

Meeting Summary: February 11, 2004

Co-Chairs: Irene Liu Christine Bianchi

(Next meeting 3/24/04, 10:30 AM, LOB RM 3000, Conf RM 3005)

HUSKY Member Address Changes

When HUSKY members change their address, they are responsible for reporting the change to their Regional DSS office. The DSS is required to follow up quickly on address changes to ensure appropriate eligibility determinations for Food Stamp eligibility or cash assistance. However address changes related to HUSKY coverage may be lower on the rather beleaguered regional offices' priority list as they attend to crucial direct service determinations first. Members may report address changes to their MCO; however the eligibility updates from EMS may override these changes in the MCO system. CHNCT has a system that maintains the changes in their system. This MCO will inform the PCP of the change as well as remind the member to contact their DSS caseworker.

The DSS central office and the Regional DSS administrators have:

- Approved procedures for the Central Office to accept address changes
- Designed an address change post card for MD offices, MCOs, etc to facilitate communicating the new address.
- Worked with the IT Unit at DSS to look at a process that allows the MCO to submit an electronic file to DSS with the address changes.

The DSS will meet Friday February 13 to continue work on this. Once the process is confirmed, the Central office may pilot this in one region to evaluate the efficacy of the process.

Eligibility Discrepancies

There have been examples of differences between the DSS Automated Eligibility Voice System (AEVS) and MCO eligibility systems:

- HUSKY B is NOT part of the AEVS system. Providers can call the patient's MCO or call the enrollment broker (ACS) 1-800-656-6684 to confirm the child's continued HUSKY B eligibility. To protect client privacy, the caller must have their provider ID # in order to obtain the information, This may not be provided from the SBHC under a local Board of ED rather than associated with a FQHC. Further information about this will be provided at the next meeting. A DPH representative for SBHC will be invited to the meeting.
- HUSKY A, there was difficulty over the summer as children/adult eligibility changed based on 2003 legislation. The HUSKY A MCOs receive daily enrollment updates, so questions about eligibility status after checking with AEVS can be directed to the member's MCO.

HUSKY Member's Access to Health Services

There have been reports that HUSKY members have difficulty finding providers (PCP or subspecialty) listed in the health plan network that accept (new) HUSKY patients. Health plans approach their role differently in helping their member obtain a provider. New HUSKY members choose a PCP at time of enrollment; the MCO assigns the member a PCP within 30 days if the member has not chosen a PCP. After discussion, the following was agreed upon:

- The DSS will remind MCOs of their role in helping their members obtain appointments or health providers & ensure all their member staff are so informed.
- Members need to call the MCO member services when they are encountering difficulty in finding a health practitioner. The ACS will add to the script for members choosing a PCP to call member services if the PCP cannot accept them (i.e. their patient panel may be closed to new patients, not accepting that health plan, not accepting new HUSKY patients).
- The MCOs are requested to add "call member services" information to the paper that the member care is attached.
- Recommend MCOs maintain or increase provider office staff education about referring members to member services and ongoing education for the MCO member services staff on the plans responsibility to assist members in securing a health care provider, whether PCP or subspecialty.
- The DSS may, in the future, ask each MCO (and the MCO will request their subcontractors) to query providers in their panels on their current status of accepting HUSKY patients.

Follow up items at the next meeting and bring information to the full Medicaid Council when available.

Presumptive Eligibility (PE) for Pregnant Women in HUSKY

Dan Buckson (DSS) reviewed the DSS policy on expedited HUSKY A eligibility determinations for pregnant women: upon receipt of minimum information - client identification, provider proof of pregnancy and income (can be self-declared) the application needs to be processed by DSS offices within 24 hours. The Healthy Start contractors and Shout, a student health organization in New Haven that assists families in applying for programs, have successfully facilitated completed applications with brief determination turn-around times in the regional office.

The Department has initiated major training programs for community-based organizations (CBO) and Regional DSS staff on the PE policy and process. Jonathan Raditz, at the OSD Division of DSS (phone: 860-424-5554) plans and organizes the regional training programs, which includes UCONN trainers, with the CBOs. The first was held in Bridgeport in Nov/Dec 2003, sponsored by BCAC. The outcome of the training program led to suggestions for linkage to regional staff for expedited eligibility process, 'tagging' the application for PE, educating pregnant women about PE. Future training will be in the NW Region (April/May) and the New Haven area in May with the goal of statewide training by the end of May 2004.

Christine Bianchi (StayWell, Waterbury) stated that while the training is important, she currently

has about 30 children & pregnant women who have been waiting for eligibility determinations for over 90 days, despite repeated contact with the regional office. Ellen Tracy (DSS) will follow up on this. Federal regulations require timely eligibility determinations; these cases may violate federal rules. If the community staff encounters difficulty in moving cases forward, then the issue should be brought first to the Regional Office caseworker, then to their supervisor, the regional office manager, the regional administrator and finally the Commissioner of DSS if there continues to be a delay in an eligibility determination. In addition, DSS requested information about eligibility determination delays in order to work within the Agency to resolve the delays.

Transportation

Transportation is a mandated service in the Medicaid HUSKY program. While MCOs may provide public transportation for members, there are members such as pregnant women that require livery services. The CHNCT, the only HUSKY MCO plan present at the meeting, stated the plan facilitates this based on member needs.

The HUSKY Plans were asked to attend the meetings (Anthem BCFP emailed their unavailability prior to the meeting).

The Consumer Access Subcommittee will meet on **Wednesday March 24, 10:30-12 at the LOB.**