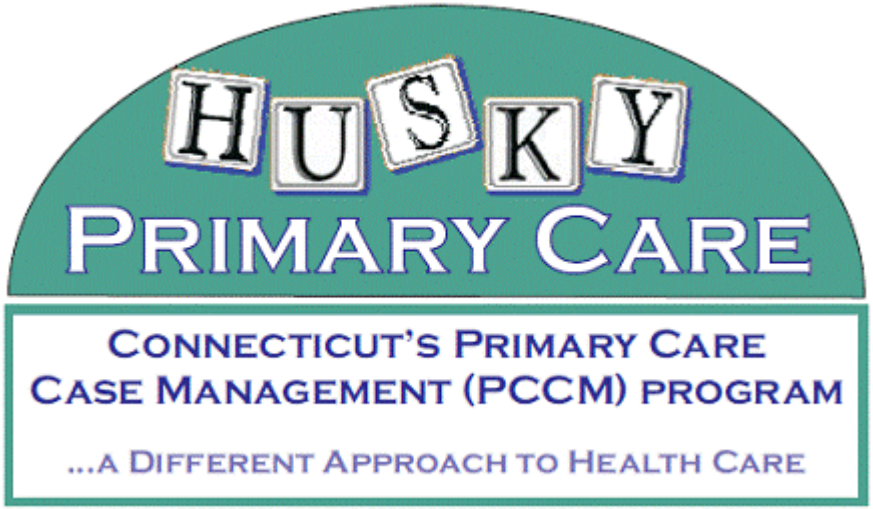
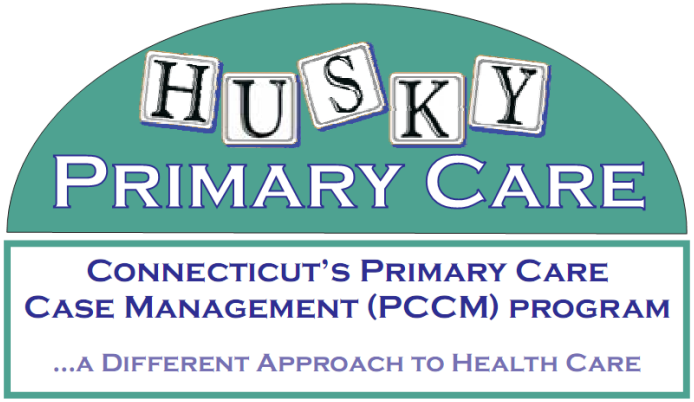
Connecticut Department of Social Services

--Caring for Connecticut--

Presentation to the Medicaid Managed Care Council

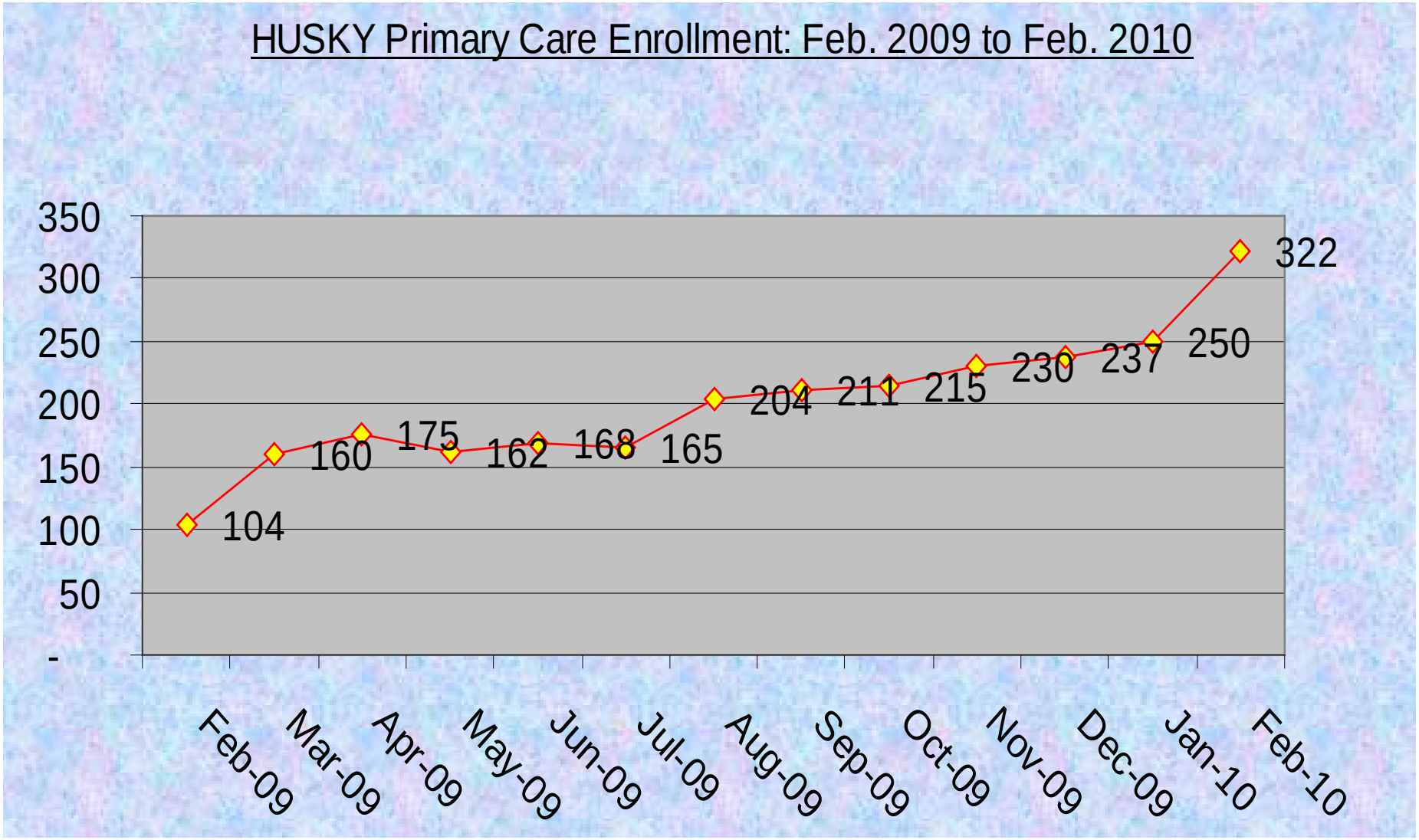
February 5, 2010


HUSKY
PRIMARY CARE
CONNECTICUT'S PRIMARY CARE
CASE MANAGEMENT (PCCM) PROGRAM
...A DIFFERENT APPROACH TO HEALTH CARE



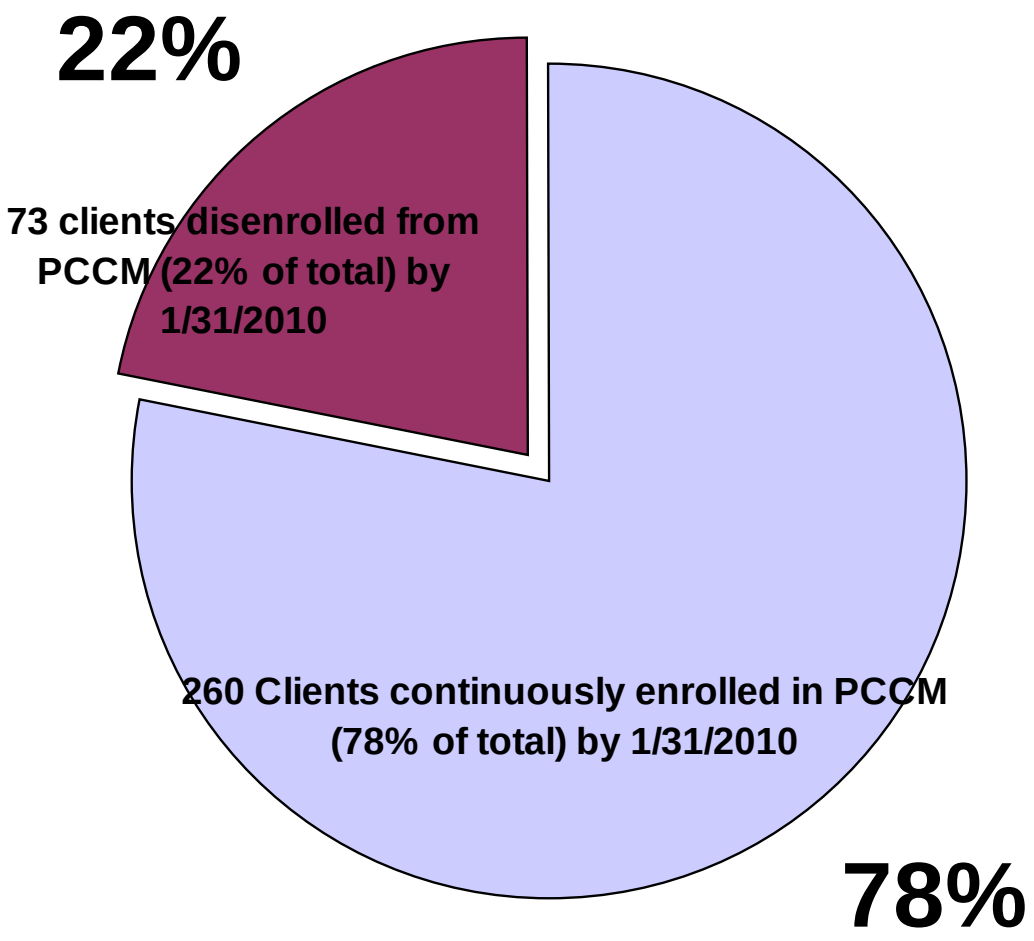
	Providers	Members
New areas (opened 1/1/10):		
Hartford Area	49	30
New Haven Area	125	43
Original areas (opened 2/1/09):		
Waterbury Area	41	215
Windham Area	13	34
TOTAL	**228**	**322**

- Next meeting of Provider Advisory Group: late Feb. or early March


HUSKY Primary Care Enrollment: Feb. 2009 to Feb. 2010
350
300
250
200
150
100
50
-
104
160
175
162
168
165
204
211
215
230
237
250
322
Feb-09
Mar-09
Apr-09
May-09
Jun-09
Jul-09
Aug-09
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10

HUSKY Primary Care: Enrollment & Disenrollment

333 Total Unduplicated Enrollees in HPC as of 1/31/2010



HUSKY Primary Care: Disenrollment & Destination

Length of Enrollment in PCCM	Total Disenrollment = 73	Destination	
		MCO	Lost Eligibility
1 - 2 months	33 [45% of Total 73]	31	2
3 months and more	40 [55% of Total 73]	18	22

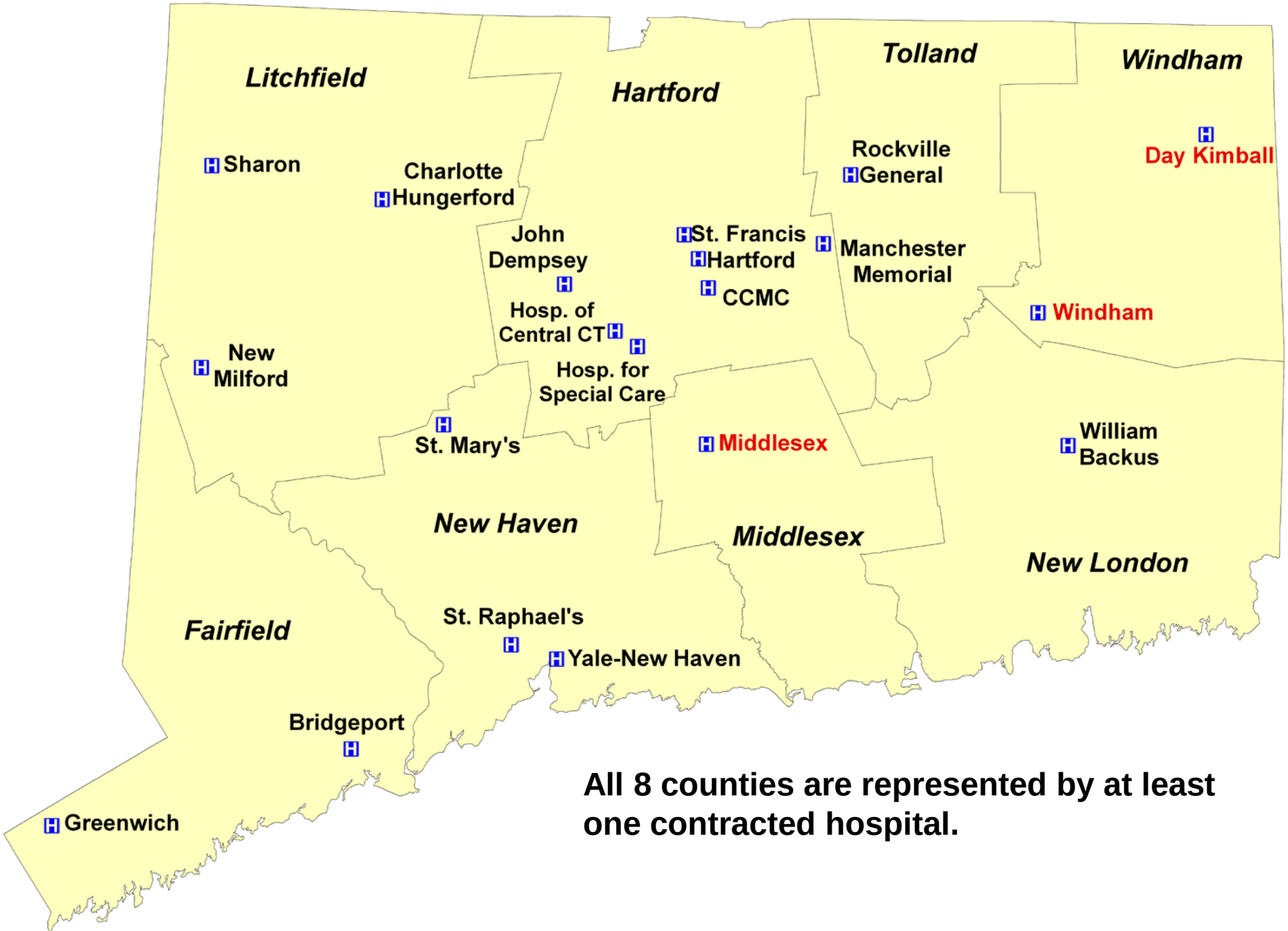
- 9 clients subsequently re-enrolled in to PCCM after losing eligibility and being re-instated into HUSKY

HUSKY Primary Care: Examples of Continuing Provider Recruitment Efforts

- Provider bulletin to all Medicaid providers
- Continuing to reach out to and meet with providers
- Meetings with medical specialty societies

Network Development Update

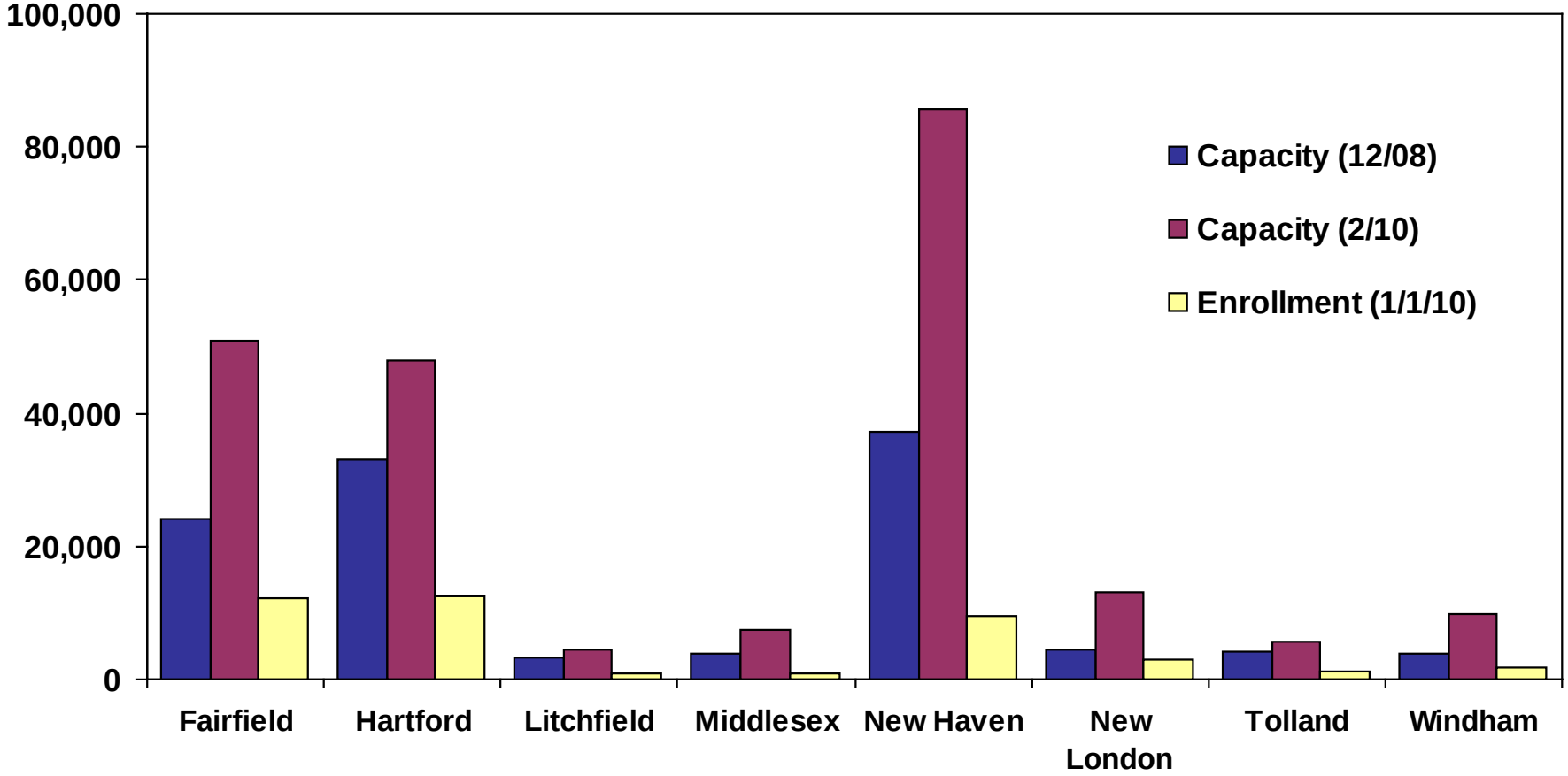
Hospitals Contracted for Charter Oak



All 8 counties are represented by at least one contracted hospital.

AmeriChoice Network Growth Compared to Enrollment for HUSKY

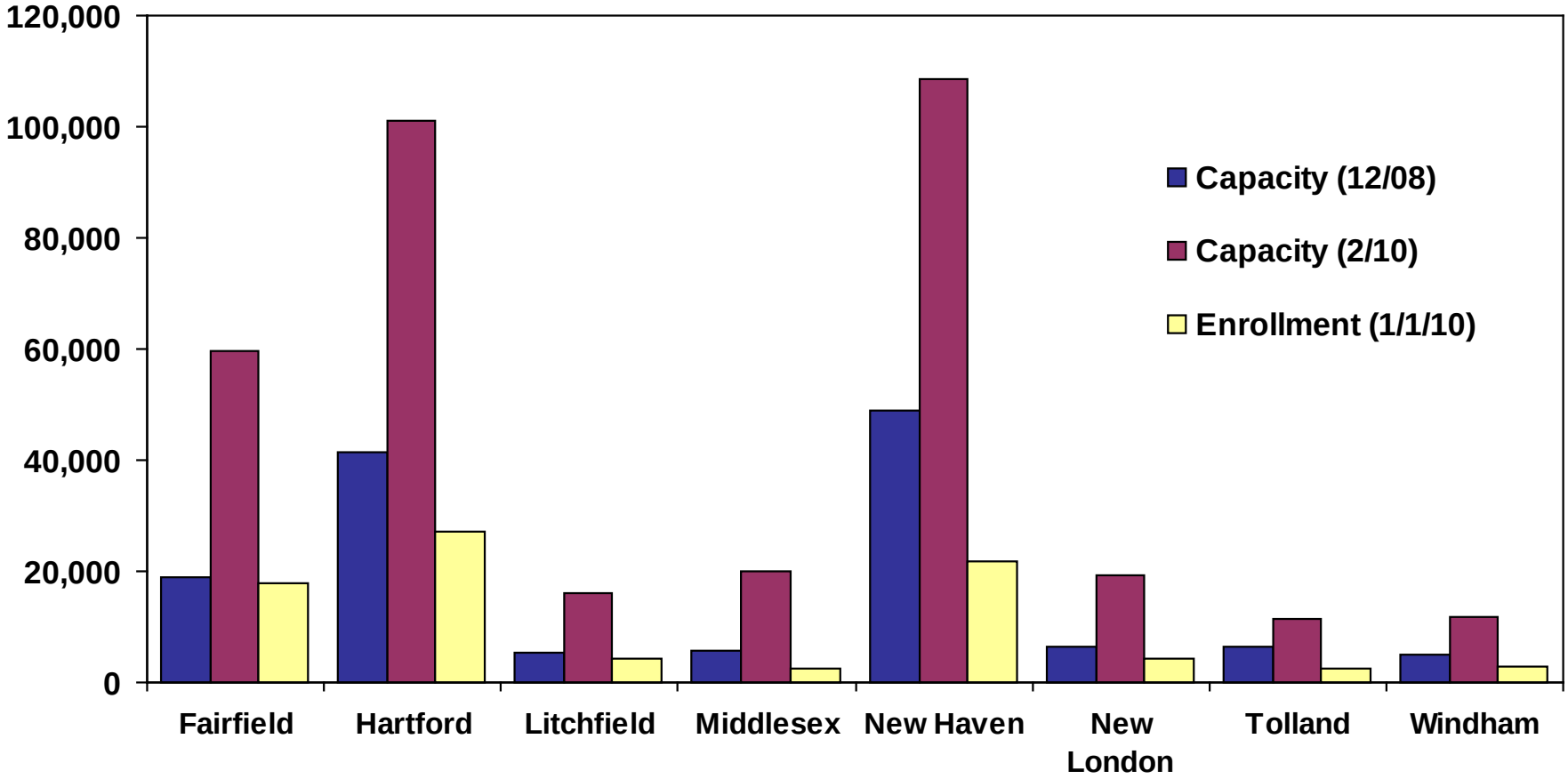
PCP Capacity vs Enrollment



Cap 12/08	23,992	32,896	3,189	3,958	37,089	4,316	4,175	3,809
Cap 2/10	50,797	47,806	4,484	7,515	85,858	13,115	5,557	9,675
Enroll 1/1/10	12,149	12,411	961	759	9,583	2,998	1,163	1,784
Enroll as % of 2/10 Cap	24%	26%	21%	10%	11%	23%	21%	18%

Aetna Network Growth Compared to Enrollment for HUSKY

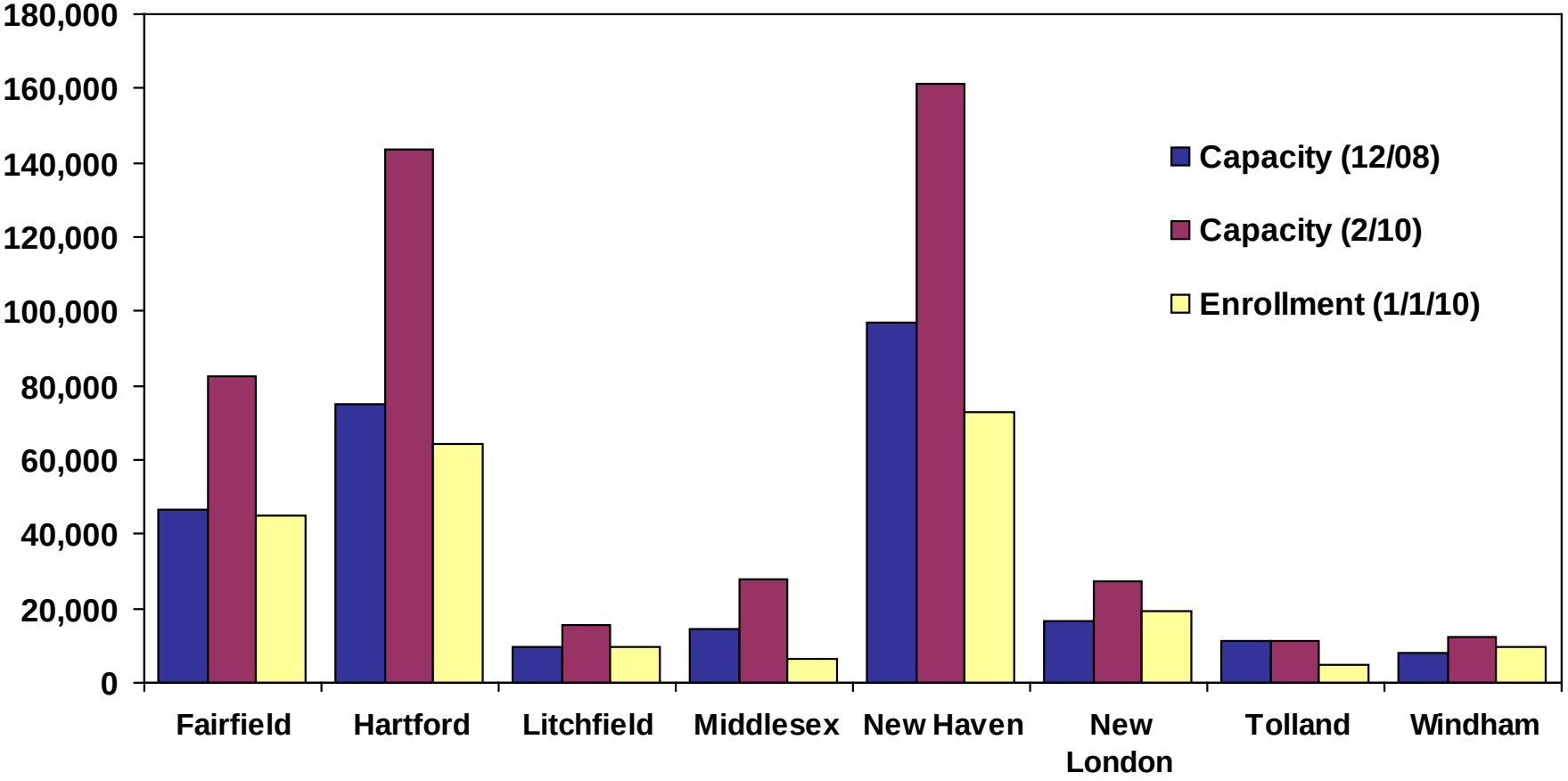
PCP Capacity vs Enrollment



Cap 12/08	18,800	41,539	5,379	5,845	48,804	6,357	6,579	4,907
Cap 2/10	59,725	101,249	16,006	20,040	108,609	19,205	11,297	11,950
Enroll 1/1/10	17,752	27,135	4,271	2,621	21,899	4,224	2,611	3,026
Enroll as % of 2/10 Cap	30%	27%	27%	13%	20%	22%	23%	25%

CHNCT Network Growth Compared to Enrollment for HUSKY

PCP Capacity vs Enrollment



Cap 12/08	46,867	74,855	9,728	14,430	97,200	16,736	11,144	8,001
Cap 2/10	82,472	143,336	15,318	27,819	161,315	27,405	11,017	12,125
Enroll 1/1/10	44,972	64,102	9,418	6,666	72,838	19,283	4,744	9,906
Enroll as % of 2/10 Cap	55%	45%	61%	24%	45%	70%	43%	82%

HUSKY A & B Reporting Enhancements

Reason for Reporting Enhancements

- Current reporting does not adequately describe service to Medicaid beneficiaries
- Current reporting does not identify gaps in service
- Inefficient in its use of limited MCO resources
- Limited use of HEDIS specifications
- Does not facilitate comparisons with other states, systems and national benchmarks

Enhanced Reporting Structure

- Includes 73 reports
  - 43 HEDIS (11 of these deferred to 2011)
  - 30 non-HEDIS
- Reports cover HUSKY A & B combined, where appropriate

Healthcare Effectiveness Data and Information Set (HEDIS®)

- Standardized set of key performance measures
- Methodology to collect the data and calculate the measures is standardized
- NCQA HEDIS Compliance Audit™
  - An independent audit consisting of an overall information systems capabilities assessment
  - Followed by an evaluation of the MCO's ability to comply with HEDIS specifications/standards
  - NCQA has developed a qualifying exam which individuals must pass before being designated NCQA-Certified HEDIS Compliance Auditors

What's Different?

- Replaces many existing DSS-developed reports with HEDIS counterparts
- Eliminates reports that did not return appropriate value for the effort expended, e.g. Prenatal-Maternal report
- Adds additional HEDIS reports appropriate to Medicaid
- Adds HUSKY B to reporting, as appropriate

What's Different? (cont.)

- HEDIS reports are annual
- DSS-developed reports vary in frequency
- Most DSS reports address oversight and day-to-day operations of the programs
- Total number of reports will about double over the current level

Why HEDIS?

- Includes measures specifically designed for Medicaid plans
- Greater transparency in analysis of the HUSKY program
- Ability to compare HUSKY MCO performance with one another and with other Medicaid MCOs nationwide
- Ability to compare against national and regional benchmarks

States that Use or Recognize NCQA Accreditation for Medicaid

1. Arizona
2. California
3. District of Columbia*
4. Florida
5. Georgia
6. Hawaii
7. Indiana*
8. Iowa
9. Kentucky*
10. Maryland
11. Massachusetts*
12. Michigan
13. Minnesota
14. Missouri*
15. New Mexico*
16. Oregon
17. Pennsylvania
18. Rhode Island*
19. South Carolina
20. Tennessee*
21. Texas
22. Utah
23. Virginia*
24. Washington
25. Wisconsin

*NCQA Review or Accreditation Required

Categories of Reports

- Effectiveness of Care
- Access/Availability of Care
- Satisfaction with the Experience of Care
- Use of Services
- Capacity/Access
- Authorizations, Denials, Appeals & Hearings
- Administrative Performance
- Cost of Care
- Health Plan Descriptive Information

Effectiveness of Care

- Asthma Medications (H)
- Breast Cancer Screens (H)
- Cervical Cancer Screens (H)
- Chlamydia – Female (H)
- Chlamydia – Male
- CIRTS (H)
- Immunizations for Adolescents (H)
- Developmental Screening
- Diabetic Retinal Exams (H)
- Comprehensive Diabetes Care (H)
- Gonorrhea
- Lead – DSS to DPH
- Lead – MCO/DSS/DPH (H)
- Children with Upper Respiratory Infections (H)
- Adults with Acute Bronchitis (H)
- Pharmacotherapy of COPD Exacerbation (H)
- Beta-Blocker Treatment (H)
- Anti-rheumatic Drug Therapy (H)
- Low Back Pain (H)
- ADHD Medication Follow-up (H)
- Persistent Medications (H)
- C-Sections
- Fetal Deaths
- Birth Weight

H -HEDIS Measure

Effectiveness of Care

Example: Use of Appropriate Medications for People with Asthma

- The % of members 5-50 yrs. old identified as having persistent asthma & who were appropriately prescribed medication during the measurement year
- Continuous enrollment for the measurement year and year prior, with one allowable 1 month gap in each year
- Denominator: the eligible population
- Numerator: Dispensed at least 1 prescription for a preferred therapy during the measurement year

Access/Availability of Care

- Adult Preventive Care (H)
- Asthma Emergency Room
- Children & Adolescent Access to Primary Care (H)
- Prenatal & Postpartum Care (H)
- Ongoing Prenatal Care (H)

H -HEDIS Measure

Access/Availability of Care

Example: Children & Adolescents' Access to Primary Care Practitioners

- The % of members 12 mos. – 19 yrs. old who had a visit with a PCP
- Continuous enrollment for the measurement year, with one allowable 1 month gap (12 mos. – 6 yr. olds)
- Continuous enrollment for the measurement year and year prior, with one allowable 1 month gap in each year (7 yr. old – 19. yr. old)
- Denominator: the eligible population
- Numerator: number of 12 mos.-6 yr. olds with 1 or more visits with a PCP during the measurement year & number of 7-19 yr. olds with 1 or more visits with a PCP during the measurement year or year prior
- Uses only administrative data

Access/Availability of Care

Example: Prenatal & Postpartum Care

- The % of deliveries of live births between Nov 6th of prior year and Nov. 5th of measurement year receiving prenatal care in the 1st trimester or within 42 days of enrollment; and receiving a postpartum visit between 21 and 56 days after delivery.
- Enrollment must be at least between 43 days prior to delivery and 56 days after delivery.
- Denominator: women meeting the enrollment criteria above and having a live birth between dates noted.
- Numerator: (1) women having a prenatal visit in the 1st trimester or within 42 days of enrollment
  (2) women with a postpartum visit between 21 and 56 days after delivery
- Hybrid method is available for this measure

Satisfaction with the Experience of Care

- CAHPS - Consumer Assessment of Healthcare Providers and Systems (H)
  - Getting Needed Care
  - Getting Care Quickly
  - How Well Doctors Communicate
  - Health Plan Customer Service, Information and Paperwork

H -HEDIS Measure

Use of Services

- Adolescent Well-Care Visits (H)
- Ambulatory Care (H)
- CMS 416 (EPSDT Screening Ratio)
- EPSDT Screening Ratio, Participation Ratio
- Inpatient Utilization (H)
- Well-child – first 15 months of life (H)
- Well-child visits – 3rd – 6th year of life (H)
- Neonatal intensive care unit admissions
- Emergency department usage
- Readmission rates
- Frequency of selected procedures (H)
- Inpatient utilization – non acute (H)
- Identification of alcohol and other drug services (H)
- Antibiotic utilization (H)
- Outpatient drug utilization (H)

H -HEDIS Measure

Use of Services

Example: Well-child Visits in the 3rd, 4th, 5th, and 6th Years of Life

- The % of members 3-6 yrs. old who received 1 or more well-child visits with a PCP during the measurement year
- Continuous enrollment for the measurement year, with one allowable 1 month gap
- Denominator: the eligible population
- Numerator: number with at least 1 well-child visit with a PCP during the measurement year
- Hybrid method is available which allows for a systematic sample to be drawn and a medical record check completed that looks for certain criteria to be met so a visit may be counted as a well-child visit

Capacity/Access

- MCO Capacity
  - Determines each MCO's capacity by county, based on number of PCPs and OB/GYNs under contract
- PCP Panel Report
  - Lists providers functioning as PCPs and their panel size to identify across all MCOs providers with more than 1,200 members in their panel
- Provider Participation
  - % increase in providers over the past year
- Out-of-network
  - Number of out-of-network requests, approvals and denials by category

Authorizations, Denials, Appeals & Hearings

- Prior Authorization Report
  - Inpatient & outpatient surgery
  - DME, home care
  - PT/OT/ST/Chiro
  - Pharmacy
- PA to Hearings Report
- DSS Hearings
- Denials Report

Administrative Performance

- Case Management Clinical Report
- HIL HUSKY Infoline Grievance Report
- DSS Grievance Report
- MCO Grievance Report
- Provider Turnover
- Call Center Activity
- Subcontractor Financial Reports

Administrative Performance

Example: Call Center Activity

- New report developed to reflect the activity of each MCO's call center
  - Volume of calls
  - Hold time
  - Response time
  - Length of call

Administrative Performance

Example: Grievances

- Categories include
  - Access
  - Quality of provider services
  - Quality of MCO services
  - Financial issues.
- Time to resolution
- Source of call, i.e. member/family, other entity, dental or BHP

Administrative Performance

Reports that reflect volume of claims, processing time and interest paid

- Claims – Interest Paid
- Claims Aging Inventory Report
- Claims Turnaround Report

Cost of Care

Reports that focus on high cost conditions and provide additional information to assist in determining efficiency or value of service

- Relative resource use for people with diabetes (H)
- Relative resource use for people with asthma (H)
- Relative resource use for people with low back pain (H)
- Relative resource use for people with cardiovascular disease (H)
- Relative resource use for people with hypertension (H)
- Relative resource use for people with COPD (H)

H -HEDIS Measure

Health Plan Descriptive Information

5 reports that are descriptive of a health plan and its membership

- Board certified providers (H)
- Enrollment by product line (H)
- Language diversity of membership (H)
- Race/ethnicity diversity of membership (H)
- Weeks of pregnancy at time of enrollment (H)

H -HEDIS Measure

HUSKY Primary Care (PCCM): Reporting by Providers

- The Provider Advisory Group developed the following measures, to be reported by providers:
  - Completion of a risk assessment and care plan
  - Asthma among children: completion of severity staging and care plans
  - Diabetes among adults: Annual HbA1c and lipid levels; biannual blood pressure
  - Obesity: BMI, and for those with a BMI above a specific level, other clinical measures

HUSKY Primary Care: Claims-Based Reporting

- Shorter-term, including:
  - Immunization, inpatient and emergency department utilization (generally, and related to asthma or diabetes), preventive and well-care, asthma medications, developmental screening, EPSDT screening and participation ratios, outpatient drug utilization
- Longer-term, including:
  - Breast and cervical cancer screening, antibiotics for upper respiratory infections among children, antibiotics for bronchitis among adults

Care Management Program Update

Care Management Program Update

- RFQ Responses due week of February 8
- Go live remains July 1, 2010
- CMS has approved focus on adults only, non-family coverage groups
- CMS will permit opt out for
  - Native Americans
  - Children with special health care needs (18 yr olds)
- State Plan Amendment not yet submitted, public notice expected prior to March 1