

Meeting Summary: May 4, 2005
Co-Chairs: Irene Liu & Christine Bianchi
(Next meeting June 22 at 10:30 AM at ACS)

Present: E. Tracy, L V Barrera, T. Rugens & G. Henry (DSS), G. Mahoney & T. Barrett (HUSKY Infoline), S. McKinnon & K. Colvin (CHNCT), A. Cuevas (Health Net), G. Smart (PONE),
L. Sementilli (CTVoices), S. McGuire (CPCA), W. Diamond (ACS), M. McCourt (staff).

Transportation Matrix

Discussion in other work groups (BH DCF & Care coordination WG) raised need for clarification:

- ü The health provider needs to mail or fax request, with the **reason**, for special transportation services. The transportation vendor will review the reason for the request, sending approval back to the provider.
- ü Standing transportation authorization for reoccurring HUSKY A covered services for a chronic medical/BH problems is initially authorized for a basic time period (e.g. BH Intensive OP(IOP) services 3 time a week for 6 months or PT 2 X week for 6 weeks). Staff will request MCOs identify 1) the basic time period for standing authorizations, 2) provider notification process for approval for transportation over a specified time period, 3) member notification of the approved services & *add to the matrix*.
- ü The vendor would remind member to call in appointment cancellations at the time of the notification of transportation approval.
- ü New plan members:
 - o New HUSKY members may not be in the MCO/vendor list at the 1st of the month, so the member should call the MCO member services for transportation assistance.
 - o Member new to the MCO (changed plans), would contact member services. However continuity of care provision requires the 'new' plan to honor service authorizations including transportation, for the 1st 10 days of the new MCO enrollment period.
 - o *The MCOs present at the meeting agreed to bring back issue of establishing a procedure for new members to access services when they are not yet on the plan enrollment list, if there is no such procedure.*

The completed matrix, used more by providers, advocates, will be posted on the MMCC web site, provided to Lisa Sementilli for the June Covering Kids meeting and sent to provider organizations such as CPCA, DPH (SBHC), DCF care managers & Health Advocates, DSS Human Service Infrastructure, etc. for use in assisting HUSKY clients obtain transportation.

Incomplete HUSKY Applications

Christine Bianchi had stated the Consumer Access SC would take up this issue at the next SC meeting. The DSS reviewed the numbers & top reasons for incomplete applications (employee sponsored insurance, other insurance refers to HUSKY B, incomplete documentation refers to HUSKY A or B applications). The top 3 reasons for denied applications 12/03-11/04 are:

- Incomplete documentation (A/B) 56%. Total number was 1940, average of 162/month.
- Client already enrolled in HUSKY A 17%. Total number for 12 months was 569, averaging 47/month.
- Employer sponsored Insurance (B only) 17%. Total number for 12 months was 604, averaging 50/month.

The DSS identified the top reasons for incomplete applications:

- Missing signature
 - No income documentation (clients can self declare income; however self-employed individuals are required to support stated income with documentation).
 - Child support 'income' not documented (the name of the person is not initially required).
- Participants stated it is important to know the percentage of applicants with incomplete applications that finally complete their application.

Action Steps

- ü Susan McGuire stated that information about the incomplete applications can be shared with the Community Health Clinics as well their statewide outreach list serve.
- ü This can also be brought to the DSS Head Start person and the Human Service Infrastructure partners. G. Henry (DSS) will assist with this.
- ü The DSS submitted comments to the Robert Wood Johnson (RWJ) as part of the agency's grant, for simplifying the application, eliminating optional fields. The agency is waiting on RWJ response.
- ü Monthly denials because of HUSKY A enrollment: DSS will send information to the plan the member is enrolled in and the MCO will contact the member to clarify that they are already enrolled in the HUSKY insurance program.

ACS Telephone Survey: Reasons for plan changes

ACS has been reviewing calls from members on plan changes. Information from the calls will be used to develop the survey questions. DSS will send this out to the Subcommittee for comments before the June meeting.

Other

Staff will refer the question about Council oversight of dual eligibles/Medicare Part D with Sen. Harp, Council Chair, prior to the June meeting.

The next meeting is scheduled for June 22 at 10:30 AM at ACS. (*Staff will confirm the date with the co-chairs*).