



Senate

General Assembly

File No. 667

January Session, 2003

Substitute Senate Bill No. 98

Senate, May 13, 2003

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING DEMOGRAPHIC DATA PROVIDED TO THE MEDICAID MANAGED CARE COUNCIL.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (d) of section 17b-28 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2003*):

4 (d) The Commissioner of Social Services shall provide monthly
5 reports on the plans and implementation of the Medicaid managed
6 care system to the council. Such reports shall include the total number
7 of persons enrolled in HUSKY Plan, Parts A and B, as defined in
8 section 17b-290, and demographic data on the gender, race and age of
9 all such enrollees.

10 Sec. 2. Section 17b-28b of the general statutes is repealed and the
11 following is substituted in lieu thereof (*Effective October 1, 2003*):

12 On and after January 1, 1997, the Department of Social Services may

13 award, on the basis of a competitive bidding procedure, contracts for
 14 Medicaid managed care health plans. On and after October 1, 2003, the
 15 Commissioner of Social Services shall provide quarterly reports to the
 16 advisory council on Medicaid managed care established pursuant to
 17 section 17b-28, as amended by this act, on the utilization of
 18 administrative service organizations that contract with the Department
 19 of Social Services to provide health care services to persons enrolled in
 20 HUSKY Plan, Parts A and B. Such reports shall include: (1) The total
 21 number of HUSKY Plan, Parts A and B enrollees who receive health
 22 care services as a result of the department's contracts with
 23 administrative service organizations, and (2) measurement of the
 24 quality of the health services provided through administrative service
 25 organizations to HUSKY Plan, Parts A and B enrollees, pursuant to
 26 such contracts.

This act shall take effect as follows:	
Section 1	October 1, 2003
Sec. 2	October 1, 2003

APP *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Department of Social Services	GF - Cost	Minimal	Minimal

Municipal Impact: None

Explanation

This bill requires the Department of Social Services (DSS) to provide additional data concerning HUSKY clients and administrative services to the Medicaid Managed Care Council. These requirements will lead to additional administrative costs to the department. These costs are expected to be minimal.

OLR Bill Analysis

sSB 98

AN ACT CONCERNING DEMOGRAPHIC DATA PROVIDED TO THE MEDICAID MANAGED CARE COUNCIL**SUMMARY:**

This bill makes two changes in what the Department of Social Services (DSS) is expected to report to the Medicaid Managed Care (MMC) Council. First, it requires the monthly reports that DSS submits to the council to include (1) the total number of people enrolled in HUSKY Parts A and B and (2) data on their gender, race, and age. Second, it requires the DSS commissioner to give the council quarterly reports on DSS's use of administrative service organizations (ASOs) to serve HUSKY A and B enrollees.

EFFECTIVE DATE: October 1, 2003

DSS CONTRACTS WITH ASO

The bill requires the DSS commissioner to provide quarterly reports to the MMC council on the department's use of ASOs to provide "health care services" to HUSKY A and B enrollees. (ASOs typically provide the administrative services that enable enrollees to get the services.) The reports must (1) include the total number of enrollees who receive health care services as a result of the department's contracts with ASOs and (2) measure the quality of these services.

BACKGROUND***Husky Parts A and B, Managed Care, and ASOs for Dental and Behavioral Health "Carve Outs"***

HUSKY is the name of the state's subsidized health insurance program. Part A provides Medicaid coverage to children with incomes up to 185% of the federal poverty level (FPL) and certain adult caretaker relatives of these children. Part B provides subsidized coverage to children in families with incomes between 185% and 300% of the FPL. All enrollees must receive their health care from HMOs that contract with DSS. These plans receive a monthly fee for each

enrollee they serve (“capitated rate”).

Beginning next year, DSS plans to “carve out” from managed care dental and behavioral health services provided to HUSKY enrollees. By removing these services from the HMOs, enrollees, in theory, will be able to go to the dental or behavioral health provider of their choice, instead of having to use someone on their health plan’s provider list. (But even with the “carve out,” the providers must be Medicaid-enrolled.) As part of this change, DSS is in the process of negotiating with ASOs to handle the administrative components of the carved-out services. One of the ASO’s responsibilities will be to develop and maintain adequate numbers of dental and behavioral health providers to serve program enrollees.

Legislative History

The Senate referred the bill (File 322) to the Appropriations Committee on April 23. Appropriations reported a substitute on May 1 that removes a requirement for the DSS commissioner to ensure that HMOs establish a fee schedule for providers offering case management services to enrollees with complex physical and mental health care needs.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Report

Yea 12 Nay 6

Appropriations Committee

Joint Favorable Substitute

Yea 49 Nay 0