Connecticut’s Medical Assistance Program

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Council on Medical Assistance Program Oversight
CSG-ERC
Health Committee Meeting
August 4, 2014
Agenda

* Council on Medical Assistance Program Oversight
* Husky Health Coverage Groups and Structure
* Affordable Care Act
* PCMH- Person Centered Medical Home Program
* Obstetric Pay for Performance Program
* ICM- Intensive Care Management Program
* Dental Health Program
* Contact Information and Website
The Council on Medical Assistance Program was established under CGS 17b-28 as a collaborative body consisting of legislators, Medicaid consumers, advocates, health care providers, insurers and state agencies to advise DSS on the development of Connecticut's Medical Assistance program and for legislative and public input to monitor the implementation of the program.

HUSKY Health Coverage Groups

* Medicaid- HUSKY Health
* Husky A- Children under 19, Families of Children under 19 and Pregnant Women
* Husky B- Children Under 19 (Some Co-Payments)
* Husky C- Aged, Blind, Disabled
* Husky D- Low Income Adults
Connecticut’s Medicaid Program is currently administered under the ASO (Administrative Service Organization) Fee-for-Service Structure.

ASO’s are Connecticut Health Network – Medical, Value Options- Behavioral, LogistiCare- NEMT and CT Dental Health Partnership- Dental.

The program went from Managed Care MCO to ASO Fee-for-Service Model on January 1, 2012.

Since the transition, there has been improvement in communication and timely sharing of information and data.
CT is one of the states participating in the Medicaid Expansion under the Affordable Care Act.

- Expanded Eligibility Limits
  - Husky D for Low Income Adults up to 138% FPL
- CT was one of the first states to establish a Health Insurance Exchange, a one door approach to obtain insurance.
  - Access Health CT
  - Medicaid or Commercial plan
  - www.accesshealthct.com
**Affordable Care Act**

* HUSKY Program enrollment increased by nearly 100,000 individuals (15.7%) by May 2014.
* The greatest increase (67.4%) was in HUSKY D
* The number of children in the subsidized portion of HUSKY B declined by almost 13 percent.
* Access Health CT- By the end of the open enrollment period in March 2014, more than 79,000 individuals gained private coverage through the marketplace, and most of them (78%) receive financial assistance.

* Source: CT Voices for Children
A Person-Centered Medical Home provides person-centered, comprehensive and coordinated care. Care is organized around a person and led by a primary care provider and/or a team of practitioners who facilitate and coordinate a person’s healthcare needs with other healthcare professionals. Person-Centered Medical Homes improve access to care, improve efficiency of care, and improve coordination of care resulting in improved quality of care.

(Source: www.huskhealthct.org)
The program offers financial incentives for 18-24 months while the practice is working towards NCQA Recognition with a Community Practice Transformation Specialist (CPTS)

- The CPTS team is available to assist FQHC and Hospital Outpatient Clinics with The Joint Commission PCMH certification or NCQA Recognition (Level 1-3) at no cost
- The Glide Path Program provides technical assistance and enhanced fee to practices that wish to become NCQA.
- Those incentives increase when the practice is recognized as an NCQA Level 2 or Level 3 practice
PCMH Program Summary
Total of 250,213 people are being served under the PCMH Program

PCMH Program Attributed Members by Program Type as of 7/3/2014

- **PCMH Practices**
  - 47 PCMH Practices
  - 171 Practice Sites
  - 729 Providers
  - 71,675 members

- **Glide Path Practices**
  - 24 Glide Path Practices
  - 38 Practice Sites
  - 129 Providers
  - 33,886 members

- **FQHC's**
  - 14 FQHC Practices
  - 104 Practice Sites
  - 362 Providers
  - 144,652 members

*Please Note: 3 Practices are included in both the PCMH Approved & Glide Path "Practice" Numbers as they have Sites in both Programs. 1 Practice Pending PCMH Approval also included.*
Person Centered Medical Home Participation Status

- **84 PCMH Program Participants**
  - **318 Individual Sites** (includes Pending)
  - **46 PCMH Approved Practices**
    - 170 Sites
    - 727 PCMH Approved Providers
    - 2 Pending PCMH Practices (4 Sites with 5 Providers)
    - 1 Pending PCMH Site (1 Provider)
- **24 Glide Path Practice Participants**
  - 38 Sites
  - 129 Glide Path Providers
  - 1 Pending Glide Path Practice (1 Site with 1 Provider)
- **14 PCMH Accreditation Participants**
  - 104 Sites
  - 362 PCMH Providers
  - 3 Practices have sites in both PCMH and Glide Path Programs

Total Providers Overall Under PCMH - 1,218
Total Members Under PCMH - 250,215

Source: DSS PCMH Presentation July, 2014

This data reflects current information as of 7/3/2014
The Obstetric Pay for Performance Program (P4P) is a new initiative of the Department of Social Services in cooperation with Community Health Network of Connecticut (CHNCT).

The goal of the program is to improve the quality of care and birth outcomes of pregnancies covered by the Medicaid Program by incentivizing obstetric providers’ performance for meeting a series of quality measures.

The measures were chosen in collaboration with obstetrics providers and the Medical Assistance Program Oversight Council’s Women’s Health Committee, which will help oversee the program’s progress.

Source: CT DSS and CHNCT
The Department of Social Services is reforming the ways it pays providers for care to maximize recipient’s clinical outcomes and the value of the care rendered.

DSS currently pays for 4 of every 10 births in Connecticut; of these, almost 40% of deliveries are by Caesarean section, almost double the rate called for in national benchmark goals.

Many of these deliveries are pre-term, resulting in excessive numbers of preventable NICU admissions and excessive preventable costs.

The goal of the Pay for Performance program is to show that incentivizing better performance will help promote better quality of care and better outcomes for the patient.

Source: CT DSS and CHNCT
An online obstetric notification form is used to collect P4P data, as well as to inform DSS of the pregnancy and any associated risk factors in order for CHNCT to best target its Intensive Care Management services.

As of July 1, 2014 CHNCT has received over 7,000 OB Notification Forms

Source: CT DSS and CHNCT
Current Outcomes for P4P

- OB Form Identified Maternal Risk Factors for 2013 & 2014
  - Cannot determine risk factors from claims
  - Smoking, Behavioral Health Needs, Gestational Diabetes, Type 1 and 2 Diabetes, Exposure Violence
- Overall inductions decreased by 2% in year 2014 from 20% in 2013 to 18% in 2014
- Planned inductions decreased by year 7% in year 2014
- Overall the percentage of infants with birth weight greater or equal to 5.5 pounds increased by 11% in year 2014.
- Births occurring after 37 weeks or greater increased by 4% in 2014 - Partnership with March of Dimes and Hospitals in CT

* Source: CT DSS and CHNCT
Current Outcomes for P4P

* Increase in postpartum depression screening rates
* Increased number in preinatal provider visits
* Decreased number of members with unmet behavioral and basic needs
* 8% decrease in cesarean birth and 2% increase in vaginal birth

* Source: CT DSS and CHNCT
ICM-Intensive Care Management Program

* **Primary Program Goals:**
  * assist patients in recognizing barriers,
  * optimize treatment outcomes and
  * help them self-manage.

* **There are ICM programs for Members who are/have:**
  * Pregnant
  * Complex medical conditions, with or without behavioral health needs
  * Diabetes
  * Asthma
  * Sickle Cell Disease
  * Children and Youth with Special Health Care Needs
  * In need of Transplant Services

* Source: CT DSS and CHNCT
ICM-Intensive Care Management Program

* ICM nurses will work with patients and providers to assist with:
  * Provider Coordination
  * Care Coordination
  * Medication and Chronic Disease Management
  * Engage Members in Face to Face Contact
  * Reducing ER Visits and Missed Appointments
* Licensed Care Managers can help patients stabilize or improve their medical and/or behavioral health.
The CT Dental Health Partnership provides comprehensive dental coverage for children (under the age of 21) and adults. Overall, the program is focused on improving access to oral health care, educating clients about oral health, building self-sufficiency and reducing barriers to provider participation. The CTDHP is working to instill the concept of a primary care dentist (PCD) and the importance of a Dental Home for all clients.
Dental Health Program
Rates and Reimbursement

- Pediatric dental fees are on par with commercial rates of reimbursement.
- Adult rates were raised slightly and are set at 52% of the children’s rates. Children and adults enrolled in HUSKY A do not have a cost share. There is some cost sharing with the HUSKY B clients.
As of September 30, 2013, there are 1,753 dental providers enrolled in the CTDHP and 57 dental provider applications in progress of being credentialed.

This equates to more than half of the active dentists in Connecticut and 50 active public health hygienists currently providing care in the CTDHP program.

Of the 1,753 dentists, 1,386 are new to the program while 367 participated with the State of Connecticut programs before the implementation of the CTDHP on September 1, 2008.

Source: DSS, CTDHP, Dr. Donna Balaski
Dental Health Program Accomplishments

• One of only three states to receive the top grade from the Pew Center on the States in both 2010 & 2011
• The Commonwealth Fund’s 2011 State Scorecard on Child Health System Performance found that Connecticut was in the top ten states overall
• In 2013, CMS referenced Connecticut as having the largest increase in the percent of children receiving a preventive dental service in the country
• One of three states to be awarded Perinatal & Infant Oral Health Quality Improvement (PIOHQI) grant
• Share what we learn in a CMS funded State-National Learning Network
* Report on Network Adequacy
* www.DSS.gov
* www.huskyhealth.org
* www.cga.ct.gov/med
* Reports from DSS and CHNCT Staff on Women’s Health, PCMH Program, ICM
* DSS- Dr. Donna Balaski, Erica Garcia, Robert Zavoski MD, Kate McEvoy JD.
* CT Health Network CHNCT
* CT Voices for Children- Mary Alice Lee Ph. D
* Images from Google
Website

www.cga.ct.gov/med

Council on Medical Assistance Program Oversight
About the Council

The Council on Medical Assistance Program was established under CGS 17b-28 as a collaborative body consisting of legislators, Medicaid consumers, advocates, health care providers, insurers and state agencies to advise DSS on the development of Connecticut’s Medicaid Managed Care program and for legislative and public input to monitor the implementation of the program.

Due to the large volume of work the Council addresses, committees have been established – Complex Care, Consumer Access, Quality Improvement, Women’s Health, and Care Management.

The full Council and each committee meet once a month. The Council holds public hearings, issues surveys and holds provider forums to assess the impact of Medicaid Managed Care.

- Council Members
- Statutory Requirements
- Frequently Asked Questions

Announcements

This Week

- Friday, August 1
- Monday, September 15
  - 9:30am Women’s Health Comm
- Friday, September 19
  - 9:30am Complex Care Committ
- Wednesday, September 24
  - Consumer Access and Coordinatio
- Monday, October 6
  - 9:30am Women’s Health Comm
- Friday, October 10
  - 9:30am Council on Medical Ass
- Friday, October 24
  - 9:30am Complex Care Committ
- Wednesday, November 12
  - 10:00am Care Management (PCI

- Print
Contact

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