

Meeting Summary: March 24, 2004

Chair: Irene Jay Liu Co-Chair: Christine Bianchi

(Next meeting: May 5, 10:30 AM, LOB RM 3800, Conf. RM 3803)

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Present: Irene Jay Liu & Christine Bianchi (Chairs), Rose Ciarcia, Ellen Tracy & Eric Andersen (DSS), Dorothy Pacyna (DPH), Maria Cerino (ACS), Cathy Conlin (Program Review Comm), Tressa Spears & Steve MacKinnon (CHNCT), Mary Ann Cyr (Anthem BCFP), Victoria Lashley & Mailu Arzuaga, (Hrtfd HUSKY Outreach), Donna Hoggard (CHC), Ellen Andrews (Ct Health Policy), Sue Greeno (CHC), M.McCourt (Council staff).

HUSKY Address Changes

Issue: Medicaid HUSKY A members are responsible for reporting address/phone changes to their DSS Case worker in the regional office and also to the member's health plan.

System problems in recording or retaining the new information:

- MCO systems may not include a separate file for address changes (CHNCT does have this & Anthem BCFP can preserve changes identified though their Outreach program, but not member services). If there is no separate file, the reconciliation files from DSS override any changes within the MCO system that has not gone through the DSS MMIS system.
- The Regional staff shortages have resulted in prioritizing time-sensitive eligibility determinations; address changes into the system are a low priority.
- The volume of updated changes into the MMIS system exceeds the existing central office staff.

Consequences of 'lost' HUSKY member contact information: important information such as health care renewals, program changes that require cost sharing, etc. may not reach the member within the application/renewal completion period. The member may become dis-enrolled, perhaps only becoming aware of this when they or their child seek episodic health care. The DSS will reinstate the person's eligibility if the client contacts them within 10 days of the end of their health care eligibility date.

After further discussion, the following was agreed upon:

- Rose Ciarcia will review the issue and suggestions to resolve the problem with Deputy Commissioner Starkowski (DSS), which may include designation of a staff person in each regional office to enter address/phone changes. The RWJ retention grant had included reminder post cards to be distributed to provider offices, sites; however the plan to have the cards with address changes returned to the DSS central "PE" unit cannot now be implemented because this unit no longer exists in the Central office as part of agency staffing reductions.

- The DSS will discuss the problem of entering address changes into the system and the consequences of uncorrected addresses at the monthly field office meeting.
- CHNCT has agreed to mail post cards to members as reminder to report address changes to their DSS case worker and track improvement in MMIS system address changes with the plan's separate file of changes. Anthem BCFP stated that participation in this pilot would be brought back to their plan director. (*Addendum: Mary Ann Cyr (Anthem) emailed on 3/25: "At this time, BlueCare Family Plan will not be participating in this pilot member postcard mailing. As it has been identified that there is a resource issue within DSS for updating these changes in the DSS computer system upon member notification, it will be interesting to see the outcomes of a member mailing. If the pilot can prove a positive outcome with an improvement in the turnaround from the time of the member notification to the actual update within the DSS files, then this request could be included in the next contract discussions and become part of the rate negotiation as well."*).
- The Subcommittee will bring the following recommendation to the April 16 Medicaid Council meeting: **It is recommended that the DSS implement a statewide on-line application and renewal process for the Medicaid and HUSKY programs.** This recommendation came from the discussion on the efficiency & efficacy other states have demonstrated in using on-line applications for various public programs.

HUSKY B Verification

Maria Cerino (ACS) had provided information on the Medicaid eligibility verification process for HUSKY B after the last SC that was forwarded to Dorothy Pacyna (DPH). Ms. Pacyna brought this to the March School Based Health Clinic meeting. That meeting provided an excellent opportunity for SBHC providers to ask questions that DPH brought back to the Consumer Access SC. Highlights of the discussion at the SC:

- HUSKY A: providers call the AEVS with the provider Medicaid ID #, client name, Medicaid ID, or SS # or DOB. The provider can press '0' for assistance.
- HUSKY B, call ACS with provider ID. A SBHC provider ID may be based on the group of schools within the town (i.e. Bloomfield Board of Ed. is the provider name & assigned the ID #) if the SBHC is not affiliated with a medical facility.
- The DSS staff and ACS will meet with DPH and the SBHC in the near future to review the verification processes, answer questions. Site-specific issues can be sent to DSS for resolution with that SBHC.

The Consumer Access Subcommittee will meet Wednesday May 5, at 10:30 AM in LOB RM 3800, conference room 3803 (the room we all moved to at the March 24 meeting).