

Connecticut  
Medicaid Managed Care Council  
Consumer Access Subcommittee  
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**Meeting Summary: May 26, 2004**  
**Co-Chairs: Irene Jay Liu Christine Bianchi**  
*(Next meeting: Wednesday June 30, 10:30 AM, LOB)*

**Department of Social Services Update**

- HUSKY B premiums: while the premium payments continue, dis-enrollment for failure to pay premiums is on hold for May 04 (HB 5801, Sec 107), the DSS will submit a report to the legislative committees of cognizance on future plans for HUSKY B cost sharing. Issues discussed:
  - o DSS will look at the level of cost sharing for Band 2 (>235-300%FPL), and what, if any premiums would be applied to Band 1 (>185-235%FPL) in the future.
  - o HUSKY B members would not have to pay unpaid premiums. The DSS may consider reimbursing MCOs for those lost premiums (premiums were not part of the HUSKY B MCO capitated payments; it was to come from their members).
  - o What effect would a policy change have on those HUSKY B families that paid the new/increased premiums?
- Adult co-pays for Medicaid FFS, Saga and HUSKY for ambulatory services and pharmacy are eliminated as of July 1, 2004 (PA 04-258).
  - o What happens to the medical debt accrued by these adults to date- will they be held accountable for these unpaid amounts.
  - o If the medical debt is 'forgiven', the providers, whose rates were adjusted to account for the co-payments, would take a loss.
- HUSKY address changes: the memo has been sent to Deputy Commissioner Starkowski, that includes the use of the draft post card that would have been used if the central PE unit remained, designation of regional staff person to enter address changes in the EMS system, use of on-line applications, possible central office initial processing, then sending application to regional office.
  - o CHNCT added some changes to their member message. The plan was encouraged to emphasize potential loss of coverage if the client's incorrect address remains in the system, identify key information (i.e. name, Medicaid ID #, phone, address change) when leaving a voice mail for their regional office caseworker.

**Other Updates**

- On-line Applications for HUSKY and Medicaid: the Medicaid Managed Care Council approved (DSS abstaining) the CA SC recommendation that DSS implement statewide on-line applications. This was referenced in the budget bill (*PA 04-216, sec.26, subsec. D but was not included in either of the two implementing bills.*) Discussion:
  - o ACS had developed a prototype HUSKY application for the ACS system only. This had been reviewed by DSS when there was some thought that the RWJ retention grant might fund this – not enough grant money to pursue at the time. At some point this could be viewed as an example of an on-line system. Costs for an on-line HUSKY/Medicaid application system would be affected by added options, such as auto screens and referrals to DSS for HUSKY A, interface with the EMS system, etc.
  - o Next steps: 1) Sen. Harp will speak with DSS and 2) a brief fact sheet including the benefits of an on-line system will be developed.
  
- Medicaid presumptive eligibility for pregnant women: 1990 legislation (17b-277) directs DSS to implement PE for “appropriate applicants with an emphasis on pregnant women” with eligibility determinations in accordance with federal law and regulations. Federal regulation 3570 describes the general policy of optional Medicaid PE for pregnant women. The state policy follows the guidelines with the exception of defined ‘qualified entities’. Based on anecdotal reports from the training session, there seems to be inconsistent application of the DSS policy; however that policy does not seem to be fully in compliance with federal regulations. The DSS will speak directly to the Healthy Start directors as well as with the DSS policy unit to ensure the intent of the legislation 17b-277 is being implemented. At the May Medicaid Council, Sen. Harp requested the MCOs identify any impact of eligibility determination delays, with a focus on pregnant women, and review with the department and the CA SC.
- Health literacy “best practices”: consider a uniform approach to delivering key health care access information by community-based programs and other non-medical entities that touch the lives of children and their parents. The IOM report on health literacy ( [www.iom.edu](http://www.iom.edu)) suggests that limited understanding and use of health care information can be associated with higher health care costs. Using the expertise already available in CT, the SC could identify key elements such as access to and continuity of health coverage, use of the health care system (i.e. primary care provider and/or medical home, appointments, etc), preventive health and resources for health coverage. For next meeting, it was suggested there be a discussion of the DSS new Human Service Infrastructure (HSI), updated HUSKY program information on the DSS web site that can be down loaded for community use.

Next subcommittee meeting is *Wednesday June 30 at 10:30 AM at the LOB.*

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