

Connecticut  
Medicaid Managed Care Council  
**Consumer Access Subcommittee**  
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**Meeting Summary: October 26, 2005**

*Meeting chaired by Co-Chair Irene J. Liu*

*(Next meeting: Wednesday December 7, 10:30 AM in LOB RM 3800 conference room)*

**Prior Authorization (PA) Process & Report**

DSS met with the health plans in September after the last SC meeting to identify what is in the system and how each MCO captures PA data. Since there are differences among MCOs, it would not be appropriate to use the reports to compare MCOs by the numbers in the PA process. While PAs can be reported for each MCO for the number of services authorized, the number denied, this will not reflect the total PA number as termination, suspensions and reduction of services will not be included.

The 7 service categories for Quarterly (recommended by DSS/MCOs) PA reports are:

- 1) Non-emergency transportation (NEMT) – existing report
- 2) Pharmacy –existing report
- 3) Dental – existing report
- 4) Elective Inpatient admissions and ambulatory services
- 5) Home Health Care
- 6) Durable Medical Equipment (DME)
- 7) Therapies (i.e. physical, occupational and chiropractic therapies)

Next steps:

- ✓ DSS will review existing PA category reports.
- ✓ **The MCOs agreed to send staff a bulleted outline their Utilization Management (UM)/PA process.** Health Net Medical Director outline their process:
  - The UM staff assess PA request to determine if it meets service criteria, as well as medical necessity.
  - The UM staff will contact the practitioner/staff if more information about the request is needed to make a decision.
  - If the UM staff still have questions about the service request, it is sent to the Medical Director.
  - If the request is denied, the Medical Director calls the provider before a denial letter is sent to the provider as well as the member (Notice of Action).
- ✓ The Subcommittee will review the recommendation regarding PA that will be submitted to the Medicaid Council at the December 16<sup>th</sup> meeting. Staff will review today's discussion points with Sen. Prague prior to the December 7<sup>th</sup> Consumer Access subcommittee meeting.

*(Addendum: Sen. Prague confirmed that she would omit the first part of the recommendation*

*that requires MCO Medical Director to speak with the prescribing practitioner before denial of any services because SC discussion indicates that provider contact is already being done by the UM staff and/or MCO Medical Director. The Senator would like to have monthly PA reports, but will take into consideration associated administrative burdens for monthly versus quarterly reports. Senator Prague plans to attend the 12/7 subcommittee meeting.)*

Click on electronic information provided by Preferred One, Health Net, CHNCT & Anthem on UM processes:

## **Policies for Children's Presumptive Eligibility (PE) & Expedited Eligibility for Pregnant Women**

*Children's (<19years) PE (see grid comparing previous and current process & DSS policy summary)*

- ✓ DSS will start with previous Qualified Entities (QEs) that will determine presumptive eligibility for the child based on initial self-attestation of family income, residency and alien status. The parent needs to complete the full HUSKY application and within 24 hours the QE will fax this to one of 3 **Regional Processing Units (RPU)** in New Britain, Bridgeport and Middletown. The RPU will follow up with the family for verification needed to complete the application.
- ✓ Upon PE determination, the family will receive 5-day medical coverage for the child.
- ✓ Implementation November 2005: see policy on DSS web site: [www.DSS.state.ct.us](http://www.DSS.state.ct.us)
- Expedited Eligibility for Pregnant Women:*
- ✓ DSS is to act on eligibility for pregnant women within 5 days from when application received and within 24 hours for emergency determination.
- ✓ Health Start sites will send applications with basic information –income, pregnancy determination date and residency to the **RPUs**.
- ✓ Hospitals, Community Health Centers, ACS will eventually send the pregnancy applications to the 3 sites in a special envelope to ‘flag’ a pregnancy application. Other providers may send the women to their regional DSS office and this office will process the application, not one of the 3 RPUs.
- ✓ Women may apply at their regional DSS office: this application will not go to one of the 3 RPUs.
- ✓ Once the woman is deemed eligible for HUSKY A, there is 3-month retroactive medical coverage under Medicaid Fee-for-service (FFS).
- ✓ Implementation date was October 1, 2005. The final policy has been sent to OPM and the Governor's office for approval and will be put on the DSS web site.

Subcommittee questions/concerns related to pregnant women's applications still getting “lost” or not dealt with in a timely manner:

- ✓ Concern that using 3 sites rather than a single central unit in DSS will have some applications sent to regional offices rather than one of the 3 RPU sites, potentially interfering with timely processing.
- ✓ Unclear that the application is sufficiently ‘flagged’ as a time sensitive determination application: the colored envelope may not be consistently used for all and only pregnant women's applications.
- ✓ Will there be an education process to Medicaid providers other than Healthy Start and

- other “safety net providers’ that ensures timely processing of these applications?
- ✓ Will there be an education process for non-medical community-based organizations that currently assist families in completing applications?

The Subcommittee recognized DSS’s collaborative work is developing regulations and trainings based on statutory changes. The SC will follow up with DSS on the above concerns; these will be discussed at the November Medicaid Managed Care Council meeting.

### **DSS Updates**

*DSS/ACS voluntary telephone survey of members that change plans (click on report below)*

ACS has been able to reach 1 out of 15 HUSKY members by phone to determine more in-depth reasons for plan changes, whether they have stayed in the new plan and if the problem that caused the plan change was resolved. Approximately 22% of plan changes are related to MCO marketing. Given the difficulty in reaching members after they have called to change plans, ACS has, with the member’s permission, begun to connect them to the survey questions when they call in the change.

### *DSS/CHNCT Address Change Pilot*

Steve MacKinnon (CHNCT) & Rose Ciarcia (DSS) discussed “next steps” for pilot that include:

- A work group with DSS, MCOs, and others to determine if/how the pilot might be broadened.
- Develop a possible automated reconciliation process for a specified time period to update the address changes rather than through the labor-intensive manual process.

**Next meeting is on Wednesday December 7 at 10:30 AM in LOB RM 3800 conference room.**