

Connecticut  
Medicaid Managed Care Council  
*Consumer Access Subcommittee*  
Legislative Office Building Room 3000, Hartford CT 06106  
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-0023  
www.cga.ct.gov/ph/medicaid

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### Meeting Summary: July 26, 2006

Chair: Christine Bianchi

(Upcoming meeting dates: Wednesday September 20<sup>th</sup> & October 18 @ 10 AM in LOB RM 2600)

#### CMS Interim Regulations on Medicaid Proof of Citizenship/Identity

Dan Buckson (DSS) reviewed changes in CMS interim regulations from the initial guidelines released June 9, 2006 that will impact CT implementation:

- ✓ Exempt populations now include dual eligible Medicaid/Medicare recipients, SSI/SSDI recipients applying for or renewing Medicaid coverage although DSS will verify previously documented citizenship, women in the breast & cervical cancer screen treatment waiver.
- ✓ Children will receive Medicaid fee-for-service under presumptive eligibility (PE); however citizenship/identity must be documented with the application. Pregnant women will receive temporary coverage under expedited eligibility (EE) but must provide documentation with the completed application.
- ✓ Foster children applicants will be considered Medicaid “recipients”; DCF and DSS will obtain documentation for next redetermination.
- ✓ Documentation changes: vital statistic data match will be equivalent to birth certificate. DSS and DPH anticipate having an automated process in place in September.
- ✓ CMS gave *verbal agreement* that DSS business partners such as the Qualified Entities, HS Infrastructure agencies, Healthy Start Programs can verify they have seen the original birth/identity documents, copy these with such notation and send to DSS with the application.

Challenges remain, including:

- ✓ Medicaid claims data for payment of births in U.S. /CT hospitals will not be accepted as proof of citizenship. :
  - Newborns of Medicaid enrolled/eligible mothers are automatically eligible for Medicaid but still must produce citizenship/identity documentation at one-year renewal.
  - Newborns of *non-Medicaid mothers* (emergency medical assistance IS NOT currently viewed as Medicaid eligible by CMS), are not automatically enrolled. Parents will have to prove identity by affidavit. The birth date, etc, on hospital letterhead, will be used to document citizenship (born in U.S.) although in most cases Medicaid will have been the payer.
- ✓ While Medicaid recipients can remain enrolled while securing required documentation, **new applicants otherwise eligible for Medicaid cannot be enrolled**

**until they provide documentation** – the number of pending applications may well increase with potential delays in obtaining health services.

An important provision of the state plan to implement DRA: The DSS Commissioner has instructed regional DSS offices to notify the central DSS office before officially denying or terminating eligibility due to citizenship issues. This will allow the central office to ensure all avenues of documentation, including data match, have been pursued.

### HUSKY Enrollment losses

The significant enrollment losses in July, revised to slightly under the 14,878 initially reported, primarily are due to loss of transitional medical assistance (TMA) clients as of June 30, 2006.

Over 8,700 children and 6000 adults lost eligibility in one month.

- DSS expects that many families, once they realize they are no longer enrolled in HUSKY, will reapply and this should be reflected in enrollment numbers in August and beyond. Many children will be required to have a school physical prior to the start of the school year: this may trigger many reapplications to HUSKY. (*Citizenship documentation may delay client eligibility & enrollment in HUSKY*).
- The Office of Health Care Access and DSS have subcontracted with UCONN to survey TMA clients and other HUSKY clients that lost eligibility over the last year to assess their present insurance status and reasons for loss of HUSKY. The report will be ready in the fall, 2006.

### **Other**

- The total number of children's PE granted for the period of November 30, 2005 to July 25<sup>th</sup> 2006 is 1116. This seems low given the ongoing monthly loss of children in HUSKY prior to July 2006 and the anecdotal experience of some QE sites in attendance. DSS will review and update the information and send to staff.

*Addendum: According to DSS the number of PEs granted represents an assistance unit; the 1116 could on average include 2.5/unit child (2790 children). Some PE applications are complete on submission to the regional processing unit; those deemed eligible for HUSKY would not be recorded as a PE grant.*

- Replacement of previously eliminated outreach dollars would support DSS community partners in alerting clients of pending HUSKY loss and working directly with uninsured families/children in the application process. The RFP for the enrollment broker will include a pilot with one FTE for to assist schools in identifying uninsured children and ensure families have information about applications. In the interim, it would be helpful to begin a pilot in September 06, given the children's enrollment losses and citizenship enrollment barriers.
- Applications for the SAGA pilot (2005 legislation) for youth ages 19- < 21 years with medical/mental health serious conditions that are ineligible for Medicaid due family income can be sent to DSS. The EMS system is not yet ready to support this pilot category, but in the interim applications can be sent to the DSS central office staff **Kristin Dowty** (860-424-4805).

Next subcommittee meeting agenda (September 20<sup>th</sup>) will include follow-up on DSS plans related to on-line applications, status of the Family Planning Waiver as well as enrollment

changes. Please submit other agenda item requests to staff/Christine Bianchi at [cbianchi@staywellhealth.org](mailto:cbianchi@staywellhealth.org) .