

Connecticut
Medicaid Managed Care Council
Consumer Access Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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Meeting Summary: **February 15, 2006**

Co-Chairs: Christine Bianchi & Irene Liu

Next meeting March 15, 10:30 AM in LOB RM 3800

Address Change Pilot: Next Steps

Rose Ciarcia (DSS) stated that a contract amendment had been added to the ACS contract for;

- ACS to receive address changes from MCOs and check the EMS system to see if the change had already been made,
- If there was no system address correction, ACS would send the change to DSS (either a central unit or directly to the member's DSS regional office; still to be determined).
- Each MCO would decide how to capture the address changes for transmittal to ACS.

Discussion:

- ✓ CHNCT noted that the pilot process has been labor intensive for the plan that has about 18% of the membership. DSS would need more than 1 FTE to managed changes from all the MCOs.
- ✓ CHNCT experience in the pilot:
 - Approximately 75-80% of changes called into the CHNCT call center actually do get changed when the member calls their regional case worker.
 - The remaining 25% were linked to DSS worker via email. Within two weeks 65% of these changes were entered into the DSS system
 - Typical month, of 1,052 transaction, 789 were completed through member contact with their DSS regional offices, leaving 263 for CHNCT follow up. Of these, 171 were completed by the regional offices, with 92 for follow up by the DSS central office.
- ✓ Rose Ciarcia noted that all the MCOs are interested in a process that gets the member's correct address into the system without costly labor intensive work. (*click on CHNCT Sept. report below*).

ACS Plan Update Survey: final results 12/31/05 (*Click on icon below for report*)

William Diamond (ACS) reviewed the findings from the phone survey conducted from July through December 2005 to determine more in-depth reasons for member plan changes, whether they have stayed in the new plan and if the problem that caused the plan change was resolved.

- Reasons for changes were primarily (63%) because a provider (PCP, hospital/clinic, special, dental provider were not in the plan or left the plan and 2% could not find PCP/dentist taking new patients in their plan).

- Source of information for making plan changes were from providers (28%) and 21 % were from the MCO, which represents marketing. MCO can market their plan to people and the member has free choice to change; however plan lock-in will limit the frequency of plan changes.
 - In the “other” reasons for plan changes, 49/66 respondents said they changed for “better benefits or services”. While this would be probable under commercial coverage, HUSKY covered benefits are regulated by federal/state guidelines.
 - Marketing guidelines will be an amendment to the MCO/DSS contract.
 - Previously a work group of the SC looked at marketing guidelines and recommendations. DSS will provide the SC with each MCO marketing plan 2006.
 - The survey speaks to the need of a secret shopper study to assess marketing practices in HUSKY.

Follow up on PA reports: DSS will provide update on report parameters at the March 15th meeting.

Potential Loss of adults in July 2006

Legislation in 2005 reduced the length of the State's transitional medical assistance (TMA) for those with earned income from 24 months to 12 months. It is anticipated that there will be significant drop-off from Medicaid, although many enrolled in the family coverage group may be eligible for HUSKY or other Medicaid program. Christine Bianchi offered to bring this back to the SC and consider ways community organizations (CBO) can “get the word out” on this coming change.

- Entities can use their email distribution lists for community alerts.
- DSS letter, developed into a flyer regarding TMA could be sent to CBO.
- DSS will identify those in TMA whose eligibility will be affected in June and inform the MCOs of their members that need to re-apply to Medicaid/HUSKY.

Please click on icon below for Kevin Loveland's presentation that outlines the policy changes in HUSKY and impact on enrollment

Addendum: Kevin Loveland provided updated reports on PE & EE per SC request.

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