



Connecticut Department of Social Services

--Caring for Connecticut--

Presentation to the Medicaid
Managed Care Council

March 12, 2010



Medicaid Managed Care Council

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Participating Dental Providers, Prior Authorization and Care
Coordination and Outreach Update

as of February 28, 2010

Participating Dental Practitioners

as of February 28, 2010

County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio	Hygienists	Totals
FAIRFIELD, CT	3	142	11	6	20	0	23	205
HARTFORD, CT	5	219	29	21	31	0	26	331
LITCHFIELD, CT	0	33	2	1	3	0	0	39
MIDDLESEX, CT	0	36	1	1	8	0	10	56
NEW HAVEN, CT	3	162	26	12	19	0	11	233
NEW LONDON, CT	1	36	3	2	6	0	6	54
TOLLAND, CT	0	23	1	3	2	0	0	29
WINDHAM, CT	0	27	0	1	0	0	4	32
Out of State		58		1				59
Totals	12	736	73	48	89	0	80	1038

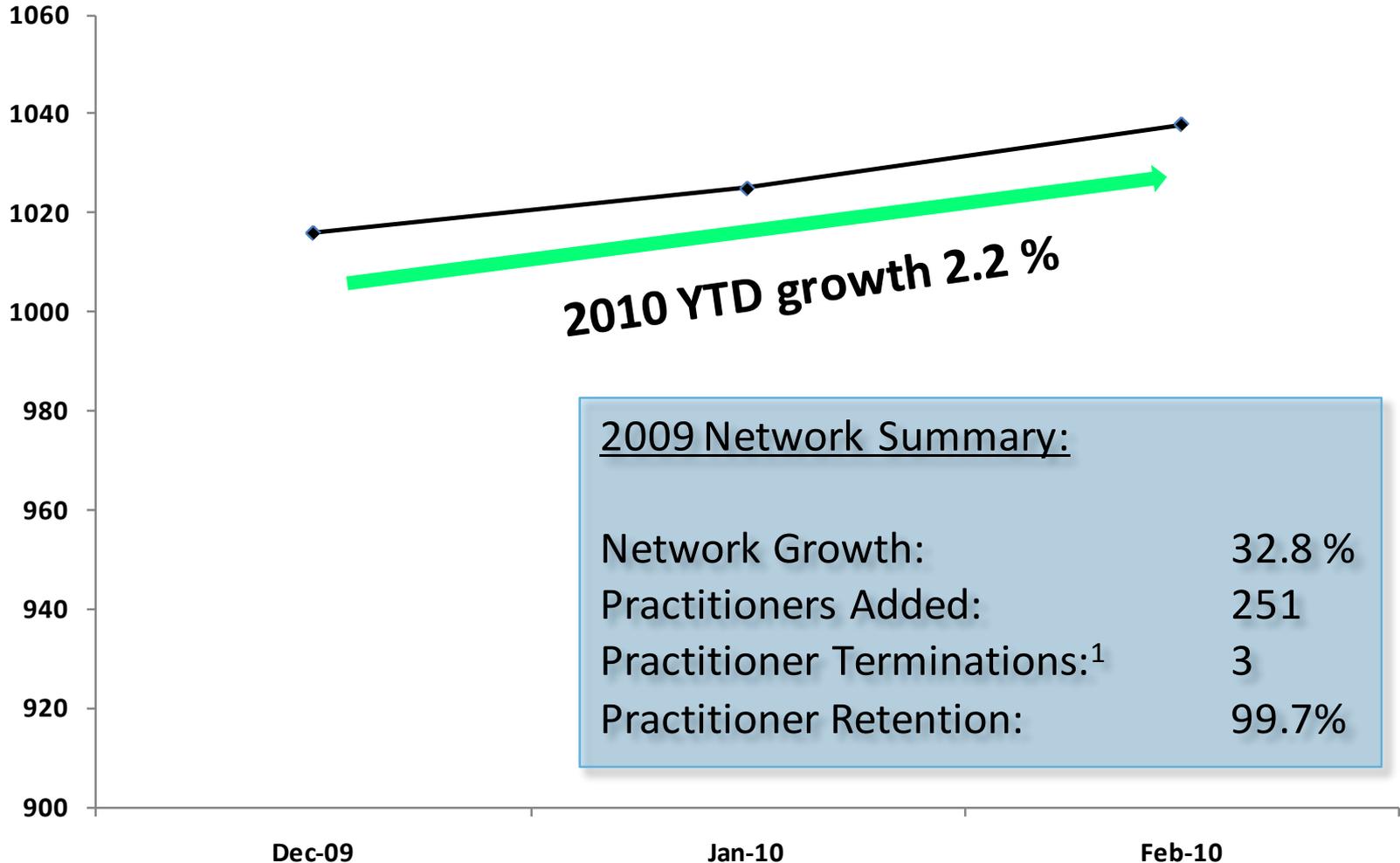
Participating Dental Service Locations

as of February 28, 2010

County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio	Totals
FAIRFIELD, CT	1	102	8	11	10	0	132
HARTFORD, CT	2	153	16	18	19	0	208
LITCHFIELD, CT	0	30	4	2	2	0	38
MIDDLESEX, CT	0	21	1	2	5	0	29
NEW HAVEN, CT	4	98	13	12	11	0	138
NEW LONDON, CT	1	20	2	3	4	0	30
TOLLAND, CT	0	15	3	2	2	0	22
WINDHAM, CT	0	14	2	2	0	0	18
Totals	8	453	49	52	53	0	615

Participating Dental Practitioners

2009 and February 2010



1: Voluntary terminations only

- PA implemented for select services
 - Ensures compliance with Medical Services Policies
 - Only 3% of children's services require PA.
 - Examples of adult services that require PA:
 - Root Canal Treatment
 - Dentures (initial placement and replacement)
 - Crowns for all teeth
 - Impacted teeth that require extractions
-

Summary of PA Status	Quantity
Procedures Approved	4,851
Procedures Denied	1,799
Procedures Pending Documentation	6,216
Procedures In Process	1,431
Total Number	14,297

Review Time for PA	Quantity
PA Requests (Claims)	4,354
PA Requests (Procedures)	14,297
Average Business Days for Data Entry from Receipt	7.86
Average Business Days from Receipt to Review & Decision	10.88

Areas of Focus

- General Program Outreach
- Prenatal Outreach Initiative
- SHCN/Other Care Coordination
- Non-utilizers Outreach

- Seven Dental Health Care Specialists
 - 6 Cover Geographic Regions
 - 1 for Clients with Special Health Care Needs
- General Outreach Activities Include:
 - Relationship-building with dental offices visits to facilitate referrals
 - Poster Distribution for oral health education

Highlights

- More Than 1,000 Outreach Visits to Community Agencies, Providers and Clinics (Including Head Start, WIC Community Action Agencies, Schools, Behavioral Health Agencies, etc.)
- More Than 3,100 Outreach Posters Distributed to Schools and Community Agencies

Outreach Visits & Poster Distribution

Region	Start 2009	Community Agencies	Dental Provider	Clinics	Meetings	Posters Distr.
NH	Mar	95	59	5	9	365
Central	Jun	67	54	0	28	315
SW	Mar	92	88	15	14	340
HTFD	Aug	39	33	1	1	447
NW	Apr	140	60	8	2	830
East	Jun	116	42	6	0	838
SHCN	Jan	3	29	6	9	0
Subtotal		552	354	41	63	3,138

Outreach Posters

Six Versions focused on elementary & middle school children and their parents

**Don't
bad-mouth
your kids!**

Kids need a healthy mouth and a healthy smile to succeed. If your family has Connecticut Medicaid, you have a free or low-cost dental program. It's really free. It's really easy. It really makes a difference in a kid's future. Even if you don't have Connecticut Medicaid and don't have dental insurance, we may be able to help.

Los niños necesitan una boca sana y una sonrisa sana para tener éxito en la vida. Si su familia tiene Connecticut Medicaid, usted tiene un programa dental gratis o de bajo costo. En verdad es gratis, en verdad es fácil. En verdad hace un diferencia en el futuro de un niño. Si usted no tiene Connecticut Medicaid y no tiene seguro dental, es posible que nosotros podamos ayudarlo.

1-866-420-2924

Give kids something to smile about... Call the Connecticut Dental Health Partnership. Let us help give your kids great looking teeth without taking a bite out of your wallet. Dale a sus niños algo de que sonreír. Llámese a Connecticut Dental Health Partnership. Dejémosle ayudar a darle a sus niños una dentadura linda sin dar una mordida a su bolsillo.

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Non-utilizers/EPSDT Outreach

- In November 2009 Identified clients who:
 - were active in November and continuously enrolled for \geq six months
 - had no non-orthodontic services in past year
- 284,000 clients in 214,000 households

- Non-utilizers/EPSTD Outreach
- Outreach Letters mailed in English and Spanish
 - stressed importance of oral health
 - described dental benefit
 - offered CTDHP assistance in finding a provider
 - offered appointment assistance and transportation coordination

- Pew Children's Dental Health Campaign is a national campaign to increase children's access to dental care
 - Goals:
 - Raise awareness about access deficiencies
 - Recruit influential leaders to advocate for change
 - Advocate in states where policy change is needed
-

- Assigned what they determined were proven and promising benchmarks for oral healthcare in public settings
 - Decided what practices were cost effective
 - Assessed all 50 states + D.C.
 - Graded on an A to F scale with a curve
 - Eight benchmarks
-

“Graded”

- 6 states were assigned an “A” (met six out of eight benchmarks or 75%)
 - 9 states were assigned a “B” (met five out of eight benchmarks or 62.5%)
 - 33 states were assigned a “C”, 7 - “D” or 6 “F” (met four out of eight benchmarks or 50% or less)
-

Benchmarks:

1. Sealant programs in 25% of high risk schools [DPH, Local DPH + SDE]
 2. Public health hygienist model – dentist is not required to see a child before treatment [DPH, DSS]
 3. Water fluoridation [DPH, DEP, DPW]
-

4. State meets or exceeds national average of children on Medicaid who receive dental service [DSS]
 5. Medicaid rates are at or above national average [DSS]
 6. Medicaid reimburses medical providers for dental services {ABC Program} [DSS]
-

7. State has formulated new intermediate care dental provider [ADA]
 1. Two states have adopted a model
 - a. The models significantly differ from each other
 8. National Oral Health Surveillance System [DPH + CDC]
-

- Connecticut given an “A” grade
 - Found deficient in 2 benchmarks
 1. Sealant programs in high risk areas
 7. States have intermediate level care practitioner
-

Connecticut has shown significant improvements over the past five years.

Connecticut is still implementing new programs and initiatives that are tailored to the population's needs

Connecticut is focused not only on providing dental services but providing appropriate and quality dental services

All advocates, community groups, state agencies and the dental professionals must work as a team in order to provide the best oral health care possible.



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Questions?

Presumptive Eligibility

- Effective March 1, 2010, DSS has implemented Presumptive Eligibility (PE) for pregnant women whose family income is under 250% of the FPL
- Similar to the PE program for children whose family income is under 185% of the FPL
- DSS has invited sites currently participating in the PE program for children as Medicaid Certified Entities to participate in the program for pregnant women
- Briefing sessions have been scheduled to explain requirements to participate

Medicaid Certified Entities

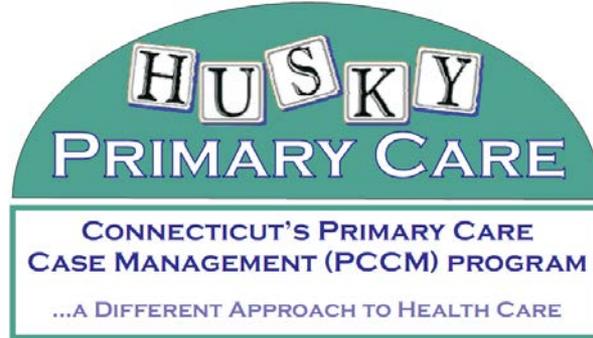
Organizations may be certified as any or all of the following:

- Qualified Entity (QE) – perform presumptive eligibility function for children to be enrolled into Medicaid and/or HUSKY
- Qualified Provider (QP) - perform presumptive eligibility function for pregnant women to be enrolled into Medicaid and/or HUSKY
- Outstation Location Site (OLS) – receive and conduct initial processing of Medicaid and/or HUSKY applications on behalf of DSS, including receiving citizenship and identity documents



Member Enrollment

Area	January	February	March
Windham	32	34	30
Waterbury	202	215	213
New Haven	12	43	48
Hartford	4	30	51
Total	250	322	342



Evaluation – Mercer finalizing proposal to be shared with the PCCM subcommittee on 3/17

Provider Advisory Group met 3/4 - agenda included:

- Expansion to New Haven and Hartford
- Enrollment growth
- Practices' solutions to client enrollment challenges
- Utilization data
- Next steps of group and subcommittees

DDS Targeted Case Management

- Targeted Case Management (TCM) formerly available to Medicaid FFS, HUSKY A and Katie Becket Waiver clients
- TCM capacity has been reduced due to retirements in 2009
- Proposed state plan change would limit target population to Medicaid FFS recipients, which helps ensure that demand can be met with available DDS case managers

DDS Targeted Case Management

- Limitation excludes HUSKY A and Katie Becket Waiver clients
- HUSKY A clients have access to EPSDT case management through MCOs
- Katie Beckett Waiver clients already have a case manager
- DDS will be available for consultation with Katie Beckett and MCO case managers

DDS Targeted Case Management

- DDS established Help Lines in all regions to assist families without case management
- Assistance with access to family support and community services including:
 - Respite
 - In-home family support workers
 - Behavioral and nursing consultation
 - Transition to adult day services
 - Education planning assistance



**Presentation to the State of Connecticut
Medicaid Managed Care Council**

MCO Performance Improvement Projects

March 12, 2010

Presented by:

Aetna Better Health, AmeriChoice of Connecticut, Inc. and
Community Health Network of Connecticut

What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS)

- Most widely used set of measures of clinical quality in health care
- Assesses how well the care delivered follows accepted standards of medical care
- Looks at clinical performance for the previous calendar year (HEDIS 2010 is based on 2009 claims)
- Collected through claims / encounter data and also medical record review at physician offices / provider sites (fall within HIPAA scope)
- Newer HEDIS measures are requiring a significant amount of medical record abstraction.

What is CAHPS?

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

- Member surveys about health care experiences with MCOs and doctors
- Occurs annually February – May; mixed telephonic & written survey
- Evaluates members' experiences in the past 6 months
 - “Were you able to get care when you needed it?”
 - “Does your doctor communicate well?”
 - “Rate your health plan on a scale of 1 to 10.”

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

Advantages of Using HEDIS and CAHPS to Measure Improvement

- Data collection processes and final performance is subject to audit
- Used by more than 90 percent of MCOs in the United States
- Reported to both DSS and NCQA – allows for consistent comparison across plans at the local, regional, and national levels.
- National Medicaid benchmarks / percentile comparisons are available annually (Quality Compass)

Connecticut MCO Performance Improvement Projects

- Based upon plan experience, each MCO selected the following 4 PIPs selected by each MCO
- Please note: these PIP's were reviewed and approved by DSS and Mercer.
- They represent a sample of the plans' HEDIS data collection efforts and are not all inclusive.

Project	AETNA	AmeriChoice	CHNCT
Breast Cancer Screening	X	X	
Well-Child Visits (1 st fifteen months of life)			X
Well-Child Visits (3-6 Years)	X		
Adolescent Well Visits		X	X
Prenatal / Postpartum Care and Frequency of Prenatal Care*	X	X	X
Comprehensive Diabetes Care*	X	X	X

*Required PIPs across all plans, per DSS

Quality Improvement Timeline

	Q3/Q4 2009	Q1 2010	Q2 2010	Q3 2010	Q4 2010
MCO Quality Milestones	<ul style="list-style-type: none"> •MCO selection of PIP's •Review / discussion / approval by DSS and Mercer •Completion of HEDIS road map required by the NCQA certified auditing firm 	<ul style="list-style-type: none"> •HEDIS initial administrative data is available •Plans review/audit preliminary administrative data •Medical record review data will augment admin rates. 	<ul style="list-style-type: none"> •Ongoing HEDIS medical record review. •HEDIS audit completed. •Final HEDIS performance data available •Internal review and design intervention. 	<ul style="list-style-type: none"> •Implement interventions and initiatives, evaluate effectiveness after next HEDIS data collection cycle. •Review of PIP results during Mercer audit. 	<ul style="list-style-type: none"> •Evaluate effectiveness of interventions within 12 months and set goals for upcoming year •National Quality Compass benchmarks available in November for prior year's performance
MMCC Deliverables by Quarter		<ul style="list-style-type: none"> •Introduction to combined MCO Quality Improvement strategy and timeline (3/12) 	<ul style="list-style-type: none"> •Update on progress as well as preliminary areas of focus based upon baseline data and potential data issues 	<ul style="list-style-type: none"> •Present baseline (Calendar Year 2009) performance HEDIS data with PIP's 	<ul style="list-style-type: none"> •Progress update on PIP's •Review CT HEDIS data compared with National HEDIS Medicaid benchmark data.

Key Dependencies and Shared Opportunities

- Pharmacy utilization data
- Immunization / lead screening data
- Behavioral health data
- Partnership and collaboration from providers