Connecticut
Medicaid Managed Care Council
Consumer Access Subcommittee
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Meeting Summary: December 7, 2005

Recommendation: Prior Authorization Reports

After further discussion and clarification, the Subcommittee will present the following recommendation to the Medicaid Council for consideration on December 16, 2005:
The Department of Social Services provide quarterly reports to the Medicaid Council on services denied by the managed care organizations. The report parameters include what services are denied, the reason for the denials and the MCO action and outcome for the member.
With Council approval the Subcommittee will review details of the reports with DSS and MCOs.
Other comments related to services:

- ✓ The court's ruling regarding the Freedom of Information (FOI) request for certain services rates and denial of prescriptions at the pharmacy decided in favor of the plaintiffs that DSS and the MCOs release the information.
- ✓ Member access to prescriptions at the pharmacy was assessed through a RWJ grant applied to Bridgeport and Eastern CT area. Clients experienced barriers in getting scripts filled and providers were unclear about the pharmacy prior authorization process. The CTVoices & local projects worked with DSS & MCOs on these issues resulting in:
  - o Mailing sent to all CT pharmacies clarifying the 30-day temporary supply Medicaid policy, how to check client HUSKY eligibility.
  - o Anthem and Health Net have added electronic messages to the pharmacies in their network regarding temporary supplies for urgent, emergency scripts as defined by the provider for HUSKY A members,

  Currently 3 MCOs have formularies; Preferred One will soon be implementing a formulary, adopting the CHNCT model. CHNCT approves all scripts initially and the Pharmacy Benefit Manager (PBM) then follows up with the prescribing provider to discuss generic substitutions and review of the PA process. CT Voices is recommending DSS have all the MCOs adopt the 'best practices' model of CHNCT. **The Consumer Access Subcommittee supports this recommendation and will, with full Council approval, request DSS include this in future DSS/MCO contractual provisions.**

Department of Social Services Update

- ✓ ***Correction of October 26 meeting summary:***
  - o When the Qualified Entity (QE) determines children's presumptive eligibility (PE), the family will be given a paper for initial 5-day medical coverage. A temporary card for continued medical coverage will then be sent to the family for use until the HUSKY eligibility determination process is completed.
- ✓ Updates on PE:
  - o 73 Qualified Entities have signed a Memorandum of Understanding with DSS.

- As of November 29, the Medicaid EMS system has again been changed to support PE for children <19 years (PA05-280). The F06 Medicaid Coverage Group will now be called "Medicaid for Presumptive Eligibility".
- Regional Processing Units (RPUs) began accepting applications 11/30/05.

✓ Expedited Eligibility (EE) for Pregnant Women Update:

- New trainings were done in November with the 3 Regional Processing Units (RPU) and Healthy Start programs. All 3 RPUs began accepting applications November 30th.
- Healthy Start programs fax the 4- page application to the RPU: this is taking some time to fax & receive the fax completion report.
- In response to concerns about 'glitches' in a non-centralized EE process that may lead to delayed application processing that were expressed at the last subcommittee meeting and summarized by C. Bianchi at the November 4th Medicaid Council meeting, DSS reported that:
  - Each regional DSS office has designated a liaison with the RPUs. The liaison will check applications daily and will send EE application to the appropriate RPU for client follow up and processing.
  - ACS, the HUSKY enrollment broker, will also send applications to the RPU.

✓ DSS, Healthy Start Programs and PE qualified entities will assess the flow of applications to and through the RPUs. Reports on the success of timely eligibility determinations for pregnant women through the expedited processes will be reported to the Medicaid Council, although a formal report may not be immediately available because there is no automated system in place yet to track the timeliness of application processing and eligibility determinations.

✓ Information on these two policies will be sent to Medicaid providers via the CMAP provider bulletin and these have been discussed at the Covering Kids meetings.

Consumer Perspective on the Behavioral Health Partnership Program

Susan Zimmerman, Co-Chair of the BHP Council's Transition Subcommittee provided the CA Subcommittee with a brief description of the BHP program that will begin January 1, 2006 and community & consumer information initiatives including community public forums held in November that will be repeated in early in 2006. The Transition Subcommittee & Council suggested the BHP develop a single page flyer that can be put up in the community and practitioner offices. The BHP agencies (DSS & DCF) will be sending a letter to members about the change in BH service delivery system. The health plans also will be mailing information to members (CHNCT has a mailing in process). HUSKY member resources for information on the BHP program include HUSKYInfoLine, MCO member services and advocacy groups. Subcommittee members that have email lists may consider distributing information as well. Information on the BHP program is on he agencies' website: www.CTBHP.state.ct.us and on the ValueOptions site: www.CTBHP.com VOI site will be updated regularly with provider and consumer information.

Profile of HUSKY A Health Plan Changers: CTVoices.

CTVoices discussed a profile of continuously enrolled HUSKY A children ages<21 years who have changed plans in 2000 – 2004. There is a trend in increasing plan changes of HUSKY A members from 2000 compared to 2004:

- ✓ The percent that have changed plans in 2004 is 8.8% compared to 5.2% in 2000.
- ✓ The most frequent plan changers have consistently been in the <1 year-old member age group.
- ✓ There has been an increase in plan change in African American and Hispanic members with;
    - AA member percent change increasing from 5.9% in 2000 to 11.3% in 2004.
    - Hispanic member percent change increasing from 5.2% in 20000 to 10% in 2004.
- ✓ Beginning in 2001 New Haven had the highest percentage of plan changes, Hartford had higher percentages of changes beginning in 2003 (4 time the percentage in 2000-2002) and Bridgeport shows the same pattern of twice the percentage of plan changes in 2003-04.

The DSS/ACS voluntary phone survey of members that had changed plans from July through October 2005 (click below for report) discussed at the October meeting showed that of the 246 households, more than half (59%) of the reasons for plan changes involved access issues to providers (PCP and subspecialty). The CTVoices profile and the DSS/ACS phone survey results will inform Subcommittee and Medicaid Council recommendations related to the future HUSKY A plan lock-in policies.

(Addendum: FYI: ACS November report – click on icon, select "plan changes" at the bottom of the screen to view plan change reasons for November).

Other Issues

Senator Prague discussed undocumented immigrant pregnant women's access to prenatal care. Sen. Prague had reviewed the growing numbers of this population with a Community Health Center in her district. While Healthy Start programs and/or CHC work with undocumented women, providing prenatal care (PNC) and case management of social and other special medical services on a sliding fee scale, the fact remains that there are serious constraints on access to PNC services for undocumented immigrant women. Often special tests are not done onsite at the CHC and the women often has to pay hospitals "up-front" for special PNC tests that are unaffordable to many of these patients. The irony is that the unborn child, when born in the State, becomes a citizen and most likely is eligible for Medicaid HUSKY. As a cost issue, it would seem to be in the State's best interest to ensure that undocumented pregnant women have reasonable-cost access to health services to promote a healthy pregnancy and healthy child at birth. Several issues were discussed:

- ✓ Newborn health care access in Medicaid depends upon the families' timely submission of applications to DSS for eligibility determination for Medicaid/HUSKY. Undocumented families are often fearful of connecting to a state/federal program when the parents are here illegally.
- ✓ Access to 'routine' newborn home care visits under HUSKY: if the baby is enrolled in Medicaid managed care, home care visits are provided based on medical need.
- ✓ Federal rules stipulate that "qualified aliens" that have lived in the US for 5 years may qualify for Medicaid. "Qualified aliens " outside this residency period may access services through a state-only program. The undocumented immigrant pregnant women being discussed do not fall into these categories. Emergency Medical Assistance is avail to undocumented individuals, in this case for 1) labor and delivery services and 2) for emergency services during pregnancy when the health of the mother and/or unborn child is in jeopardy.

- ✓ Some states have initiatives to cover PNC for this population through state-only (no federal match) programs or through federal waivers.

Senator Prague requested the DSS staff bring these concerns back to the DSS Commissioner and then arrange a meeting with Sen. Prague. The Council staff will provide a written request to DSS for geographic Medicaid data on PNC and births in FFS, with a subset of emergency medical assistance services and information on Medicaid FFS services to the newborn as well. The Subcommittee will continue this discussion and develop possible recommendations to the Medicaid Council.

2006 Subcommittee meeting dates

Earlier in 2005 the Subcommittee agreed that every other month meetings would be reasonable, but given the issues over the last few months, the Co-chair suggested the Subcommittee continue to meet on a monthly basis, on the 3rd Wednesday. **The 2006 dates through April 2006 are:**

- **January 18**
- **February 15**
- **March 15**
- **April 19**

All meetings are scheduled to begin at 10:30 AM and held at the LOB.