

State of Connecticut
GENERAL ASSEMBLY



Medical Assistance Program Oversight Council

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www.cga.ct.gov/med/

Chairs: Sen. Terry Gerratana and Rep. Catherine Abercrombie

MEETING MINUTES

Friday, May 20, 2016

9:30 AM in Room 1E of the LOB

Attendance is on Record with the Council.

I. The meeting was called to order at 9:37AM by the chair, Sen. Gerratana. She thanked everyone for being present and introduced new members.

Introductions were made by those in attendance.

II. Kate McEvoy remarked on the materials and stated that they are posted on the DSS website under special for service partners. She discussed the webpage and its contents.

Melissa Garvin started the Presentation on the ConneCT Public Dashboard. (See Attachment) https://www.cga.ct.gov/med/council/2016/0520/20160520ATTACH_ConneCT%20Dashboard%20Update.pdf

Melissa went through the benefits center system structure, the May 2016 ConneCT public dashboard and the benefit center wait times over the past 13 months.

Mary Alice Lee asked if wait time was in the benefit center queue. Melissa responded that it is. Mary Alice asked when the contract was signed with Viora. Melissa answered that just prior to July 2013 is when the process improvement began. It was business related not system related.

Deb Polun asked if there was any plans for when the HUSKY A parents lose their TMA. Melissa stated that any time there is a mass notification we are notified in order to plan for a higher number of callers. She added that the new offices can take on additional calls if necessary. Rob Blundo added information on the work AHCT does with its Maximus call center and how they respond to higher call volume.

Sheldon Toubman asked about the process improvement project, and what the goal was for wait times. He stated that CHN has to answer 90 percent of their calls within 60 seconds and

questioned where DSS plans to get to. Melissa talked about the process improvement project and what it involved. She stated that the goal is to always be lower and eligibility is not as easy to time as is with other call centers. Melissa discussed the process time varying wildly every month for a variety of factors. She added that the goal is immediate answering but we understand that the variables affect the time and need to be as efficient and accurate as possible. Sheldon stated DSS knows and can analyze what would be the goal for an average wait time. Melissa cautioned the comparisons of the call centers and talked about the functions and different levels and needing to stick to a range rather than a goal.

Cynthia DeFavero asked for a breakdown of the 80,000 calls. Melissa stated that 150,000 is the total monthly average for the main number and referred to the information on slide 5.

Rep. Srinivasan asked what was being compared in the call time waits. Melissa added clarification on the wait times depending on the week vs. monthly. The monthly snapshots are on slide 4. She stated that in April it was at 9 minutes and most of the days are extremely low but on high days there can be higher times that affect the average. Rep. Srinivasan asked if there was the capability to do call backs in the future. DSS does not currently have the call back system but they continue to work towards improvement and innovations. Rep. Srinivasan asked about the IVR which is available in English and Spanish.

Stan Soby asked what the number of staff available on a given day is and what the number would be when a notice goes out. Melissa discussed that there are currently 300 licenses for the system of which, 190 are typically in use. Stan Soby asked if the IVR included dropped calls. DSS cannot determine if someone calls back within the current system. Ellen Andrews asked if you can identify when people are dropped and if you track whether they lose coverage. Melissa stated that repeat caller identification is limited by the technology they use but they do know the abandonment rate. Comparing this to other data is something that can be looked at for ImpaCT.

Sen. Gerratana asked what someone could expect with the interactive voice response (IVR). Melissa responded that the IVR picks up right away with no delay and she doesn't have the actual selections in front of her. All the information is recorded for when they go into the benefit center including if a client uses a PIN, which will connect to EMS. Kate thanked Melissa and Marvin for the presentation and thanked the Council for their questions. She talked about the need to broadcast that there is fluctuation across the month and that the second and third weeks for requests that are not urgent would be a better time to call. There are also many pieces that can now be managed completely online without needing to call the benefits center.

Sen. Gerratana discussed having the next update in September.

III. Kristen Dowty started the presentation on the HUSKY A transition (See Attachments). https://www.cga.ct.gov/med/council/2016/0520/20160520ATTACH_HUSKY%20A%20Transitions%20Update.pdf

Rob Blundo went through the Access Health reporting requirements.

Rep. Johnson thanked them for the presentation and asked if the people migrating out of HUSKY A have adequate information on their options. These persons receive a notification upon termination.

Suzanne Lagarde shared what she believed would happen with those that would lose insurance. Rob introduced Emanuela Cebert who is handling the outreach between AHCT and DSS. The information is being used for outreach and to make sure that the means are available for effective outreach and follow up. Emanuela discussed the outreach plan for this population. She provided an update on the schedule that was distributed at the last meeting. She talked about what is currently happening and what will be happening in the immediate future.

Rep. Johnson asked about those who enroll and find themselves eligible for Medicaid because their income is reduced based on their deductible. Kate McEvoy stated the deductible could count as a spend down to qualify for HUSKY C. The reported changes would show up and a person could possibly transition into HUSKY C. Rep. Johnson shared her concern that the deductibles would be too high. Kristen added that it was something to consider and talked about the outreach DSS does to find people who may be pregnant or disabled and the work with CHN to identify this through claims data.

Rep. Rovero asked who pays for visits when someone is uninsured. Kate McEvoy stated that Emergency care gets reimbursed through Medicaid for uninsured. She talked about how historically Hospitals were compensated for the uninsured but now the premise is that many more people are covered reducing the uninsured and therefore less needed to cover this through the ACA. Kate added that less than 5 percent of people are uninsured in CT and the funds have been reduced but not completely eliminated. Suzanne stated that if any of the people come to a FQHC there is a slide based on income. Mary Alice Lee talked about the letter that would be going out to persons losing their TMA and asked why they would not be directed to ConneCT. Kristen stated that through Access Health, based on questions, they would be directed to ConneCT if applicable. The redetermination dates for parents will push back the children to make them align. Deb Polun talked about the notifications going out. Emanuela stated that the letters sent would be branded with DSS and Access Health CT logos.

Ellen Andrews talked about the letter and shared her concerns. She believes that people should be informed of what could happen based on transitioning to new services or being uninsured. Emanuela said that they were aware of these comments and are discussing ways to inform persons about this. Beth Cheney agreed with what Ellen said and expressed her concerns on how persons are notified.

Catherine Risigio-Wickline talked about her concern with plans not covering therapy services and if families are educated to that. Emanuela talked about what Access Health does to educate people when they are enrolling to find the best plan for themselves. They are constantly reminded of what they should do based on their specific needs. Kristen Dowty provided clarification that children would not be affected but does understand the concern with HUSKY B in general. Kate talked about the benefits checklist that have been developed by CHNCT and would be circulated. Rep. Johnson asked why there was a limitation on behavioral health services. Rob Blundo stated that there are ACA requirements, as well as those of the state and exchange, that set standards that could be reviewed in the future.

Sheldon Toubman acknowledged the Legislature for not cutting more HUSKY A parents and for requiring DSS report to MAPOC to allow the Council to monitor what is happening. He appreciated the chance to comment on the letter that would be sent out and amended some of his comments because he didn't fully understand the intention of the letter. Sheldon believes the problem is that the Health insurance being offered is unaffordable and he wants comments in the notice to acknowledge that people may not have insurance following the TMA period.

Mary Alice went through the report on HUSKY program coverage for parents she distributed (See Attachment).

https://www.cga.ct.gov/med/council/2016/0520/20160520ATTACH_%20CT%20Voices%20for%20Children;%20HUSKY%20Income%20Eligibility%20Cut.pdf

Rep. Johnson thanked Mary Alice Lee for the work she has done and talked about her hopes, CT can start a program to help cover deductibles. Ellen talked about concerns with wrap arounds and the match and benefits the State gets through Medicaid. She feels it is not be best to move people around and it may be best to reconsider putting the people back on HUSKY.

Mary Alice also found that restoring the coverage was the best. She added that whole families can no longer get the same coverage and it's unfortunate that we go after this population for money, causing constant changes in eligibility. Rep. Johnsons added that if there was a way to create stability with a wraparound it might be the best way.

Sen. Gerratana thanked them for the presentation and shared how important this is to the Council. The next update will be in September.

Kate McEvoy gave a brief overview of the Innovation Accelerator Program on Medicaid-Housing Partnerships which she plans to talk about more during the next meeting. She discussed the program, its general goals, and the many partners involved. She acknowledged Rod Winstead who discussed the Medicaid Medical Care Advisory Committee that was talked about at the last meeting. The Department has reached a point of member recruitment which will be posted on the website and sent to MAPOC members.

Sen. Gerratana talked about CT Mirror article on housing. Kate discussed the article which illustrates that housing stability is important with evidence based facts. She talked about the work that is currently happening in CT.

IV. Subcommittee Report (See Attachment)

https://www.cga.ct.gov/med/council/2016/0520/20160520ATTACH_March,%20April%20and%20May%20Subcommittee%20Repot.pdf

Sen. Gerratana mentioned the new committee established in Public Act No. 16-142 within MAPOC to make recommendations on support systems for children and young adults with developmental disabilities. It will be effective July 1, 2016 if signed by the Governor.

Ellen talked about the Palliative Care webinar and what the future meetings of the Complex Care Committee will be looking at. Rep. Johnson thanked Ellen for her work and talked about the cost shifting that would be looked into by the Complex Care Committee. She thanked Sheila, who recently stepped down as the chair, for her work on the committee.

V. The meeting was adjourned at 11:29 AM.

The next meeting will be held on Friday, June 10, 2016 at 9:30 AM

Richard Eighme
Council Clerk