

State of Connecticut

GENERAL ASSEMBLY



COMMISSION ON CHILDREN

Human Services Committee
February 26, 2008
Public Hearing

Testimony Submitted by Elizabeth C. Brown

Senator Harris, Representative Villano, I am hear this morning to testify in support of Raised Bill No. 5618, An Act Concerning Revisions to the HUSKY Plan.

Connecticut's Medicaid system, HUSKY A and HUSKY B, is going through a substantial transition period. Starting January 1, 2008, HUSKY is transitioning from a Managed Care System, risk based model, of administration, to a non-risk, fee for service system administered by the Department of Social Services in conjunction with Connecticut Health Network-CT and Anthem. Both organizations will continue to provide member services, but not be financially liable in providing coverage to HUSKY members. By July 1, 2008, much of the program will have been "carved out" of managed care, and delivered in a fee for service arrangement; behavioral health services, pharmacy benefits; and dental services.

The bill before you seeks to establish a more comprehensive approach to the Medicaid health care program that focuses on the consumer and one that assures recipients of ongoing, quality, accessible healthcare. The program is undergoing significant changes, shifting from a Managed care system to a fee for service system. Consumers must choose a new plan in either Anthem or Health Net or default into a fee for service system with the Department of Social Services. At the same time, the Department has issued a Request for Proposal for a reinstatement of a managed care system- again asking consumers to adjust to yet another provider system.

The bill seeks to extend the current system until July 1, 2009 in order to provide sufficient time to really plan for and analyze the cost and health outcome benefits of the fee for service/ASO model being implementing by the Department. Recent Requests for Proposal for HUSKY do not include any substantive changes to the Managed Care Model. It also does not include any attention to core systems components of accountability; evaluations, care coordination, or integration of funding streams. The current system focuses on financing and does necessarily link health outcomes with that financing system.

The bill also restores continuous eligibility, a critical component to ensure continuity of care. It also eliminates the cost sharing under HUSKY Plan A and B; and eliminates the requirement that HUSKY Plan, Part A beneficiaries enroll in any available employer-sponsored health insurance policy if proven to be cost effective by the Commissioner.

We would also ask Committee to consider adding language to require reimbursement for care coordination and implementation of the Child Health Quality Improvement Program included in last year's HUSKY reform bill, PA 07-185 that would provide ongoing outreach and assistance to providers on best practices and assist the state in implementing quality measures. I have attached language for your consideration.

Last year two extremely important health authorities were established to study and make recommendations on a more universal, comprehensive health care system in Connecticut. The Health First Authority and the Primary Care Access Authority will provide critical information and recommendations on Connecticut's health care system concerning financing, quality, best practice, workforce and preventive health. The extension provides an opportunity for a more thoughtful, deliberative process in health care planning for the state. Thank you for the opportunity to testify in front of you this morning.

An Act Concerning the State HUSKY Insurance Program

Section 1: The commissioner shall develop and implement a provider-directed care coordination program for HUSKY recipients. This program provides payment to primary care providers for care coordination for people who need services beyond those offered in the primary care setting, including services outside of the health care setting. Providers must meet certain criteria such as 1) development of written care plans that have evidence of family participation; 2) have dedicated care coordination staff; 3) have documentation of care plan monitoring and updating. A primary care provider eligible to bill for care coordination is 1) the provider designated as the patient's provider by patient selection or assignment if no selection is made 2) must have coverage 24 hours a day, seven days a week, 3) arranges for the patient's comprehensive health care needs and 4) provides overall integration, coordination and continuity over time with referrals for specialty care and other services.

Section 2: The state Medicaid program, HUSKY A and HUSKY B shall provide quality improvement through the state Child Health Quality Improvement Program established pursuant to Public Act 07-185. Providers deemed a Medical Home provider shall be part of the Child Health Quality Improvement Program for the purposes of ongoing quality improvement and monitoring of performance measures established by the Program in conjunction with the Department of Social Service.

Section 3: No later than July 1, 2009 and annually thereafter, the Department of Social Services shall submit to the General Assembly having cognizance in the matters of human services a progress report on any improved health outcomes for children or cost benefit achieved due to provider driven care coordination in the HUSKY Insurance program.

