

State-Wide Primary Care Access Authority

Co-Chairs
Margaret Flinter
Tom Swan



MEETING SUMMARY

Wednesday, January 23, 2008

7:30 AM in Room 1C of the LOB

The following members were present: Commissioner Michael Starkowski, Dr. Daren Anderson, Evelyn Barnum, JoAnn Eaccarino, Margaret Flinter, Dr. Robert McClean, Lynn Price, Tom Swan, Fernando Betancourt and Sandra Carbonarie.

Also present were: Christine Cristine Vogel, David Parrella, Meg Hooper and David Krause (representing Nancy Wyman, Comptroller).

Absent were: Commissioner Robert Galvin, Nancy Wyman, Teresa Younger and Franklin Sykes.

Margaret Flinter convened the meeting at 7:44 AM.

David Parrella, Director, Medicaid Program, Department of Social Services stated current changes within the HUSKY Program include, Healthnet, Anthem and Well Care deciding to leave the network. Clients from all plans will be given the choice to transition into networks for traditional fee for service programs or Community Health Network (CHN). He stated the transition date has been moved from February 29th to March 31st and that as of April 1st, all HUSKY members will have transitioned to fee for service or Community Health Network.

David Parrella stated that the transition date for pharmacy benefits is February 1st and that this would benefit clients and providers by reducing the need for prior authorization. He stated that during the transition period, a thirty day supply will be given instead of the typical 5 day supply which the fee-for-service plans grant. He stated that fee-for-services or CHN will be mailed out at the end of the month and that the notices will be mailed out over a 2-3 week period so as not to be inundated with calls. He added that it is expected that approximately 20% of clients will not chose a plan or may not respond to the notices and in those cases, clients will be defaulted into the fee for services plan effective April 1st.

David Parrella stated that if any Managed Care Organization (MCO) recommends a denial of service, that denial needs to be brought to Dr. Robert Zavoski, Medical Director, DSS, who would have 24 hours to affirm or deny the request, and if there is no response in that time frame, the recommendation is deemed to be affirmed.

David Parrella stated that the Legislature made significant investments in the rates for Medicaid to provide services to our indigent population. The hospital per diem rate increases to be effective October 1st. CHN are paying the increased rates as of July 1, 2008 and the new physician's fee schedule to be effective of January 1, 2008.

David Parrella reported that an agreement was reached with the plaintiffs of the 1999 dental rates lawsuit and the agreement is currently being reviewed by the Attorney General's office. He stated that

the agreement will increase reimbursements for pediatric dental services by \$ 20 million per year, includes a carve out for dental services from the HUSKY Network and an RFP is expected for a July 1, 2008 implementation date for an Administrative Service Organization to over see the dental benefits for children of low income families.

Lynn Price asked if the 30 day refill policy only apply during the transition period and if after that the 5 day supply with prior authorization would apply?

David Parrella stated that this is the plan right now but that alternative options are being considered for the future.

Dr. McClean asked what effect the increase to the physician fee schedule would have?

David Parrella stated that the actual fee schedule is available on their website and that the actual impact is not entirely uniform and that they are trying to see what percentage of Medicare allowables \$27.9 million would get us up to for the total population. He added that prior to the increase, reimbursement was at 42%, and with the increase reimbursement would be 57.5% of medicare allowables.

Robert McClean asked how much did hospital rates get increased?

David Parrella stated that this year the impact was \$82 million as designated by the Legislature..

Margaret Flinter asked whether there is any other activity going on around the state to encourage enrollment.

David Parella stated that for well over ten years, there has been a good relationship with pediatricians and obstetricians and that Medicaid accounts for around 40% of births around the state and cover approximately one-third of all children under the age of 19 in the state. He added that most of the concerns are with specialists within the network and the geographic concerns are with Fairfield County. He stated that efforts by the Commissioner have been aggressive to expand outreach efforts.

Commissioner Michael Starkowski stated that there are presently 18 contracts, one state wide contract, and a number of regional contracts, totaling \$1 million. He stated that efforts are being made to reach out and educate teachers and professionals in our school systems to understand what the HUSKY program is about and that efforts are still moving aggressively in the hospitals to make sure all newborns without insurance are put on the HUSKY Plan.

Fernando Betancourt asked what percentage of the HUSKY population is being served by Anthem, Healthnet and Wellcare? Fernando also stated that it is his understanding that a business decision was made to withdraw from the HUSKY Program and wondered what the lost revenue was and if the translation service for some of the materials is contracted out or is it being done in house?

David Parrella stated that of the approximately 328,000 in HUSKY, Anthem services 90,000, and Wellcare 30,000 – 40,000. He added that at the height of enrollment loss revenue was approximately \$750 million being paid out to the MCO's. He stated that for the past two years one plan was showing a profit margin but Anthem and Health Net did not.

David Parrella stated DSS will be paying CHN an administrative fee and that they are going from a monthly risk capitation payment of approximately \$180 per month to an administrative fee of \$18 per month. David Parrella stated that DSS has off loaded unanticipated medical risk to the insurer so that you don't bear the full cost of the medical procedure and now, we are taking that risk back so the

controversy over MCO's making money, losing money, rates are good, rates are bad, now we are going to find out because the risk is shifting back to the state.

David Parrella stated that the translation of the materials is mostly done in house. He added that DSS has a contract with language line services and that MCO contracts require all health plans to have translation services available by phone at a doctors office if a person requests it. He stated that the DSS is state wide contract for translation services for our entire fee-for-service network providers.

Fernando Betancourt stated that interpreter services need to be live and that the Latino and Puerto Rican Affairs Commission recommends that the state include funding in it's budget to translate materials. This requires a specific skill and needs consistency to achieve the best results.

Sandra Carbonari asked if CHN and fee for service plans would be able to handle the volume of services and they have the personnel to handle the case management, arrange transportation and answer questions parents may have.

David Parrella stated that CHN is staffing up and expanding their transportation system

Evelyn Barnum asked if part of the \$27 million for physicians is being spent on the SAGA program.

David Parrella stated "no".

Robert McClean asked David if he believed the MCO's were making money on these programs, and if not, whether there is some compelling reason for participating.

Commissioner Starkowski stated that 6-7 years ago the DSS tried to link the procurement with the Comptroller's procurement and have it linked to the state employees contract. He added that this would give the Department some leverage with the participating MCO's but that was not accepted for a variety of reasons. He stated that MCO's have consistently come to the negotiations and substantiate that they were losing money but stated they believe in servicing the population.

Margaret Flinter thanked David Parrella and introduced Christine Vogel, Commissioner, Office of Health Care Access.

Commissioner Vogel stated that the definition of primary care is critical and it's what she calls "episodic, non specialty and you don't need an appointment" for care. She added that there has been growth seen in the emergency room care mostly due to the convenience factor based on life style which discourages taking time off from work for medical appointments so treatment is not sought out until the condition becomes an emergency. Commissioner Vogel stated that the walk-in type centers also encourage this type of care. She stated that another growth market across the country as well as in the state is the retail based clinics that are not regulated by any state agencies. She reported that most of these retail based clinics are accepting insurance.

Commissioner Vogel stated that the inventory of sites/locations currently consists of the address of the facility but we need more information than that. She stated that we need to know the payor mix, volume, capacity, and if they are accepting new patients. Commissioner Vogel stated that private providers are the largest providers of care and she is not sure if a database exists with this data or with information on what type of medicines they provide our patients. She added that some of these sites have multi-specialists, so some of the business is dedicated to primary care and some to specialists.

Commissioner Vogel stated that sadly, OHCA nor other agencies have this data and an inventory needs to be created. We need a fair review of access to primary care for all.

Commissioner Vogel stated that there is a 2005 preventable hospitalization report OHCA will be reporting on 2005, 2006, and possibly 2007 if the data is cleaned up by then.

Commissioner Vogel also stated that this part of the business is a new area for OHCA to get into and they have started identifying areas of Windham County as some of what the Federal Government listed as preventable hospitalizations.

Commissioner Vogel stated that the primary care outpatient data is hospital specific to the way the agency collects it and it combines too many different elements and she is not sure she wants to share it. She added that currently, the data shows a decrease which is an unusual sign and that she is concerned that in a growth market, the hospitals are trying to re-distribute where and how they are providing outpatient services so it would change OHCA's ability to require data from them.

Robert McLean agreed with the comments on the terms of access and that it is not just the Medicaid population facing access problems but due to uncertainty, Medicare also faces various federal problems with the Medicare fee schedules.

Robert McClean acknowledged having the same difficulty with doing this inventory and asked if The Office Of Health Care Access, in conjunction with the DPH, have talked about a survey of the doctors. He added that the State Medical Society has some data but it does not show who is practicing primary care fulltime or part time.

Commissioner Vogel stated that last year the OHCA created an advisory group to start looking at outpatient data with primary care being a segment of our data. She added that some areas of concern are identifying who would be the providers and where the facilities would be that we want to start surveying because we know there are so many out there. She also stated that she could get onboard some of the larger primary care centers, such as some of the 40 doctors group that provides primary care, but believes for that's a great ambitious goal for the Agency. She stated that no one has anytime or any extra resources for duplications. She will have one of The Departments' analyst create a simple data base on excel and will send that out so the providers could input into the electronic format and send it back to us.

Robert McClean stated that the Medical Society has concerns about the issue of Minute Clinics and asked who supervises, where the licensing should be and that he had concerns over whether staff providers are adequately trained. He stated that apparently there is no license for those facilities and added that there is no license for a physician office, other than the one for the physician.

Lynn Price echoed Margaret stating that practice was in diabetes, and here are great guidelines, great technologies and very often it cannot be controlled because we of lack of access to medications. She added that transportation and other services to help get people into the office are other roadblocks and asked how are we going to make a difference and that we need to be thinking how to treat that.

Commissioner Vogel stated that she does not have the answer but would refer them to the Veteran Administration where strides in disease specific management have been made, although not ideal, or to the Kaiser model.

Margaret Flinter asked members to review the Hospital Systems Strategic Task Force Report before the next meeting. She stated that the report showed 250 emergency room visits per 1000 privately insured people in the state of Connecticut and 1500 emergency room visits per every 1000 people who have SAGA.

Margaret Flinter stated that the independent private practice office is one system, but there are many others, such as the private practices that are linked together, the community health centers and the hospital outpatient clinics that have not been quantified to determine the volume of primary care delivered through them. She added that in addition to the Veterans Administration we should look at the Retail Clinics and Planned Parenthood as they are systems that provide an element of primary care.

Margaret Flinter added that workforce development, the number of people presently in residency and the number of people leaving the state should be factored into the problem of access.

Daren Anderson stated that most patients have limited access to their primary care provider as quite often when they call to make an appointment they are met with a series of attempts to delay and postpone them from coming in because the offices are overwhelmed. He stated that often there is someone who functions as a triage nurse whose job it is to decide whether or not you need to come into the office. He added that the Minute Clinics and the Emergency Departments provide immediate access therefore more often than not the patients will decide to access care from one of these providers.

Daren Anderson stated that one of the areas of focus should be the elimination of barriers for appointments and that instead of putting people through a series of hurdles they should be offered an appointment that same day.

Joan Eaccarino reminded everyone of the importance of the School Based Health Centers and stated that in most cases children have same day access.

Robert McLean stated that different states have shown that when there is a small cost for accessing the emergency department for care, and the outcome is not necessarily altered.

David Parrella stated that the Department of Social Services recently conducted a study of emergency rooms use by HUSKY clients and found that the number one reason for going to the emergency room is injuries. He stated that a lot of this is about where people live, particularly people who are poor and live in more socially dysfunctional environments and added that it will be difficult to figure out how to access preventive care is going to solve the problem.

David Parrella stated that there is a false assumption that people who are well plugged into their primary care providers would be less likely to go to the emergency room but as it turns out, children that are up to date on their well-child visits are more likely to go to the emergency room than children in HUSKY who don't have a routine relationship with their primary care provider. He added that access to primary care is important but making it accessible in a culturally specific way is also important. He added that there is tremendous demand for behavioral health services and that people go to the emergency rooms as a last resort.

Commissioner Vogel stated that Connecticut Hospital Association reported there were approximately 1000 non-urgent emergency department visits every day in our emergency departments.

Robert McLean asked what percentage of the total daily patient visits is the above.

Tom Swan responded that the very high percentage were often time related to mental health and behavioral health issues.

Commissioner Vogel offered to provide the Authority with the information and stated that although behavioral health visits are a large portion, they also looked at ear aches and soar throats and kept behavioral health separate because to the emergency department that is a different issue and it's not a high volume but it absorbs a lot of energy from the department.

Commissioner Vogel inquired if the Connecticut Hospital Association is a member of the Authorities.

Tom Swan answered yes.

Commissioner Vogel stated she will inform the Connecticut Hospital Association of the Authority's interest in the data.

Robert McLean asked if there is a way to get a breakdown of the diagnosis of emergency room visits over the years to help us determine how many are primary care issues, behavioral health or dental issues, to help us determine where services are potentially being over utilized.

David Parrella stated there is a report done by Mary Alice Lee, of Connecticut Voices For Children, which looks at emergency room utilization in the HUSKY program and it has the information the Authority is looking for.

Commissioner Vogel stated that the Office of Health Care Access and the Connecticut Hospital Association has the entire database for the emergency departments separated by codes and that her department will be able to break that down by primary diagnosis code.

Sandra Carbonari asked if the data could be broken down by hours when offices are generally open verses midnight because these times means different things to a parent with a sick child.

Commissioner Vogel stated there maybe some data that contains time-frames.

Meg Cooper stated that there is a tremendous amount of data from the Connecticut Hospital Association, the Department of Social Services, the Department of Public Health and the Office of Health Care Access, but warned that we should decide what it is that we are looking for and how it will be used.

Meg Hooper stated that the following information is available at the Department of Public Health:

- 1) Population data – broken down by race, gender and age groups.
 - It is also available by ethnicity which is defined as either Hispanic or Non-Hispanic and is not consistent among all the agencies.
 - It is available by towns and cities which are not necessarily broken down by ethnicity (Hispanic and Non-Hispanic).
- 2) The directory of Community Health Centers.
- 3) The Department of Public Health licensure categories. There are over one hundred and eighty thousands licensed health care professionals in the state of Connecticut. There are recommendations for those that are traditionally considered primary care providers. There are currently 1500 physicians that are licensed but the Department does not have the number of practicing physicians measured in the electronic data system.
- 4) HRSA- National Center For Health Workforce Analysis: State Health Workforce Profile.
- 5) The Office Of Legislative Research: 2006 Healthcare Workforce Shortage In Connecticut Report. This report identified Connecticut Workforce Shortages and examined what data was available and what system was available.

Robert McLean asked Meg if the Department has a record of the physician specialties.

Meg Hooper responded yes.

Robert McLean stated that there are several surgical subspecialties listed and they are not medical subspecialists and he is of the assumption that GI doctors and cardiologists are listed under internal medicine which would give a skewed view of people who are potentially practicing internal medicine but are not doing primary care

Meg Hooper stated that she needed to clarify physicians and surgeons under the same licensure, we have surgical specialties and you are correct, the assumption on internists could be a variety.

Evelyn Barnum informed Meg Hooper that the information she requested about the hours that all the health centers are open and the services they provide, medical, dental and mental health is in electronic format and is updated every couple of days because centers are opening more sites more hours and with support from DSS, all the health centers are going to be opening more sites and more hours for different things. She added that this information is on their website.

Margaret Flinter stated that after speaking to Meg and Commissioner Galvin, she and Tom put together what they believe to be the outline of an RFP for the inventory. Based on all the data that is being provide, she believe that one question that needs to be included when developing an RFP is, "tell us your competency in and experiences in taking all these sets of data and defining the list of questions of what we know, answering those questions and integrating it with what is already available" so we don't duplicate our efforts and we get at what this group needs to know by December, bringing us back to our task.

Robert McLean asked Margaret if she is constructing a survey instrument.

Margaret responded no and welcomes everyone's input over the next couple of weeks

Robert McLean stated one question still remains and that is whether they are practicing fulltime or part time or is their practice closed, and if it is, why. He added that a lot of it is going to come back to finances. He stated that the question to ask is, if you are not currently taking Medicaid or Medicare patients, what would it take to get them to accept Medicaid patients. Whether there are enough primary care doctors available and if we pay them enough would that provide enough access.

Commissioner Starkowski stated that he had taken some calls and in a number of situations the rate wasn't the issue but the physician had made a decision based on a no-show of a client a second and third time and then coming in to their office and demanding to be seen right there even though they had missed the first two appointments. He stated that we should not keep revolving around the rate issue since there are so many other components of this that we should start to focus on.

Tom Swan requested a motion to approve the meeting summary of the December 19, 2007 meeting.

Motion was moved and seconded.

Meeting summary approved on voice vote.

Tom announced that they have been in discussion with Academy Health to provide us with a consultant and that there is a possibility that the day and time of future meetings will be changed if a facilitator is brought in to help with the workgroups and study groups.

Tom Swan announced that the next meeting is on February 27, 2008, in Room 1C of the Legislative Office Building.

The meeting adjourned at 9:33am.