

MAPOC Meeting

November 2023

Agenda

- Call Times *moved to December MAPOC*
- HUSKY C Eligibility
- Medicaid Unwinding
- Health Equity efforts at CHN
- GTI Presentation – transition of the Fiscal Intermediary (FI)
- NEMT

HUSKY C Eligibility

PHE Unwinding

CHN CT

Equity Initiatives

Presentation to the
Medical Assistance Program Oversight Council
(MAPOC)

November 9, 2023

Health Equity at CHNCT

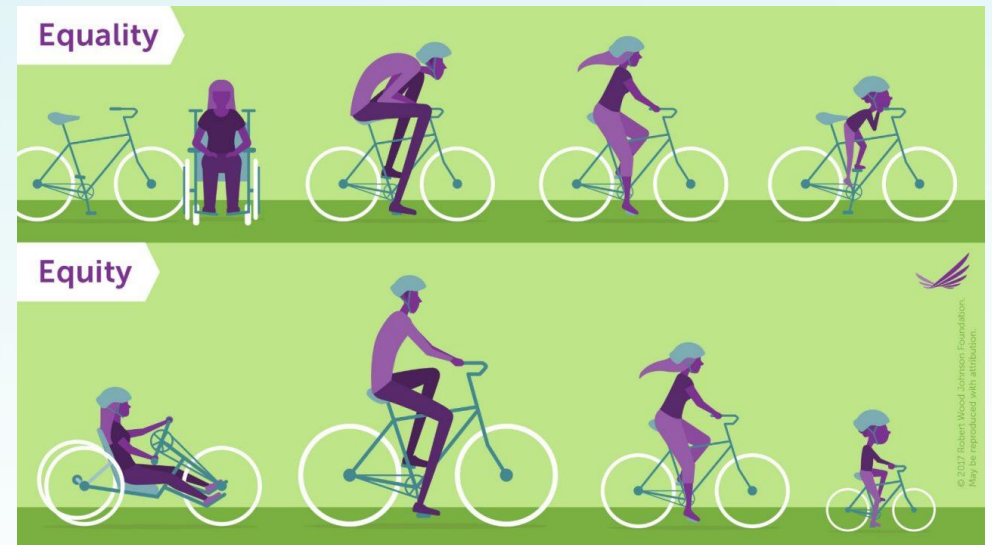
CHNCT operates from an equity lens to set the tone for the entire organization. Advancing health equity is key for improving access to care for the underserved and vulnerable populations we serve. We have incorporated health equity into all aspects of our operations.

Our Commitment

- CHNCT's mission is to improve the health of underserved and vulnerable populations by providing equitable and culturally appropriate access to high quality and comprehensive healthcare to all Connecticut residents.

Our Goal

- Our goal is to provide opportunities for our members to attain their highest possible level of health, be treated equally and offered the same services regardless of ethnicity, sexual preference, or the language they speak.



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Our Approach

We are working with the Association for Community Affiliated Plans (ACAP) and the Center for Health Care Strategies (CHCS) to develop our strategic health equity plan based on their national framework.

About ACAP



- CHNCT is a member of ACAP, the national trade association which represents not-for-profit Safety Net Health Plans.
- ACAP's 80 Safety Net Health Plans and partner plans cover more than 25 million people through Medicaid, Medicare, Marketplaces and other public health coverage programs.
- ACAP provides opportunities for its plans to collaborate, share best practices and participate in various learning collaboratives on topics such as Social Determinants of Health (SDOH) and Health Equity.

About CHCS



- CHCS is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid.
- CHCS works to improve health outcomes for the millions of people in the U.S. who face serious barriers to well-being, like poverty, complex health and social needs, and systemic racism.
- For more than 25 years, CHCS has collaborated with Medicaid and related health and human services agencies in states across the country to shape how health care services are designed, financed, and delivered.

Our Approach (cont.)

- In July of 2022, ACAP launched the Health Equity Learning Collaborative in partnership with CHCS and 15 health plans
- This two-year collaborative includes virtual group learning opportunities to help plans design and implement strategic plans for addressing health equity within their organizations
- Using their framework, CHNCT completed an organizational health equity assessment to begin the process, which informed our health equity strategic plan

Areas of Focus



Our Organizational Support

Health Equity Council: Led by our Director of Health Equity and includes CHNCT leadership

- Provides direction on CHNCT's strategy, priorities and opportunities to help advance our goals as an organization, improve the health and lives of our members and reduce health inequities

Health Equity, Diversity and Inclusion Team: Led by our CEO, this is a diverse team including staff of all levels, races/ethnicities, LGBTQ+ representation, and a HUSKY Health member with lived experience

- Identifies and discusses DEI and health equity issues and concerns
- Makes recommendations for policy changes, staff training, member interventions and program development/modifications

Culturally and Linguistically Appropriate Services (CLAS) Workgroup: Led by our Director of Health Equity, consists of staff from different areas of the organization

- Focuses on ensuring CHNCT provides culturally competent services to its members

HEALTH EQUITY STRATEGIC INITIATIVES

Strategy and Goals

- ***Incorporating Diversity, Equity, and Inclusion in all Workplace Practices.*** To further support our mission and values in being a diverse and inclusive organization:
 - Developed a strategic health equity plan that defines our commitment to health equity and sets our overall goals and priorities
 - Developing and implementing internal policies and department-specific trainings that actively promote equity throughout CHNCT



Internal Staff Change Management

- ***Building a Supportive, Diverse and Inclusive Workforce.*** CHNCT's Human Resources department is committed to creating an environment that represents the communities and members we serve, where all employees feel valued.
 - Identifying and reviewing current workplace policies, programs, and practices that relate to diversity and inclusion
 - Continue providing Diversity, Equity & Inclusion training for all employees, with specialized training for executive leadership
 - Connecting with organizations with diverse membership to expand our recruiting efforts for employment opportunities



Community Engagement

- ***Helping members navigate through health barriers.*** Through our Community Health Worker (CHW) Ambassador Program, our certified CHWs provide community-based outreach, advocacy, culturally-based education, and health promotion.

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- Regionally based CHWs who live and work in the same neighborhoods as our members

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- Assisting with finding members Primary Care Providers and scheduling appointments

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- Connecting members to SDOH resources and care management when needed

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- Helping HUSKY Health members recently released from prison through CHNCT's Community Transition Program with the needed medical and SDOH support for a successful transition back into the community

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- Connecting with members at Community Engagement HUBs. HUBs are neighborhood spaces at community locations throughout the state where members can get **help** understanding their **benefits**


Community Engagement (cont.)

- ***Expanding our partnerships and programs.***
 - **HUB Program:** The Community Engagement team is expanding our partnerships and the HUB Program in New London, Hartford and Windham counties to create additional opportunities for Community Health Workers (CHWs) to connect with HUSKY Health members.
 - Our Partners and Sites include:
 - American Job Centers, WIC Offices, Community Action Agencies, Board of Education and Connecticut Foodshare – Mobile Food Pantry sites
 - **Community Transition Program:** The Community Engagement team will continue its efforts with expanding the Community Transition Program statewide by engaging urban re-entry collaboratives.



Community Engagement (cont.)

- ***Providing community level engagement through health education programs.*** Through our Community Engagement HUB Program, CHNCT has established statewide partnerships with various public-school systems, family resource centers, mobile food pantries, soup kitchens, etc. CHNCT is engaging with Boards of Education and other partners to deliver at least 25 tailored nutrition education programs on-site.



Our nutritional programs are held virtually or in-person at: health fairs, community events, parent/teacher nights, after-school programs, summer camps, and back to school events

Community Health Educators (CHE's) are responsible for increasing healthy living behaviors by providing health education to members as well as other community audiences

CHEs provide resource materials for health conditions such as obesity, hypertension, heart disease, stroke, and diabetes

They also provide referrals to help members utilize the HUSKY Health program in a way that best addresses their unique SDOH needs

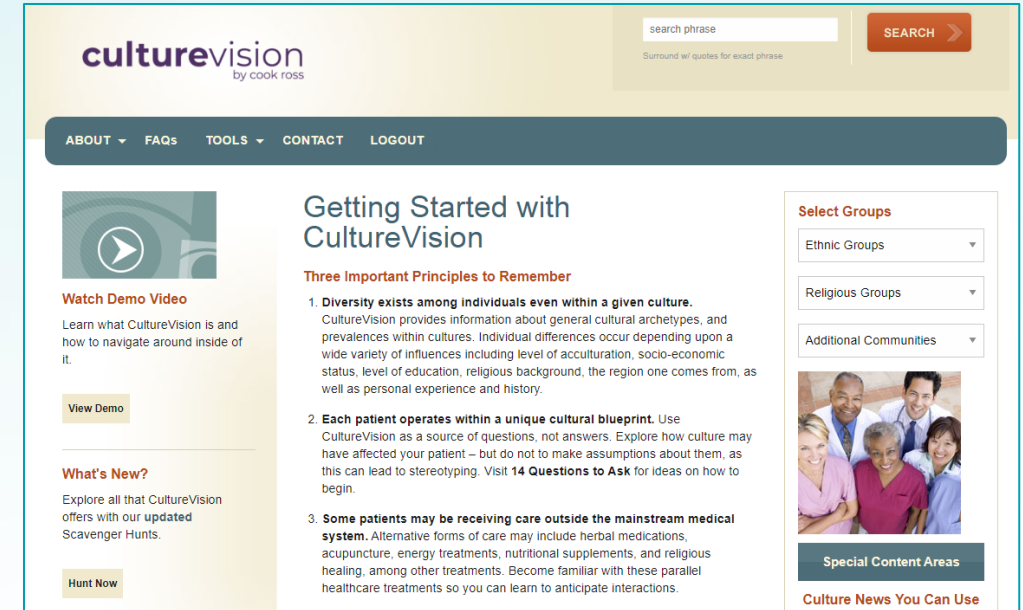
Member Engagement

- ***Incorporating consumer voices in our health equity work.*** CHNCT continues to work with internal departments to involve consumer voices to advocate for health equity.
 - A HUSKY Health member will be joining our Health Equity, Diversity & Inclusion Team to provide input on our efforts.
 - CHNCT's Member Advisory Workgroup was developed in 2012 and is comprised of approximately 30+ culturally diverse HUSKY Health members who reside across Connecticut.
 - This workgroup is a partner to both CHNCT and DSS and helps provide direct input on policies, new benefits and services, program development, and interventions.
 - The Director of Health Equity attends the Member Advisory Workgroup meetings to obtain feedback from our members on our health equity initiatives.



Member Engagement (cont.)

- **Advancing Health Equity through Culturally and Linguistically Appropriate Services (CLAS).** CHNCT has policies, procedures and training in place to ensure we provide culturally and linguistically appropriate services to our members today.
- **Staff Training:** All staff receive cultural competency training, which includes an overview of CultureVision™ by Cook Ross
 - CultureVision™ is an online database that provides access to information about 75 ethnic groups, religious groups, and additional communities for use in providing culturally competent patient care.
 - Additional communities include, but are not limited to: Blind/Low Vision, Deaf/Hard of Hearing, and Physical Disability
- **Provider Access to CultureVision™:** CHNCT provides free access to CultureVision™ for HUSKY Health providers through our secure provider portal on the HUSKY Health website
 - Providers are educated on the availability of this tool



Member Engagement (cont.)



- ***Supporting Black Maternal Health.*** The Care Management (CM) department provides education on the Centers for Disease Control and Prevention's (CDC) *Hear Her*TM Campaign with every perinatal member enrolled in CM, with enhanced efforts to reach Black/African American, Hispanic and other high-risk individuals at greatest risk for adverse pregnancy outcomes. CM offers Perinatal Learning Groups on the *Hear Her*TM Campaign (Listen, Learn, Speak Up) to educate members and their support persons about reportable warning signs.
- ***Targeted Care Management Programs to Address Disparities.*** Using a person-centered approach, CHNCT's CM includes condition management programs provided by a multidisciplinary team targeted at equitable access to care and improving the member's ability to optimally participate in healthcare.
 - **Diabetes Management Program** to achieve improvements in blood glucose levels for unattributed or high-risk Black/African American and Hispanic members with diabetes and an HbA1c level of 9% or greater
 - **Hypertension Program** with a goal of connecting unattributed or high-risk Black/African American members with hypertension to a primary care provider or specialist
 - **Complex Care Coordination for Members Receiving Gender-Affirming Care** to help guide members through the process

Member Engagement (cont.)

Diabetes Management Program

- Supporting improvement in members' self-management of their diabetes through evidence-based, person-centered practices
- Coaching by nurses on diabetes and diabetes management
- Sharing educational tools and resources, including customizable action plans

Hypertension Program

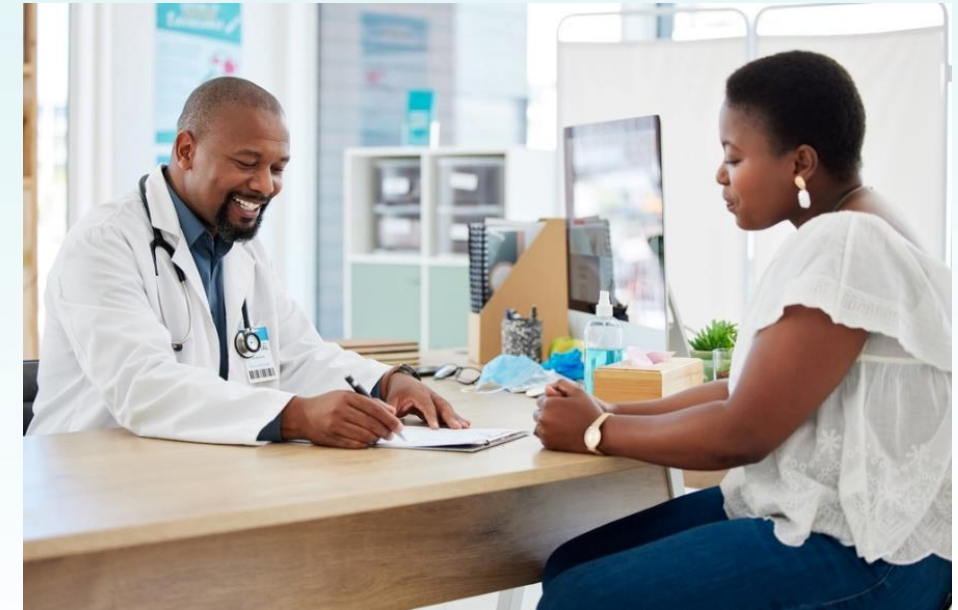
- Condition-specific coaching by nurses
- Promoting family/caregiver participation in coaching, diet counseling, medication management support, and care transitions to support positive outcomes
- Working with members to address barriers to engaging in care with a provider such as effective communication or transportation needs

Gender-Affirming Care

- Person-centered interventions that address medical, behavioral and HRSN
- Assisting members with navigating benefits and documentation requirements
- Helping members make necessary arrangements, including obtaining appointments

Provider Engagement

- ***Improving Members' Ability to Access Equitable Care.*** The Provider Engagement Services team is working to improve access to diverse providers who members are comfortable with based on their race, ethnicity, and those who offer LGBTQ+ supportive clinicians and services.
 - Building a process that allows providers to submit their race, ethnicity and indicate if their practice offers LGBTQ+ supportive services and clinicians to CHNCT
 - This information will be displayed in the provider directory
 - Conducting a mystery shopper survey and assessing whether using ethnic-sounding names and/or identifying as part of the LGBTQ+ community has an impact on appointment availability or timeliness
 - Based on results, Provider Engagement will develop corrective action plans as needed
 - Continuing to recruit and retain providers who provide gender-affirming care to ensure that LGBTQ+ community members seeking gender-affirming services have access to care



Provider Engagement (cont.)

- ***Increasing engagement with provider partners in health equity initiatives.*** Through our Provider Engagement and Clinical Practice Transformation Specialist (CPTS) teams, CHNCT continues to explore options to address health equity and identify best practices with the provider community.



- Collaborating with Person-Centered Medical Homes, Federally Qualified Health Centers and Glide Path practices on specific Quality Improvement initiatives that address health equity opportunities among their attributed HUSKY Health members
- Soliciting feedback from the provider community on health equity initiatives
 - CHNCT's Provider Advisory Workgroup
 - During on-site visits with providers

Provider Engagement (cont.)

- ***Designing targeted interventions to help improve member outcomes.*** CHNCT stratifies all health measures by race, ethnicity and geographic area. Through our data analysis, CHNCT identifies disparities and gaps in care in geographic areas and develops interventions.
 - Currently, our Quality Management team has developed interventions to address specific disparities in the following:
 - Emergency Department Utilization for non-emergent services among Hispanic members residing in Bridgeport and New Britain
 - Child Immunization Rates for Black/African American members residing in Bridgeport
 - Intervention example:
 - Our Clinical Practice Transformation Specialists work with HUSKY Health pediatric/family practice providers in Bridgeport on quality improvement initiatives to increase childhood immunization rates by targeting members who have not received their immunizations

Data and Collection

- ***Enhancing Data and Collection Efforts to Advance Health Equity.*** Improving our data will allow us to further assess member health outcomes, identify disparities, and develop targeted interventions.

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- Developing a plan to collect race and ethnicity data from HUSKY Health members who have not self-identified during the enrollment process
- Information will be obtained during calls with members, through our Health Risk Questionnaire and by allowing members to provide this information on our secure member portal

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- Stratifying health measures by disability status
- CHNCT is working on defining data standards for identifying disability status using eligibility, claims and self-reported data

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- Stratifying two quality measures by language to identify disparities: HEDIS® Adults' Access to Preventive/Ambulatory Health Services and HEDIS® Child and Adolescent Well-Care Visits
- CHNCT selected these measures because they both address access to primary care, cover most of the membership, and provide the largest data set for detailed analysis

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Questions?

GTI

NEMT

NEMT

- NEMT
- Contract Timelines
- MTM/Veyo Transition (Data slide)
- DSS Accountability Levers
- DSS Monitoring Process



Medical Assistance Program Oversight Council
Thursday, November 9th, 2023

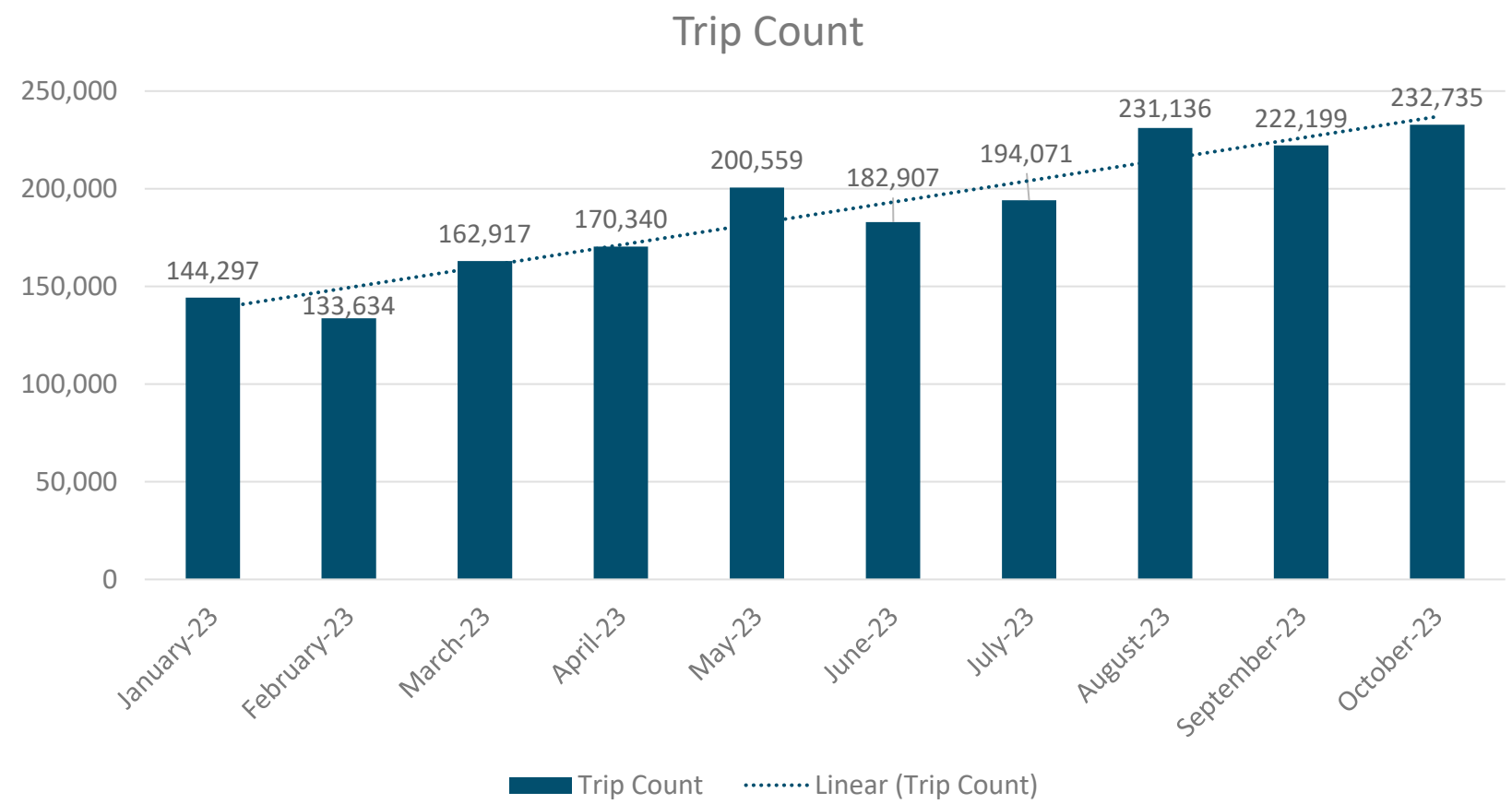
Agenda

- Migration Update
- MTM Metrics
 - Trip Volume
 - Distinct Members using NEMT
 - Call Volume
 - Abandonment Rate
 - Average Speed of Answer
 - Complaints
 - Substantiated Complaint Rate
 - Member Satisfaction
- MTM General Updates

Migration Update

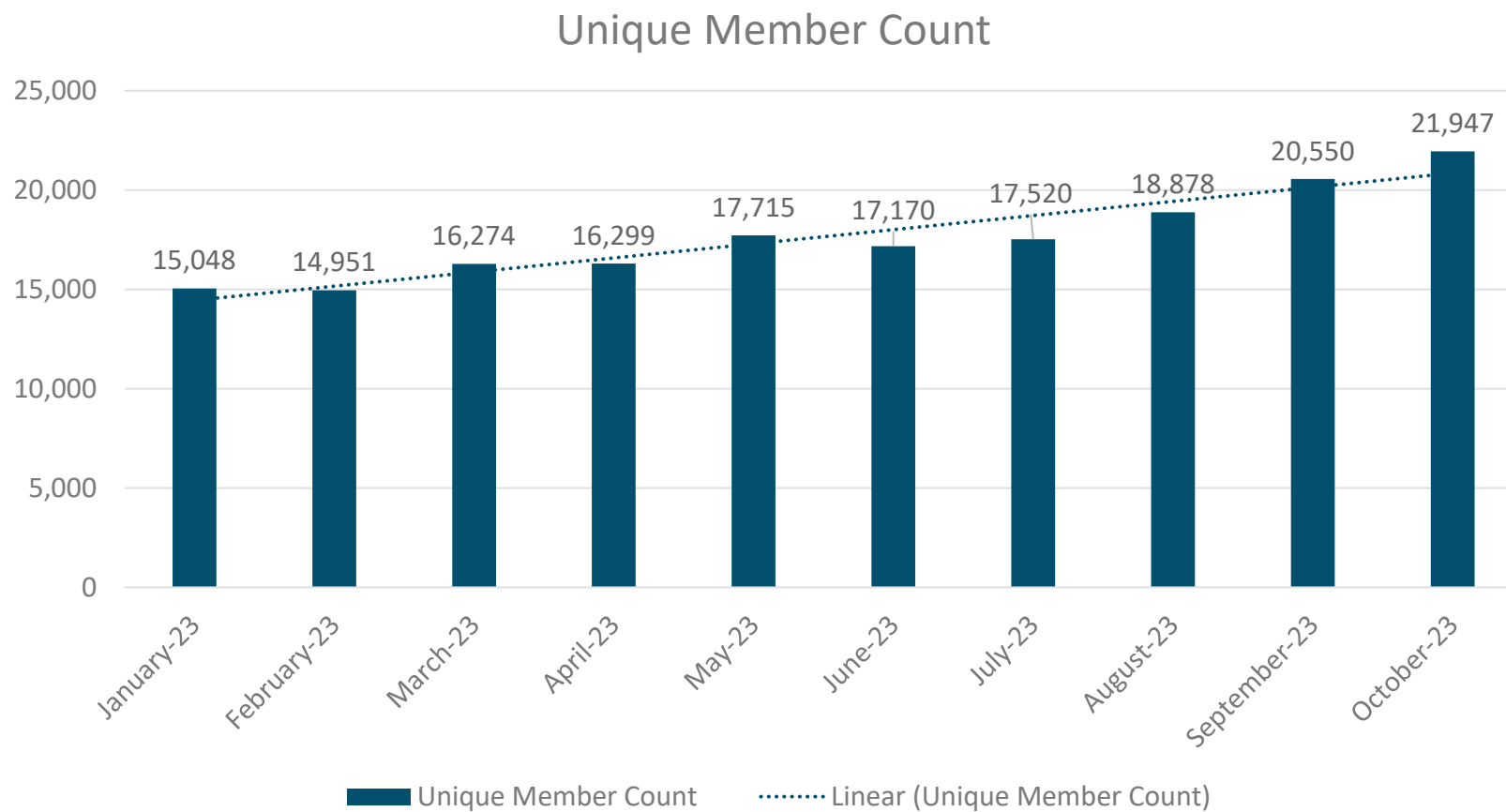
- Migration completed 9/1/23.
- Updates included:
 - Call Center and Trip Intake
 - Gas Mileage Reimbursement
 - Member Portal Access
 - Facility Portal
 - Complaint Intake
 - Trip Assignment and Distribution

Trip Volume

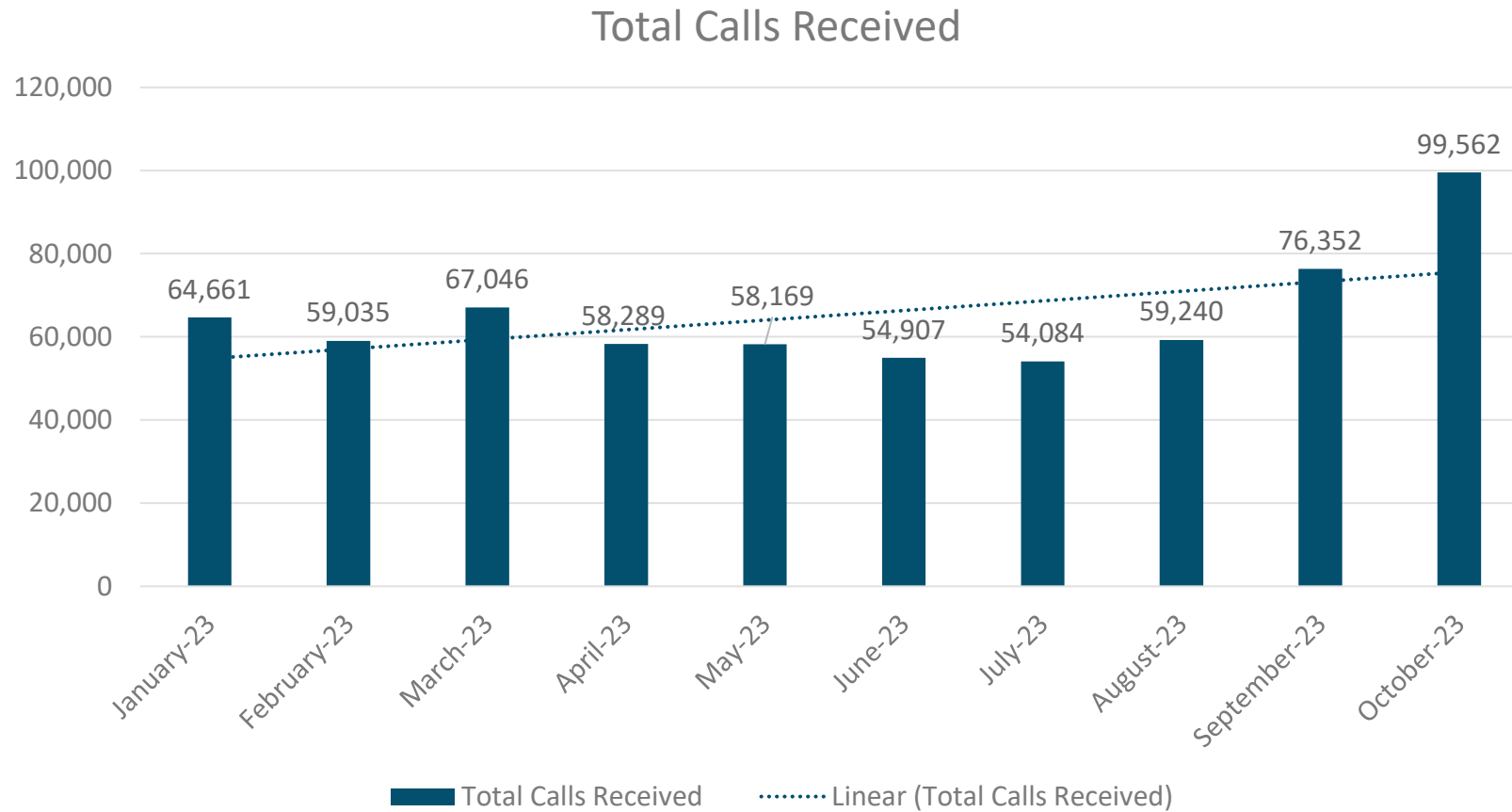


* claims can be submitted up to 90 days after appointment date

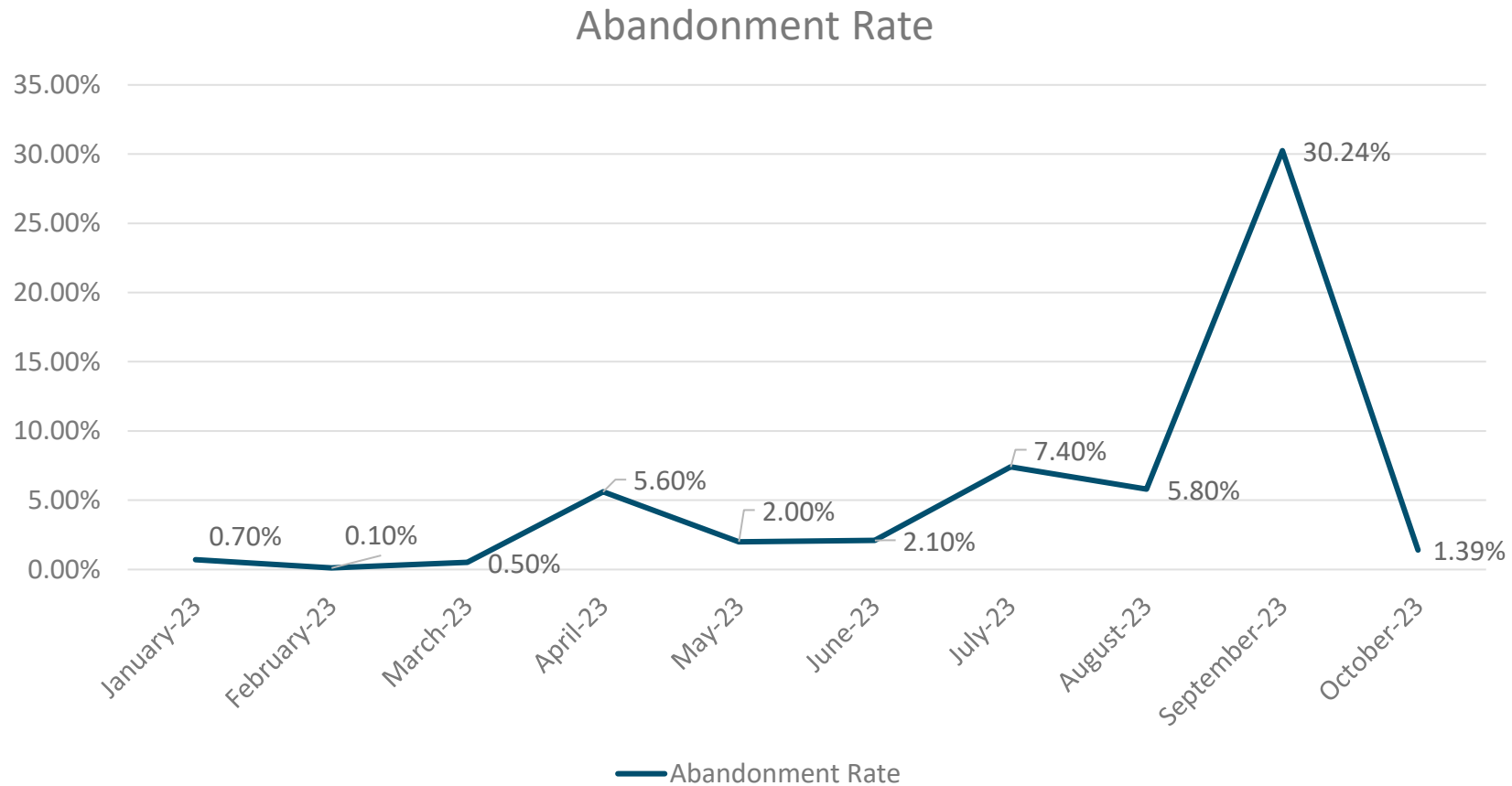
Distinct Members using NEMT



Call Volume

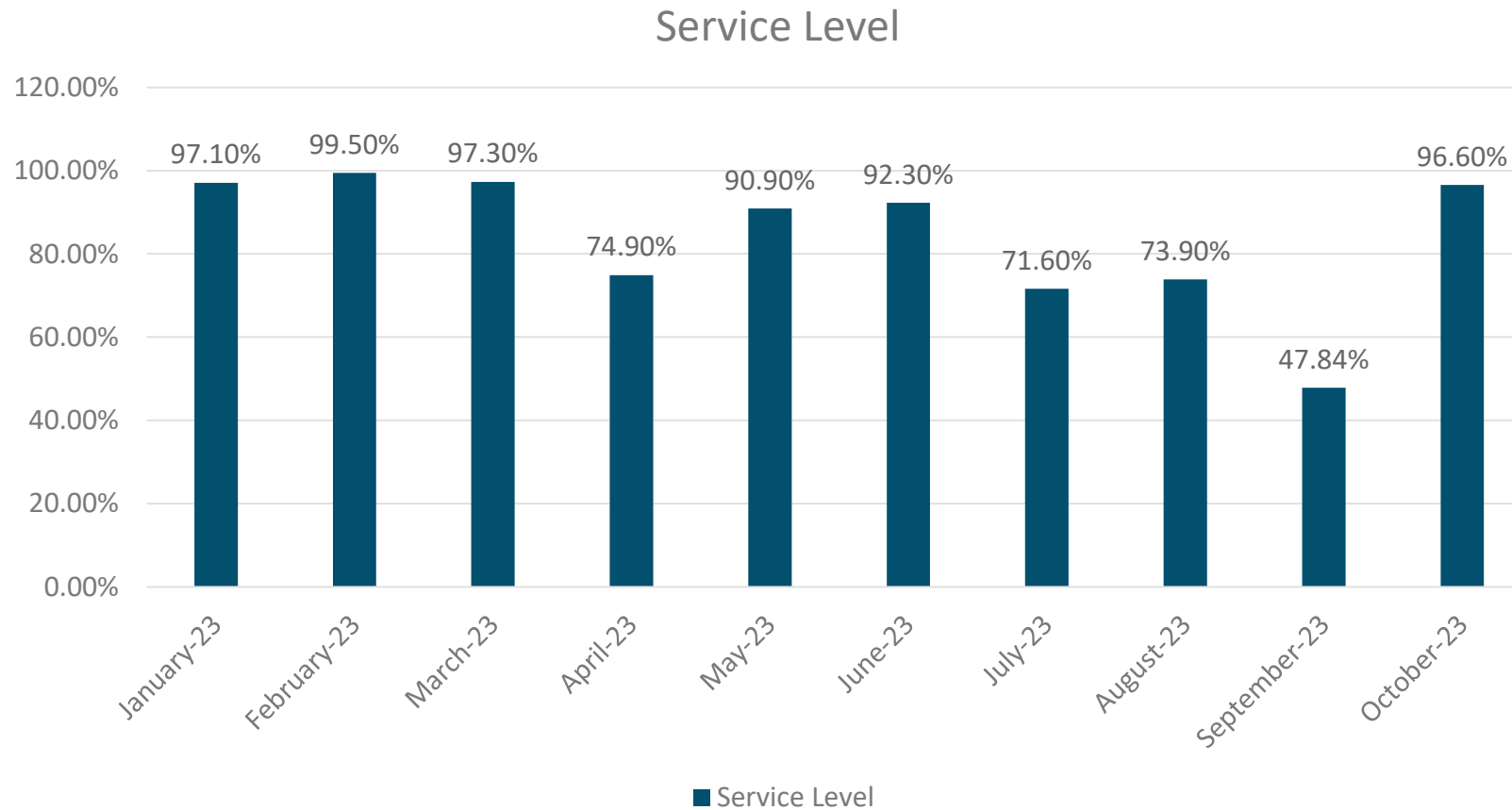


Abandonment Rate



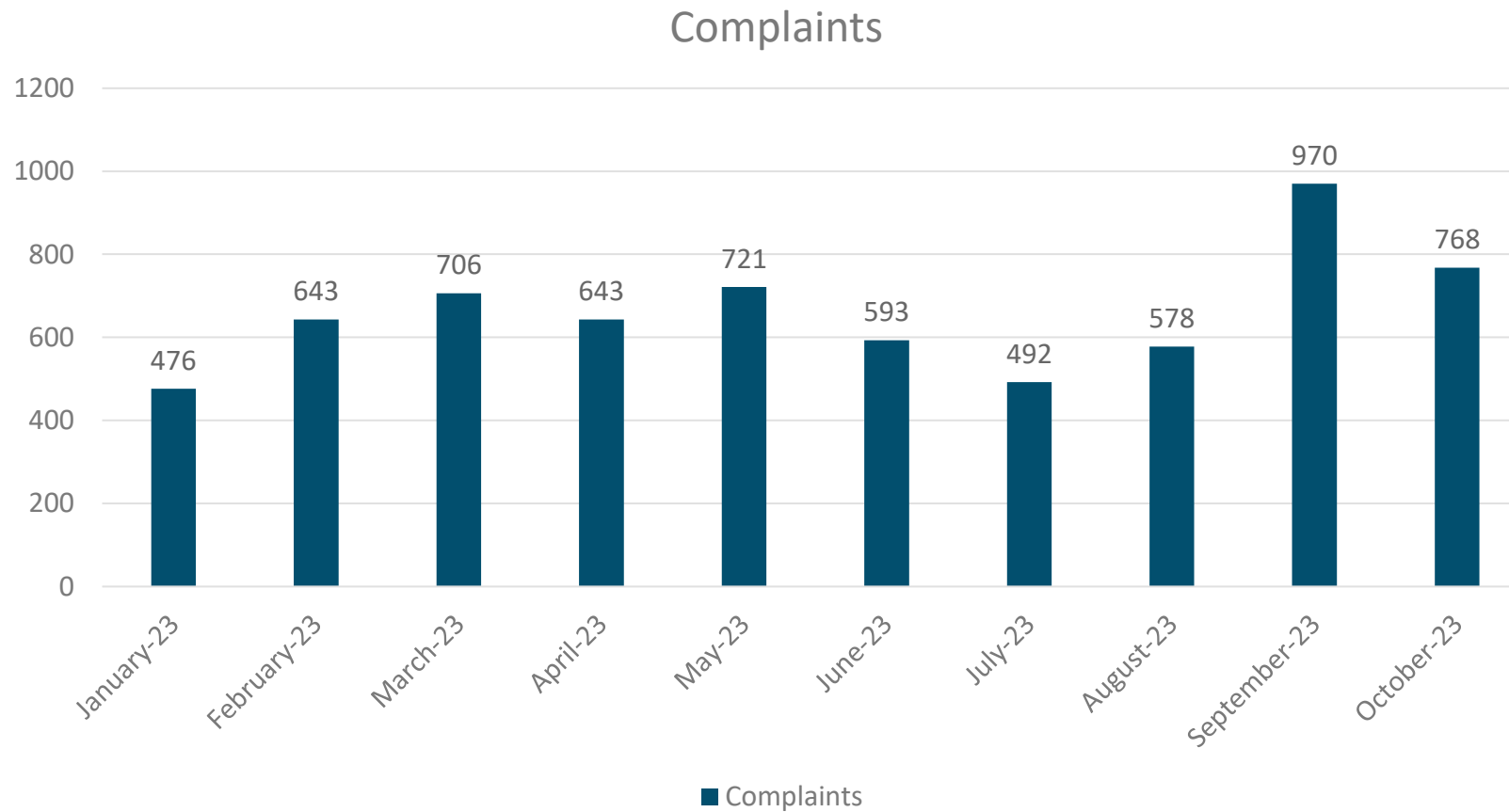
Abandonment Rate KPI: 5%

Average Speed of Answer

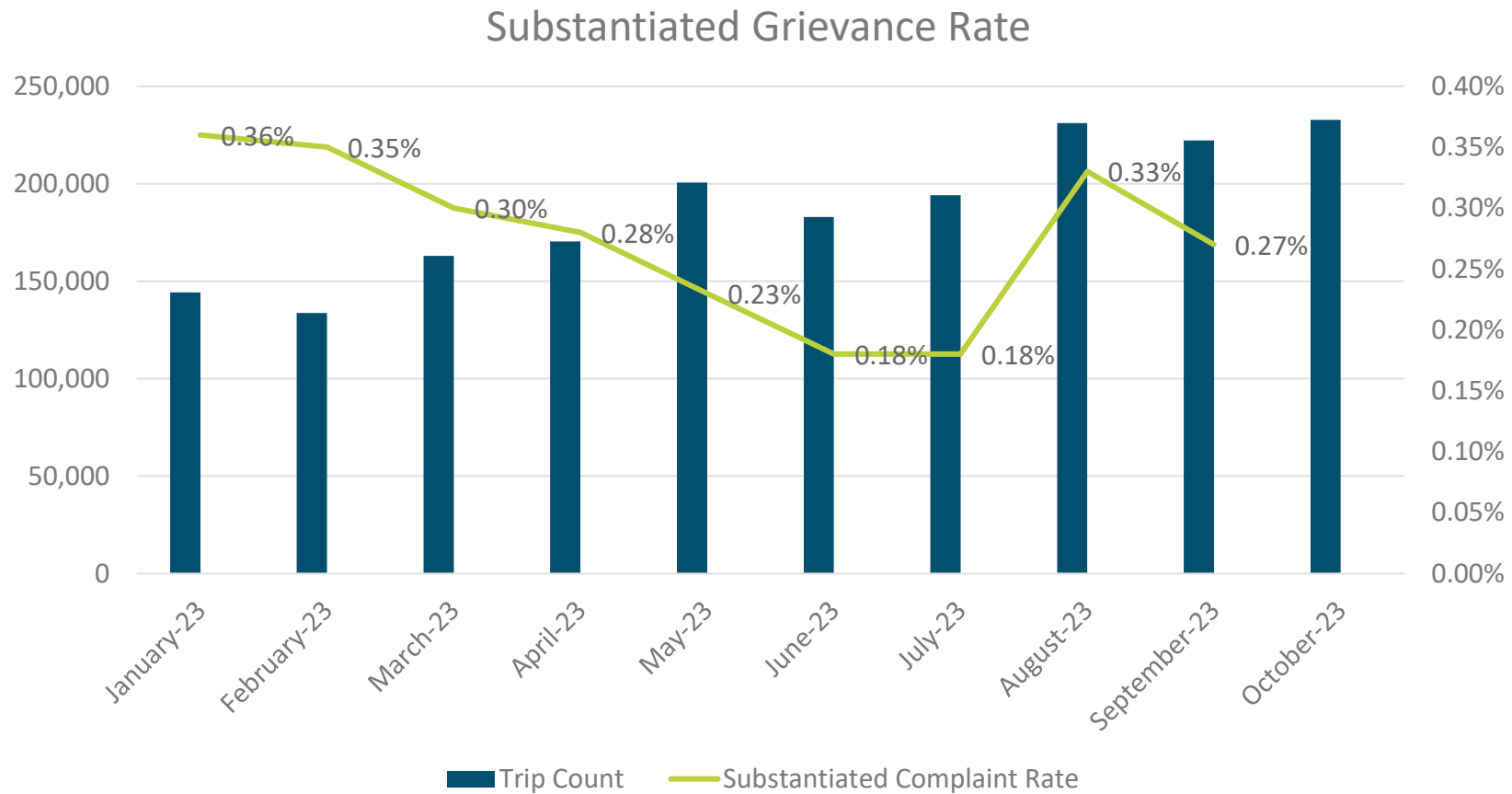


Service Level KPI: 80% of all calls must be answered within 3 minutes.

Complaints



Complaints



KPI: 2% Grievance Rate over Completed Trips

**Complaints from October are still being reviewed.*

Member Satisfaction



KPI: 95% Satisfaction Rate from the Post Call Automated Customer Satisfaction Survey

Updates

- Mitigating **bus pass issues** by sending reminders to members, healthcare providers, and call center agents to update mailing addresses when calling to schedule trips.
- **Facility Portal** enhancement targeted for December launch.
- Continuing our **Community Outreach** efforts by hosting regular meetings and webinars with dialysis facilities, hospitals, behavioral health facilities, skilled nursing facilities, etc.
- **Increasing pre-assignment of recurring trips** such as methadone, dialysis, chemotherapy, etc. 45-60 days in advance to the same driver/provider, ensuring continuity for member and healthcare provider.
- **Temporary system enhancements** to allow for trips to be scheduled when forms are still pending [15-day temporary certification for both higher mode of transport, and mileage]



Thank you!