



House of Representatives

General Assembly

File No. 318

February Session, 2010

Substitute House Bill No. 5297

House of Representatives, April 6, 2010

The Committee on Human Services reported through REP. WALKER of the 93rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING STATE-WIDE EXPANSION OF THE PRIMARY CARE CASE MANAGEMENT PILOT PROGRAM.

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

1 Section 1. Section 17b-307 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) Notwithstanding any provision of the general statutes, [not later
4 than November 1, 2007,] the Department of Social Services shall
5 develop [a plan to] and implement a pilot program for the delivery of
6 health care services through a system of primary care case
7 management to not less than one thousand individuals who are
8 otherwise eligible to receive HUSKY Plan, Part A benefits. [Such plan
9 shall be submitted to the joint standing committees of the General
10 Assembly having cognizance of matters relating to human services and
11 appropriations and the budgets of state agencies. Not later than thirty
12 days after the date of receipt of such plan, said joint standing
13 committees of the General Assembly shall hold a joint public hearing
14 to review such plan. Said joint standing committees of the General

15 Assembly may advise the commissioner of their approval or denial or
 16 modifications, if any, of the plan.] Primary care providers participating
 17 in the primary care case management [system] pilot program shall
 18 provide program beneficiaries with primary care medical services and
 19 arrange for specialty care as needed. For purposes of this section,
 20 "primary care case management" means a system of care in which the
 21 health care services for program beneficiaries are coordinated by a
 22 primary care provider chosen by or assigned to the beneficiary. The
 23 Commissioner of Social Services shall begin enrollment for the primary
 24 care case management system not later than April 1, 2008.

25 (b) Not later than July 1, 2010, the Department of Social Services
 26 shall expand the pilot program for the delivery of health care services
 27 through the primary care case management system, as described in
 28 subsection (a) of this section to include primary care providers in the
 29 towns of Torrington and Putnam. Not later than every ninety days
 30 after July 1, 2010, the department shall expand the pilot program to
 31 include two additional municipalities in the pilot program and shall
 32 continue expansion of the pilot program until such program is
 33 operational in each county of the state. The Commissioner of Social
 34 Services may seek a waiver from federal law for the purpose of
 35 expanding the primary care case management system pursuant to this
 36 subsection.

37 (c) Not later than July 1, 2011, the commissioner shall report, in
 38 accordance with section 11-4a, to the joint standing committees of the
 39 General Assembly having cognizance of matters relating to human
 40 services and appropriations and the budgets of state agencies on the
 41 expansion of the pilot program.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-307

Statement of Legislative Commissioners:

In the second sentence of subsection (b), "commissioner" was changed to "department" for internal consistency.

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect
Department of Social Services	GF - Uncertain

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill requires the Department of Social Services (DSS) to expand the current primary care case management (PCCM) pilot program to Torrington and Putnam. DSS must then add two more municipalities every 90 days until the program is operational in all eight counties.

Comparative per member, per month costs between the PCCM pilot and the standard HUSKY managed care program are not available as the anticipated external evaluation has not yet been completed. As such, the fiscal impact of expanding the alternative PCCM model is not known.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5297*****AN ACT CONCERNING STATE-WIDE EXPANSION OF THE
PRIMARY CARE CASE MANAGEMENT PILOT PROGRAM.*****SUMMARY:**

This bill requires the Department of Social Services (DSS), by July 1, 2010, to expand the HUSKY Primary Care pilot program to include primary care providers in Torrington and Putnam. At least every 90 days thereafter, the commissioner must include two more municipalities until the program is operating in the state's eight counties. The bill permits the commissioner to seek a federal waiver to make these expansions. HUSKY Primary Care is the state's primary care case management program, which is an alternative care model available to HUSKY A enrollees.

The commissioner must report on the program's expansion to the Human Services and Appropriations committees by July 1, 2011.

The bill also removes obsolete language and makes technical changes.

EFFECTIVE DATE: Upon passage

BACKGROUND***HUSKY Primary Care***

Since early 2009, certain HUSKY A families have had the option of enrolling in HUSKY Primary Care. The family is matched with a primary care provider (PCP) or providers who provide primary care services and also manage the family's care, including making referrals to specialists. The PCPs are paid a monthly fee for managing the HUSKY recipient's care in addition to any reimbursement they receive for providing medical services. The pilot serves as an alternative to the

managed care organizations, which also serve the HUSKY A population.

The pilot program serves four cities— Hartford, New Haven, Waterbury, and Windham (geographic areas) and the towns contiguous to them. Currently, the program is not operating in Fairfield, Litchfield, and Middlesex counties.

DSS operates its HUSKY A program under a federal Medicaid waiver. A 2009 amendment to the waiver calls for extending the program after July 15, 2010 to additional areas that the DSS commissioner approves provided (1) an independent evaluation finds that primary care case management contains costs and improves quality and access to health care and (2) an adequate number of PCPs for both children and adults have applied to participate in the program.

As of January 1, 2010, there were 243 HUSKY A recipients enrolled in the program and 223 participating.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute

Yea 14 Nay 5 (03/18/2010)