

State of Connecticut
GENERAL ASSEMBLY



Council on Medical Assistance Program Oversight

Legislative Office Building, Room 3000, Hartford, CT 06106

* (860) 240-0321 * Info Line (860) 240-8329 * FAX (860) 240-5306 *

www.cga.ct.gov/med/

Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, May 8, 2015

9:30 AM in Room 1E of the LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 9:35 PM by the Chair, Representative Abercrombie.

She thanked members for their presence and shared the reported absentees of the Council, including Co-Chair, Senator Gerratana.

Introductions were made by Council Members and Agency Personnel.

II. Marjorie Chambers, the WIC Program Director of the Department of Public Health (DPH), introduced herself and colleagues who would be presenting an overview of the Connecticut WIC Program (See Attachment). The presentation began with an overview of the background and structure of the Program. It continued with information on who is served and eligible for the program, as well as its locations and infrastructure. Marjorie went over the program's financial implications which are used towards services which cover the following outcome objectives: maternal weight gain, low birth weight, breast feeding, anemia, overweight and obesity.

Kimberly Boulette talked about the Food Resources and Vendor Management Division of WIC. Federal grant money is on the way and the program will be integrated into EBT giving more flexibility and financial information.

Marjorie Chambers finished the presentation by talking about the coordination with state and local agencies and the general benefits of participating in the program.

http://cgalites/med/council/2015/0508/20150508ATTACH_WIC%20Program%20Presentation.pdf

Rep. Abercrombie thanked the Program for their presentation and asked how close they were to establishing a MOU of information sharing with the Department of Social Services (DSS).

Dr. Zavoski of DSS responded that they were very close and explained the challenges in establishing such a data sharing process.

Rep. Abercrombie asked for further detail on the Baby Friendly Hospital Initiative.

Marjorie Chambers explained the support and encouragement the program gives and what qualifies a "Baby Friendly Hospital." Renee Coleman-Mitchell added some historical background of the initiative.

Amy Gagliardi added that she was happy to hear that currently 15 of all the birthing hospitals are Baby Friendly which is half of the birthing hospitals.

Dr. Zavoski discussed the cost associated with being a baby friendly hospital and the commendation these hospitals deserve.

Katherine Yacavone expressed her opinion from a subcontractor perspective and the partnership the program entails. She gave her praise to the program and stated she looks forward to the convenience of EBT.

Dr. Zavoski extended his appreciation of the program and the very important things it accomplishes.

Deb Polun asked a question about the MOU and if the data sharing would go in the other direction by automatically enrolling women in the SNAP Program.

Marjorie responded that they had not looked into that but certainly would.

Dr. Zavoski responded that DSS would be happy to share data as such, and that it would be much easier to do once Impact is up and running, which will replace DSS's current, outdated information system.

Marjorie added that asking a participant if they are already registered in SNAP is mandated.

Reverend Bonita Grubbs asked how change would be measured over time.

Marjorie explained that there are monthly reports created that contain specific data which is passed on to the USDA and presented on a national and state level and then divided locally.

Renee Coleman-Mitchell explained that she had recently been working with a grant dealing with Head Start which would give more data displaying the benefits of WIC.

Marjorie added that with the new system WIC will be able to get more detailed reporting.

Rep. Abercrombie agreed with Rev. Grubbs recommendation that a follow up presentation be given in the future by WIC after the implementation of the new system.

Beth Cheney reiterated Dr. Zavoski's comments saying the program is one of the best she has ever worked with.

Commissioner Betsy Ritter asked about SNAP and situations where seniors are living together and expressed her concern with the participation in the program by the elderly.

Marjorie responded that they are mandated federally to serve a specific population.

Discussion followed between the Commissioner and Dr. Zavoski about the capturing of elderly people and the messaging used for the take up of participants.

Rep. Johnson thanked the program for their presentation and asked if the work being done with baby friendly hospitals was being done with obstetricians.

Marjorie responded that the work was being done closely between the two and that the gap from several years ago has been identified and alleviated.

Renee Coleman-Mitchell added that a mass mailing had been sent recently to providers giving information on the program and its benefits.

III. James Michel gave a presentation on the enrollment process of Access Health CT (See Attachment). He began by explaining how to enroll; either via the web, in person, by telephone or through a paper application, and the path which an enrollee would then follow based on the information provided.

http://cgalites/med/council/2015/0508/20150508ATTACH_Access%20Health%20CT%20-%20Call%20Center%20Presentation%20.pdf

Rep. Johnson asked for clarification on the billing part.

The presentation continued with an overview of the structure of the call centers and it's Interactive Voice Response between AHCT, DSS, OHA, CID and Health Insurance Carriers.

Mary Alice Lee asked if when a call is referred to DSS, if that was specifically to ConneCT.

James Michel explained the difference between a warm transfer (AHCT rep. on-phone) and standard call transfers.

Rep. Johnson questioned the coordination between DSS and Access Health and the systems and integration used.

Kristin Dowty explained the application system that is used by the different agencies and the process to which it is implemented. They hope to have the new system partially running in the spring of next year.

Sheila Amdur asked about Husky C which Kristen explained is covered by a prompt in the application process.

Deborah Poerio added that she hoped receiving payments for School based Health Centers would be incorporated in the new system.

James Michel proceeded with the presentation, showing the total number of processed applications by month and type and the different programs.

Ellen Andrews asked for clarification on the slide. The data only reflects enrollment through the Access Health System.

IV. Dr. Zavoski requested that Logisticare present next month due to a scheduling conflict. Rep. Abercrombie agreed and moved to the second DSS presentation from Value Options.

The two presenters introduced themselves as Scott Greco, the Director of Provider Relations and Marie Betvila a Peer Support Specialist. They began with an overview of the CT Behavioral Health Partnership call center and the process of member referrals (See Attachment).

http://cgalites/med/council/2015/0508/20150508ATTACH_Value%20Options%20Member%20Resources%20Presentation.pdf

Rep. Johnson received clarification on what defines a member.

Scott and Marie walked through the Referral Connect program which links members to providers.

Katherine Yacavone asked how a member would get the displayed information if they did not have a computer and by what basis were Community Health Centers listed.

Scott stated that at the facility level they do not list individual practitioners. He explained that due to confidentiality, outreach to members can be difficult but they do receive information from DSS and partners of Behavioral Health. By calling directly, members can be walked through the website, and there are also phone applications available.

Deborah Poerio stated her pleasure with the provider page and asked if there were focus groups.

Scott explained the process of developing the website and what was done to improve it. Ann Phelan of Value Options added that there was a consumer advisory group that met monthly to go over any changes and improvements to the website.

Beth Cheney wanted to know what she could tell her patients as a provider about the website and if there was a way to connect providers to each other.

Scott explained that calls are initially funneled through the customer service department which generally answers within 8 seconds. They are then directed based on the nature of the call. Peer referral can be used where they will talk to a “peer” who will work with the member to solve their issue. He added that adding a way for providers to gain information on their patients was a possibility.

Julia Evans Starr asked about the time of answering calls. Marie explained the customer service department and calling process and why it is efficient.

Deb Polun felt it would be useful to have data on the call centers of Value Options, Dental Health, CHN, DSS and Access Health CT.

Ivan Jones from Value Options explained the staffing levels and training and how the information on calls received might not be comparable.

Dr. Zavoski explained how different the call centers were between DSS and Value Options were including the outdated system, different circumstances and amounts of time needed to direct and process calls.

Katherine Yacavone asked that considering there is no prior authorization process under Medicaid if it could be explained that providers go through another process.

Scott explained the program, provider connect, which is an online process for requesting outpatient authorizations.

The Presentation continued with a demonstration of Achieve Solutions which is an online database of information and resources on behavioral health care.

Katherine Yacavone asked about the links to providers based on the information provided on a particular topic. Scott replied that it was done general enough to direct someone without giving a diagnosis.

Beth Cheney asked for further explanation on the peer services. Marie explained the service where people are linked with a person who is qualified to talk to members on a particular issue. She added that she couldn't say enough about the program and how useful and helpful it was.

Rep. Abercrombie felt the program was amazing and felt the website was very user friendly. She explained her excitement in the ASD portion and thanked Value Options. She believed it was important and nice to see that there are areas in which we can really help people.

Rep. Johnson reiterated a thank you to Value Options.

Scott added that it is important to help people enrich their lives and that Value Options is dedicated to that mission and staff believes in what they do.

Amy Gagliardi thanked the presenters and added that peer support is an invaluable component.

Dr. Zavoski thanked the presenters and explained the goal of these presentations and the positive direction the Medicaid program is continuing to move in.

Rep. Abercrombie talked about how in many cases the Council focuses on the negative aspects of the Medicaid program and improving it. She added that it was nice to end with a presentation that shows some of the more positive sides where people are able to receive help and better their lives.

V. Sheila Amdur explained what the Complex Care Committee would now be looking towards in the future and how the Value Options presentation tied in nicely to the issues the sub-committee would be reviewing, including substance abuse and mental health issues, which are populations of high utilizers of the State's Medicaid program. The next meeting will be on June 19th.

Rep. Abercrombie added that being on the Appropriations Committee, she had not been able to discuss the budget in detail and that with the dually eligible initiative, the Complex Care Committee had been reviewing, DSS needed to be thanked for reaching out to the Legislature and being flexible on the funding; ultimately returning the program to the Appropriations budget.

Amy Gagliardi stated that there would be a meeting of the Women's health Committee on Monday and discussed some of the issues that would be discussed including the proper care of birth outcome with a presentation on OB services and churning. The meeting would be at 9:30AM in Hearing Room 1A.

Rep. Johnson added that a bill which had just passed the house might want to be looked at by the subcommittee.

Beth Cheney shared a story about a patient who had recently enrolled in Husky Health Care, and his very positive and enlightening experience.

VII. Rep. Abercrombie asked if there were topics that the Council would like to review at the next meeting in addition to the Logisticare Presentation.

Deb Polun asked for an update on SIM and the QISSP program which were importantly tied into Medicaid.

Rep. Abercrombie asked Dr. Zavoski if DSS would be comfortable presenting on SIM and QISSP at the next meeting. He responded that they would be meeting next Wednesday on MQISSP with the Care Management Committee and that with the support of the chairs would be working on the many aspects of implementing the program.

Rep. Abercrombie found that it would be appropriate to have such a presentation at the next meeting to get an update on where the program is, where it is going, and where it needs to be and what the timeframe is.

Tracy Wodatch announced The 2015 Better Health Conference which would be sponsored by the CT Partners for Health. The Conference would be held on June 4th and 5th at Foxwoods Resort Casino, and information would be distributed to the Council to share with others.

With no other questions or comments, Rep. Abercrombie thanked all the presenters and members and commented on the insightfulness of the meeting.

The meeting was adjourned at 11:54 AM.

The next meeting will be held on Friday, June 12, 2015 at 9:30 AM

Richard Eighme
Council Clerk