

Connecticut
Medicaid Managed Care Council
Consumer Access Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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Meeting Summary: November, 2004

Co-Chairs: Irene Liu Christine Bianchi

Next Meeting: Wednesday January 19, 2005 @ 10:30 AM LOB RM 3800

A reminder: the legislative Program Review & Investigation Committee will review their report on Medicaid Eligibility and Committee recommendations on Thursday December 16, 10 AM in LOB RM 2D.

Department of Social Services

Address Changes in HUSKY

Kevin Loveland, DSS Director Family Service Unit, Rose Ciarcia, DSS HUSKY Program Manager and Steve MacKinnon, CHNCT Director of Billing & Enrollment discussed the address change pilot. Initially the DSS central office considered taking on the task of entering address changes received from HUSKY A MCOs; however current staffing levels could not match the considerable volume of changes (i.e. CHNCT, which has 53, 261 members, has about 150-250 changes per week). The first step to addressing the address change problem, which impacts clients' current status and renewal in programs, is the CHNCT/DSS pilot:

- ü As a baseline measurement, CHNCT will identify unreconciled changes in the monthly eligibility files from DSS for November and December 2004. The pilot steps will include:
 - o The CHNCT member calls the MCO with their address change,
 - o CHNCT, which has access to a part of the Eligibility Management System (EMS), will identify the member's regional caseworker and email the member's new address to that worker,
 - o CHNCT will review their monthly EMS files, which DSS sends to each plan, identify those addresses changes (sent to regional offices over the prior 3 weeks) that are not in the EMS, and refer these to Mr. Loveland's office for review, follow-up with regional offices and identification of local barriers to adding the changes into the system.

- ü The pilot, expected to begin within the month, will be reviewed after three months. Kevin Loveland will follow up to ensure that the EMS email is tied to the Outlook email system. The regional offices can also use the client address change notice as a prompt to communicate with the client if they are also receiving other assistance such as cash assistance or food stamps. If this approach is successful, other MCOs could participate. The DSS will continue to evaluate the feasibility of centralizing the process of adding client address changes to the EMS.

Dental Waiver 1915(b) Amendment

The restructuring of Medicaid/SCHIP dental services into a 'carve-out' of such services, under a non-risk contract with two Dental Benefits Managers (DBMs), will include the HUSKY A child/adult and HUSKY B members. The BBA led to CMS regulations that state Medicaid agencies develop an external Medicaid Advisory Committee (42 CFP 431.12), one task of which would be to review and advise the agency on managed care marketing materials. While the CT DSS has advisory committees related to specific initiatives (i.e. Medicaid drugs, dental & Behavioral Health restructuring advisory & clinical committees) an inclusive Advisory Committee to address all components of Medicaid had not been implemented because of budgetary issues. Since the 'carve-out' of dental services is imminent –February 1, 2005- the DSS noted in the 1915(b) waiver amendment application that the Consumer Access Subcommittee of the legislative oversight Medicaid Council would review the DBM marketing materials and provide comments to the DSS.

The subcommittee agreed to review the materials, adding consumer/advocates to the ad hoc work group that will exclude the MCOs. The DSS suggested the group meet in December to review the federal marketing guidelines and begin the review process.

On-Line Applications

The Commissioner of DSS, Deputy Commissioners, Kevin Loveland met with Sen. Harp, Chair of the MMCC, and the Co-Chairs of the subcommittee on November 4, 2004 to review the DSS approach to considering development of a Medicaid/HUSKY on-line application system. Kevin Loveland stated the agency has reviewed the Pennsylvania Compass program as well as created a state survey that will be sent out in November, requesting information about states' experience with the on-line process. While the State could purchase a system for the front-end application format, about one-half the cost involves developing a middle layer that creates an interface with the state's mainframe system (i.e. EMS). The DSS has been working with the Office of Policy & Management regarding budget issues related to this. There is a 90% federal match on the costs; however the full expenditure is budgeted in the State budget that is subject to the constitutional spending cap provisions. Staff will follow up with DSS early in January for survey results, next steps..

MCO Transportation Policies

Special transportation services to medical appointments within the Medicaid HUSKY A program, managed by the four MCOs and the 2 transportation subcontractors, is based on individual client need. The member's practitioner generally requests special transportation services based on the member's special needs. Health plans may also have targeted transportation programs (i.e. CHNCT Care Express Program for pregnant women & newborns). Anecdotal reports suggest that some HUSKY members experience transportation difficulties; however quantifying the current issue is, at best, difficult and costly. The MMCC had developed a basic information grid on HUSKY A transportation. The MCOs were asked to provide staff with copies of their member handbook that describes transportation policies so that special transportation guidelines could be added to the grid, which can be used as a source of 'quick-look' information for practitioners, advocates, members. CHNCT provided the copies, the other MCOs have been asked to do so either by fax: 860-240-0023 or electronically.

The Subcommittee agreed, via email, to meet every other month, developing ad hoc work groups as needed. **The Subcommittee will meet Wednesday January 19, 10:30 AM in LOB RM 3800 conference room.**