



Council on Medical Assistance Program Oversight

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Sen. Toni Harp Sen. Terry Gerratana

Summary for April 12, 2013 at 9:30 AM in LOB Room 1E

The Meeting Began at 9:30 AM in LOB Room 1E. Rep. Susan Johnson opened the meeting. There were introductions of the committee members.

Attendance:

Rep. Susan Johnson, Rep. Prasad Srinivasan, Sen. Joe Markley, Steve Mackinnon Xerox, Carol Trapp Xerox, Jordon Schnieman Deloitte, Joyce Hess CHA, Kathy Yacavone SWCHC, Mary Alice Lee CT Voices for Children, Mag Morelli, Lead Age CT, Julia Evans Starr CT Commission on Aging, Eric Berthel ECHN, Victoria Veltri Office of Health Care Advocate, Ellen Andrews CT Health Policy Project, Cheryl Wamuo DCF, Christine Bianchi Stay Well Health Center, Beth Cheney Windham Hospital, Jeff Walter Rushford, Sen. Edith Prague Dept. on Aging, Deb Gould Latino Expo, Amy Gagliardi Women's Health SC, Renee Coleman-Mitchell DPH, Mark Keenan DPH, Jesse White Frese' - CT SBHC, Colleen Harrington DMHAS, Sylvia Kelly CHCNT, Rob Zavoski DSS, Annie Jacob DSS, Uma Ganesan DSS, Judi Jordon DSS, Kristin Dowty DSS, Andrew Selinger MD Pro Health, Rob Bremby DSS, Kate McEvoy DSS.

ConneCT Presentation

DSS introduced a Deloitte consultant who presented the ConneCT Presentation. The presentation went over the benefit overview. There is a pre-screening function.

ConneCT Objectives

- Improve Client Access
 - Anywhere/anytime access via web services.
 - Achieve Better Quality Outcomes
 - Makes processes faster and more efficient by reducing “back and forth” and generation of paper.
 - Enhance Customer Service
 - Empowers workers with tools to help clients.
 - Increases the number of workers who can help a client.
 - Reduce Costs
 - Reduces the need for paper (and associated storage costs).
 - More efficient retrieval of documents.
 - Provide a Technological Framework for the Future
 - Integrated technologies support the business and allow for expansion.
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- Pre-Screening of ConneCT Demo was presented please see slide. Pre-Screening Questions- Who Lives in the Home, Children under 19, Pregnant and Disability, Blind- Child is Blind
 - Screen is custom for household. Q- Who receives assisted Care, Licensed Boarding Facility?
 - Who gets Medicare?
 - The answers are based upon what the member put in the system. Validate what they entered. There is Opportunities to correct any information.
 - Through Screening- Your Results Screen. Screen summarizes what they are and unlikely eligible for.

- If the member can receive SNAP- Income SNAP or State Supplement. Who will be eligible for each program?
- Client can download a paper application- Can connect up to the online application. Address to the DSS office that's closest to them.
- Pre- screening is fully anonymous. It is a Preliminary assessment, without providing any personal information.

Comment and Discussion on Pre-Screening Demo

- There was request to have a Pre-Screening- Copy of the screen shots of the solution.
- Katherine Yacavone expressed excitement for the release of this presentation.
- Income Screen- Do people put in poverty level data?
- Simplify- to eliminate ambiguity. -Who had income- Worked in the past 5 years- Not unable to work- No one has other income and no one has received cash assistance.
- There is a simple system of calculations of – How often their paid and how much. The System takes care of the calculations.
- If they are over income, will they be linking it into exchange?
 - There is a planned integration into the Health Insurance Exchange. The Integration will be next year. As of right now they are directed to Charter Oak.
 - Health Insurance Exchange has different program. Keep ConneCT as ConneCT.
- Sen. Prague commented about how it is a big step in the right direction. Is there going to be a phone number in case there is a question about a certain program?
 - Yes- It will be general and case specific.
- There will be Eligibility staff in the benefit center. They will have access with EMS at the same time.
- Will they add the Dept. of Aging? Expand to income to include some of the aging services.
 - It is will be a Future Step we will look at.
- Envision replacing EMS. There are different levels of replacement. Provide replacement for no wrong door approach.
- Vicki Veltri commented about prescreening without identifying yourself is great. How will they move people from the exchange? Is it link or phone? Will they translate the site into Spanish?
 - They can translate the site into Spanish.
- The Integration with the exchange discussion of the table. Online application leads to a PDF Application. Once they get the online application live it would be electronic. There is some discussion to integrate the online application into the Health Insurance Exchange. Find out what you're applying for. You want to go to the Health Insurance Exchange. Only for SNAP- proceed through ConneCT. More detail that needed to be worked through.
- When you do the application, does it get populated?
 - Down the line they could do that.
- Fran Free- intention of the design for the anonymity. One need and they get their family situation, they would be eligible more programs that they thought.
- How to handle other languages?
 - Translation services that can be used with the site over online. Can integrate other languages in the longer.
- René Coleman Mitchel- WIC Program- Is there any tie in to be eligible for WIC. IS there time incorporate that.
 - Currently no, sitting down to put together what program requires data collection and eligibility. Anything right now to be eligible for WIC.
- Gathering requirements for replacements for EMS.
- Client Accounts- Set up an account. Customer Portal- New to ConneCT creates an account. Secret Questions 5. Cases are used if the client forgets their password. Associate their case- links up their EMS Account. Case Associate. Last 4 Digits 9 Digit Client ID- and Year of Birth- Case Association. Can this

be used until the Medicaid status has been given? Can this be tracked for renewal? Ultimately gets linked to their account. Mechanism for application tracking. Can provide an application Status. Track high level application status. Right now- with my account to see if there a particular document that's missing. Still need to contact the department for tool tracking. Cover sheet to send back with the cover sheet. Process for document management.

- Point of Renewal- Baby on Age of 1- What will it show= for ongoing eligibility or the need for a new application in order for the redetermination- Once they have that will be having a prompt.
- Application number- DSS Number or Client ID. Most notices- DOB and Year of Birth and Social Security. Status of Application doesn't have a number- create an account. Application becomes associates. No Case Association.
- EMS- System needs to get a client ID so they can use that number to go in.
- Can you put an addendum to title 19 and nursing homes? Yes Long Term Care.
- Relates to the local level. Soft launching since Dec 28, 2012. Establishing my accounts. Took part in testing it live in Bridgeport. Clients became empowered to the information. Example: where they live and where they moved. Level of Accountability. User friendly 3,000 Accounts that have been established so far. What's the turnaround time for the application?
- Anticipate higher turn- around time.
 - Once it's pending or granted.
- . Will there be a video tutorial t each section. Just developed by the department.

IVR: Interactive Voice Response. Establish a Pin on the IVR. Members will have the ability to hear the Status of an application. EBT Card. Does not provide Charter Oak or Husky B. IVR Demo.

- Benefit Center- Telephony Setup- Key Challenges-
- Make Copies of the information of ConneCT.
- Documents on Second Monitor Digitally.
- Streamline Fast Link Cover Sheets.
- Scanner Friendly- Bar Code- Send backs the verification.
- Scanning Documents- Upload documents with them do online application. Route and Scan for the facility. Content repository- know. Flagging information. Rules that can see what types of documents. Role based security on who can see what documents.
- Christine Bianchi- Handling documents when there is no cover sheet. Misplace their cover sheets. Expectation for Community based organization.
- Coversheet and My Account are two separate documents.
- Ability to be able to not to contain the geographic limitations.
- Doc Flow and Doc Imaging. Task based system. Flatten the work. They will be assigned. State wide task based Model.
- Deployments at different dates.
- We're not operating statewide yet. Ask Clients to identify all of their documents with Client Ids and Social Security number.
- Culture Shift. Learning Curve. Community providers can support that.
- All Client Ids or Social Security Numbers to being to educate our clients.
- Online application and redetermination- august deployment.
- Thanked the department.

Dr. Alice Pritchard- Health Workforce Policy Board Presentation- Staff of Workforce Competiveness. Since 2011 has been serving in a policy role. The Board Reports annually to the Public Health and Higher Education Committees. The Legislative report includes the current labor market trends affecting the allied health workforce and recommendations for legislative consideration.

Highlights and Comments

- Strong Health Care Force Industry

- Growth Rate is Slower
- Ranked 7th for Share of Employment.
- Largest workforce demand increase
- Largest need is for RNS.
- Nurse Aides and Attendants.
- 36% Increase for health aides.
- Data is out of date when they print the report.
- Track Graduates and health care graduates for the states.
- Individual might increase their skills.
- Associates degrees- Bachelor- Masters – Only 1 Nurse. No one to replace. Nurses are moving up with education and need nurses to replace them.
- Growth Rates are slowing. Future policy changes.
- Factors affecting Workforce- major changes for health care policy.
- Mature population mature workers in the health care field
- People still hire bachelor's degree- if they don't have experience
- There was discussion of unionization of personal care attendants.
- New applications of health care reform.
- New Positions for Patient navigators, Care Coordinators
- Recommendations: Employment and training Commission- Health care force needs to be replenished. Unmet need will have an impact on services.
- Establish Regional partnership- Statewide Health Care Workforce Grant.
- Develop a Virtual CT HealthCare Workforce Center that provides data and workforce information- portal for collecting workforce data.
 - Consumers of HealthCare Workforce Training.
- Increase investments in public/Private partnerships to advance incumbent workers.
 - Providing Workforce training. Replacing them with new workers. Important investment.
- Expand contextualized learning opportunities that bring education and work together.
 - Not ready to make transition. Basic skills proficiency.
 - Washington State. How to bring these workers- and build career pathways.
- Expand public/private partnerships to prepare the future health care workforce
 - Preparing workplace culture. Expanding internships.
 - All recommendations are important and critical. Employer are hoping
 - Program Inventory- high schools and colleges.
 - Thanked for the presentation.
 - Rep. Johnson- Associate Degree is not finding a good place for them in the job market or LPNs.
 - Move towards nurse's aide and APRNS.
 - If Medical Assistance Role Increases. Hospitals letting LPN go.
 - Employer is looking for LPNS in Long Term Care. Experienced- RNs and LPNs.
 - Nurse Residencies- Take on the novice graduates if they knew they had some resources.
 - Economy can impact. Bachelor's degree with experience. Lots of others to choose.
 - Can it be under apprenticeship program.- expansion into health care. Figure out licensure.
 - Joyce Hess- Employment Opportunity in Hospitals have stopped
 - PCMH- Care Coordinators- as we put PCMH in. 13 in Primary Care Sites.
 - Patient Work Navigator.
 - Palliative Nurse Population.
 - Governor's Budget goes through there will be 300 Employees will lose their jobs.
 - Support the unpaid workforce for older people in the workforce.
 - Continued conversations some need to education. Some need to have in professional development- potential resources from Money Follows the Person.
 - Rep. Johnson on the report.

Kate McEvoy- Division on Health Services

- She gave acknowledged the work for ConneCT.
- In December- strategic alliance toward development of the integrate eligibility system.
- Integrated Eligibility Project.
- Status updates on new means of delivering services. And new means of reimbursing for services.

Duals Demonstration- CMS innovative program

Highlights

- Good and Health and Client satisfaction.
- Medicare and Medicaid Data. CHN will use predicative modeling tools.
- Intercept the need to use ED.
- Tailor Dual Eligibles. Person Centered Foal Directed.
- Procure 3-5 Health Neighborhoods.
- Operating Plan drafting.
- Congressional- Scope and Scale of how many were involved. Over 30 States did plan. Is this a demonstration? Slowing down in the process at CMS.
- 95 Million Dollars over the different states for the project.
- Planning on submitting the date April 22, 2013. Complex Care Committee- comments in the process.
- DMHAS- Health Home Project. Related in purpose- integrate people with services and supports. They are distinguishable. In Scope.
- Comparison between health neighborhoods and health homes.
- Two important aspects to improve the outcomes. Reduces instances of ED Use. Test the value of tailored care coordination activities.
- Andrew Selinger MD- including use in the development process.
- Complex integrated group. Tailoring the types of medical groups within the state.
- No cross over for health home and health neighborhood- Beneficiary choice. Passively enroll people. To choose whether or not to participate.
- Providers can be in both programs but patients can.
- Provider incentives- PMPM in different programs important piece to work with

Pre-existing Condition Insurance Plan (PCIP) Enrollment Suspension Status Update- directed to suspend new participation in PCIP. Program is capped in congress. Make sure the funding sufficient to cover individuals enrolled in PCIP. Feb 28, 2013 no new application. Procedure protections. PCIP in another state they will be able to be considered for enrollment. Top Ten Presenting Conditions.

- Charter Oak plan is the next best option for people that can't afford it.
- Direction from CMS that the funding would not support new enrollment. Must cut off new participation.
- Low Income Adults is still active single adults 19 to 64. Husky D remains eligible to apply.
- PCIP program is a different program.
- People who are eligible for Low Income Adults who have a preexisting condition, they can still enroll into Low Income Adults.
- State Innovation Model (SIM) 2.9 million dollar award- state care innovation care models. To prepare a plan of healthcare reform. Lt governor- of CMMI- Vicki Veltri Is the led project manager. Set of work groups towards development of a plan.
- Health Insurance Exchange. Health Care Delivery System. IN support of multiplayer arrangements and data sharing to support beneficiaries. Promote value- expanded access to primary care.
- Commend about the project.

Obstetrics Pay for Performance Arrangements- Dr. Zavoski gave an update on the OB Pay for Performance Arrangements. Incentivize improvement for obstetric care. Improve birth outcomes and reduce incidences of premature births, reduce NICU, reduce C Section reduce Medicaid cost.

- Medicaid Covers 38% of Births in Ct Women. 35% of Medicaid Covered births are by C-Sections.
- Incentivize timely completion of ASO Completion Form.
- Incentivize timely obstetrics care.
- Incentives timely post-partum care.
- Talk with her for family planning.
- Incentivizing Full Term Vaginal Delivery
- Stop Incentivizing C-Sections
- Improve spontaneous labor
- Decrease NICU Stay
- Appropriate 17-Alpha- Demonstrated to decrease use of premature or extend pregnancy
- Online OB Notification
 - Look for Claims
 - Work with Obstetrics providers and online enrollment form.
 - To get them involved with the care. Help CHN to work with low risk moms.
- OB P4P Investment Analysis 1.2 million dollars. It is in the governor's budget. First of July this year. It will run 12 months. Collect the data. Hopefully will be paid in the following year.
- Reduce in rates of unnecessary c- section
- Saving 2 million dollars. Reduce 22 averted C-sections. Goals will be achievable and reasonable.
- C- Section and Regular Delivery- Overutilization of section- research many section are done by request for C-sections that are avoidable Research is based on Medicaid claims services. W
- Incent providers to do spontaneous vaginal birth.
- Katherine Yacavone- Incentive Prenatal Births as different from the delivery. Providers are not working. PCP and prenatal care. A lot of different ways care is provided.
- Ellen Andrews: Georgia- Don't pay for elective early births before 39 weeks.
- Decreased what we paid for C-Sections a couple years ago.
- Work collaboratively with colleges. Prefer to work with the providers.
- Beth Cheney- exciting and difficult process. Intensive care management at Windham hospital, working with CHN. Connecting patients to larger resources great opportunity.
- Proposed Scoring Scheme to count up the point once providers enroll in the program- proposal to look at ways to best score the incentives.

Meeting ends at 12:00 PM. Rep Johnson ends the meeting.