

# STATE OF CONNECTICUT Consumer Advisory Board

## Meeting Summary Tuesday, November 18, 2014

**Location:** Bridgeport Child Advocacy Coalition, 2470 Fairfield Avenue, Bridgeport

**Members Present:** Patricia Checko (Co-Chair); Arlene Murphy (Co-Chair); Alice Ferguson; Kevin Galvin; Rev. Bonita Grubbs; Bryte Johnson; Robert Krzys; Sharon D. Langer; Fernando Morales; Alicia Woodsby

**Members Absent:** Jeffrey G. Beadle; Michaela I. Fissel; Cheryl Harris Forbes; Stephen Karp; Theanvy Kuoch; Nanfi Lubogo; Richard J. Porth

**Other Participants:** Mory Hernandez, BCACCT; Loretta D. Ebron, Optimus; Leticia Colon, Optimus; Kathy Yacavone, SWCHC; Karen Gottlieb, Americares Free Clinic

Meeting was called to order at 3:08 p.m.

Arlene Murphy thanked Bridgeport Child Advocacy Coalition for hosting the meeting. Participants introduced themselves.

### 1. Public Comment

There was no public comment.

### 2. Acceptance of minutes

***Motion to accept the minutes of the September 16<sup>th</sup> Consumer Advisory Board Meeting – Bryte Johnson; seconded by Kevin Galvin.***

There was no discussion.

***Vote: all in favor. 2 abstains***

***Motion to accept the minutes of the October 7<sup>th</sup> Consumer Advisory Board Meeting – Sharon D. Langer; seconded by Kevin Galvin.***

There was no discussion.

***Vote: all in favor. 2 abstains (Bonita Grubbs, Alicia Woodsby)***

### 3. Discussion with Community Representatives

Consumer representatives were asked to speak about healthcare experiences and important considerations for healthcare reform. Leticia Colon said she has seven CAC workers. She expressed concerns with access to the phone system and the website not working properly which makes it difficult to provide a service. She also noted that premiums are pretty high. Loretta Ebron said it's difficult to get clients processed because communication between DDS and AHCT systems are different and do not match. Families have to come back more than once or spend an hour on the telephone. Leticia Colon said there is also a problem understanding documentation. Kevin Galvin said he and Arlene Murphy are members of AHCT Consumer group and maybe able to assist. Dr. Checko questioned whether premiums went up or stayed the same. Ms Langer said it depends. Ms Langer questioned whether they are able to track and get more information about why people didn't pay the premium. Ms Colon said they have outreach forms for everyone to fill out and document the problem. Some come back but it is still too early. Ms Langer said in order to provide feedback to policy makers, it's important to understand better what is happening. Voices have done research related to gaps. Ms Langer said the main issue understanding that you need people to have insurance coverage continuity. Ms Murphy said there's a need for continuity and consistent health insurance. Ms Murphy asked if any barriers with the coverage they receive. Ms Colon noted that dental is not covered. They would rather have Medicaid because it does have dental. Mark Schaefer questioned whether adult dental plans are available. Ms Langer

said they are expensive. Children coverage is required by federal law to be part of the package. Mr. Galvin said it will have longer effects. Ms Hernandez said they had a client that enrolled last year in four months she qualified. She flipped back and forth between Medicaid and QHP. She signed up for Connecticare with no monthly premium and then received a card from Anthem welcoming her. Yet she has her own coverage. When she goes to the doctor her information comes up "investigation pending." She has no coverage but is paying the premium. Ms Langer said she should contact a state representative or a state senator. Ms Hernandez said there have been changes within the household. Ms Murphy said navigators and assisters were supposed to have access to record. They can follow up with email. Ms Langer noted the system problem of not having access to the system after someone signs a release form to act as representative and speak on clients behalf. It will need to be straightened out with AHCT.

Ms Hernandez said going back to authorizations, working with managed care organizations, all they had to do was give a name. It would be great for Access to do. Presently, every time you contact AHCT the client's authorization is needed. Ms Langer said DSS and Xerox have its own authorization process. Ms Murphy said it is unclear but worth exploring whether it may be a federal policy. Dr. Checko said at many early SIM meetings there were discussions of moving in and out of eligibility. If they can't get any place with suggestions, they should bring it to a different level. Ms Langer said there was a state statute passed and certain information would have to be collected. The Medicaid program and CHIP program used to have people on for a year regardless. Federal government itself has suggested implementing 12 months of continuous coverage. This could have financial consequences. They have written about keeping people covered and will do more writing. Ms Langer is willing to share with the group.

Ms Ebron said they try to assist people in finding other services. They are pretty good about helping to find out what is in the community that is available to them and connect them.

Rev. Grubbs noted legal assistance resource center collects surveys and people had a positive experience. Access to specialists and dental was a problem. Ms Langer noted dental Medicaid program has made huge strides. It would be great if there was something comparable on the commercial side. Assisters were helpful and able to connect them. There was a question about the degree to which people could see doctors on Medicaid. Ms Langer said she is hoping to share data on January 19<sup>th</sup>, Martin Luther King Day from the survey. She spoke to value of assisters and it was positive.

Katherine Yacavone expressed problems and concerns about people who never had insurance. She said the bigger problem was documentation. People had to come back multiple times and making sure they could get to the first step was an issue. There was lack of clarity about what was needed and people are confused about re-enrollment. She suggested maybe advertising can clarify that. Karen Gottlieb questioned of the few who qualify for commercial insurance, could they afford premiums but not out of pocket expenses. Ms Yacavone said assisters are working through that process. Robert Krzys said with 1200 enrollees, they ran into high deductible health plans and had to explain what that means. Dr. Schaefer spoke on the plan design issue and that at base is fundamentally about dysfunctional market. Payment reform is needed to get around it. Mr. Galvin said unless they can fix the payment reform piece, this is not sustainable. Ms. Langer said most of the people who have come in through AHCT are eligible for either subsidies or Medicaid. Way subsidy is designed and had a lot to do with how the program is going to be paid for.

Ms Murphy asked are they finding barriers to services. She questioned as they go forward and things to look out for, where should they be looking. Ms Yacavone said FQHCs participate in federal 340B drug purchasing program. So they are much cheaper, work with local pharmacies, and are a huge savings to health center system. There is a dispensary of hope in Bridgeport for those who cannot afford and are uninsured. Ms Gottlieb said they have to make less than 200% of FPL. Free clinics are not eligible for 340B program. Ms Gottlieb gave an overview of the free clinic program. She said patients pay nothing when they come and get donated medicine. Free clinics are not eligible. It is a legislative priority and it is not happening. Ms Yacavone said VA has lowest cost pharmaceuticals. Target and Walmart is used for \$4 formularies and often cheaper. Ms Gottlieb noted those programs are beneficial even to those with insurance.

Dr. Checko said she wants to discuss how free clinics fit into the plan and if there is a mechanism to support them in the plan. Ms Gottlieb noted she spoke to PTF because they're looking at funding for PCMHs. They are unable to bill because they do not qualify for funding and are excluded from funding sources. There are 7 licensed clinics in the state. Ms Langer questioned whether there were any physicians who don't participate in Medicaid. Ms Gottlieb said they have 70 doctors that provide close to 50% of the care. About a third of doctors are retired, a third work someplace else, and a third are in private practice. They have about 3400 unique patients that are seen and are small compared to others. Many are undocumented and will never qualify for plan. She noted they see people who fit definition of the working poor. They have 270 volunteers including doctors, nurses, and medical assistants. Hospitals provide free testing services because they meet poverty requirements. Quest processes labs free of charge. They are 98% privately funded. They have small grants from Danbury and Norwalk and get free space in Bridgeport. There is a lot of corporate support. Dr. Checko said most people are not aware that you exist. They know Americanas for disaster assistance. Ms Gottlieb said it's important for the state to know that they exist.

Dr. Checko mentioned there's not talk of behavioral health. Ms Yacavone said it's because they are fortunate the majority of clients are Medicaid and have a robust program on outpatient level. It's probably one of few that are totally accessible. There's a lack of understanding and stigma involved in many ways. Ms Yacavone said they have 12 school based centers and behavioral health is a huge component with that age group. The clients coming in for behavioral health services outnumber those coming in for medical; the more they reach out and say it is okay. Dr. Schaefer said that is the topic for tonight's PTF, behavioral health integration.

Dr. Checko discussed the community health worker concept. Ms Ebron said they are essential and necessary because they advocate for client who doesn't have voice. Ms Gottlieb said the Housatonic program is just starting to take flight. They have a forum on December 11<sup>th</sup>. Ms Langer asked whether it's an issue for SIM initiative to come up with a uniform definition of CHW. Dr. Schaefer said they are proposing to fund some work with core competencies and curriculum. Ms Ebron said one component is to understand how to make linkages to other programs. The other component is how CHW's help clientele on so many different levels from Mental Health to teen births. They are learning and finding out what the niche is, how to help in the community, and raise awareness of the need. They are doing cultural humility and being careful of biases. She said it has been very rewarding. You have to find out just how much information and the lack of information to help someone. Ms Murphy said she would like to stay in contact. Ms Ebron said the first class of students is graduating on December 4<sup>th</sup>. Everyone is invited to meet them. They all have shadowing programs 35 to 40 hours, mental health and first aid certification. A few are employed and a few want to go to other venues and prove selves as assets. Ms Ebron noted there are 25 students total.

#### **4. Update on SIM grant budget reductions**

Dr. Schaefer provided an update on budget reductions. He commended others for taking show on the road and noted helpful insights. Mr. Schaefer sent a summary of the reductions process and provided context for the reductions. He said there were four business days to make the reduction. He convened with the Core team and Steering Committee immediately and reviewed the cuts. On evaluation, is hoping for foundational support. Workforce would like to support THC and CST but does not have funding for them. Dr. Checko said they didn't give a whole lot away but they are protected because position is funded with state funding. Mr. Schaefer said it was important to know funding that supports is an insurance assessment. They are scrutinizing how they are investing their money. Also important to know that OPM secretary has directed to freeze contracts and hiring. There is question on whether there will be constriction on them. In the process of working an agreement that allows them to move forward, nothing is guaranteed. But it is probably safer for it to be in PMO than grant dependent. Ms Murphy asked about how reduction in evaluation might impact the program. Mr. Schaefer said he couldn't say precise terms as it has not been laid out yet. He would have liked more detail. Also, they aren't able to do more sophisticated analysis of insurance design and payment reform. Anthem is wading into independently and they would like to support that on a grander scale. They will look for other sources of funding. Mr. Schaefer said they will confer with the board and the Steering Committee when they do lay it out in detail. Mr. Johnson asked if this is the last change. Mr. Schaefer said they have already dishonored the timeline and doesn't know if last change. The big question is the final step of vetting process with Office of Actuary. It can get complicated. The contest isn't over and this isn't a negotiation. Mr. Johnson asked how impactful is budget deficit going to be. Mr. Schaefer said he doesn't see it

affecting scope of work of PMO. Even with 19 mill reduction the whole work is substantially intact. Workforce development effort will be a challenge. They see budget and decisions made around budget as quite important and something to pay attention to. Every payer is independent of PMO. It will be up to them to take up the initiatives laid out in the PMO. Mr. Schaefer said what they want to know is if the state is going to support these efforts. If they renege on that commitment, they would see as renegeing on commitment or trying to supplant.

Ms Murphy asked if there's still room for changes with discussion of the Workforce Council structure and program. CHW program as structured has funding. Mr. Schaefer said no plan at present to put initiative back to council for deliberation. They could ID particular individuals who would be funded. Ms Murphy expressed concern about the program as structured, council's composition, and its charter. There's a need to follow up on this. Dr. Checko said at present it's just a teaching program, it does not look at other issues of employers and payment. Mr. Schaefer said UCONN has been leading the initiative, funding the leadership, and narrowing their focus. They may have a leadership issue and need to figure out where to go with that charge but CHW is not depend on that issue. Specificity is necessary to start conversation and they will follow up on this issue.

#### **5. Update on SIM work groups**

Dr. Checko talked a little bit about Workforce and suggested a conference call to discuss it. PTTF and Quality Council's are active but presently Equity and Access Council really needs some help. Fernando Morales cannot do a liaison role until February 2015. Information will be sent out to whole body to serve in role until able to fill. Ms Murphy noted the role of liaison at these meetings is very important to support meaningful work and to have resources. Rev. Grubbs noted groups tend to get short shrift and tends to be reactionary focus rather than proactive. Mr. Johnson suggested sharing in an email time commitment. Ms Murphy said PTTF held line and insisted that PCMH recognize by NCQA. They are a strong voice. They will send description and time commitment. Dr. Checko suggested looking at who is appointed to see whether they are able to attend or not. If not, they need process to appoint someone else.

#### **6. Other business**

The next meeting is December 9<sup>th</sup> from 1:00 to 3:00 p.m. Mr. Galvin said they will talk about Code of Ethics around Consumer Advisory Board and SIM Steering Committee as far as five groups concerned. Dr. Checko will send out CHW conference issue.

The meeting adjourned at 5:03 p.m.