

Connecticut
Medicaid Managed Care Council
Consumer Access Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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www.cga.ct.gov/ph/medicaid

Meeting Summary: September 20, 2006

Co-Chairs: Christine Bianchi & Carla Taymans

Next meeting: Wednesday October 18, 2006 at 10 AM in LOB RM 2600

Department of Social Services Reports

On-Line Application Project

Based on the success of the DSS Data Warehouse process that initially used a **Request for Interest** (RFI) to solicit entities interested in that project, DSS plans to use a similar process for development of an on-line application system, which was funded with \$850,000 in the 2007 state budget. DSS, working with the Departments of Administrative Services (DAS) and Information Technology (DOIT), has established a timeline that includes:

- Create and distribute a RFI over the next several weeks to solicit interested entities.
- By the end of October invite interested entities to apply and provide DSS and DOIT with a presentation in November 2006.
- The State agencies would then develop a formal Request for Proposal (RFP) over the next several months after the November presentations.

DSS can estimate the cost associated with development of an on-line system after November and prior to the 2007 legislative session.

Family Planning Waiver Status

The waiver concept paper will be completed by October 17, followed by public review, then sent to the legislative Committees of Cognizance that has 30 days to act on the waiver and then to CMS. The waiver provides reproductive health services to women and men with incomes at or below 185% FPL that are otherwise ineligible for Medicaid. This waiver could help HUSKY pregnant women, who may lose eligibility 60 days postpartum because their income is above 150% FPL, continue with FP services defined in the waiver. The plan is to build the services into the federally qualified health center system as well as include other providers.

HUSKY Outreach Dollars Released by Gov. Rell

Governor Rell released \$1 million dollars for outreach activities in HUSKY. The department is working with CTVoices given their past experience with Covering Kids to explore how to develop the two outreach components:

- Create an RFP for a competitive Community Based Organizations (CBO) process; funding \$500,000. The RFP will be on the DSS website.
- Earmark \$500,000 for school-based entities with coordination between CBOs and schools.

Outreach activities will include information on the proof of citizenship/identity. At the September Medicaid Council meeting, legislators emphasized the importance of building in an evaluation process that has measurable process and outcome indicators as part of the RFP.

The RFA will be posted on the DSS web site: www.ct.gov/dss (available on line on 9/29/06).

HUSKY PE and Pregnant Women's Expedited Eligibility (EE) Update (see DSS report below)

- There are a total of 105 Qualified Entities that can grant **Presumptive Eligibility (PE)** throughout the state. From Nov. 30, 2005 through Sept. 19, 2006 1,454 cases (approximately 3,635 children) were granted PE. This averages about 153 cases/M or 383 children/month.
- From August 1 – 31, 2006, 594 **EE** cases were processed, with 70 emergency applications, of which 67 were granted. 3 pending and 524 non-emergent applications, of which 61% were processed in < 5 days, about one-third over 5 days; 56 applications are pending.

Medicaid Proof of Citizenship Update

DSS provided an update on the Department's activities on Medicaid Proof Citizenship:

- The client brochure explaining the law is being sent to all renewal clients before the renewal notice is mailed.
- DSS has created a consumer brochure, affidavits reg. no documentation of citizenship, certification of identity for children <16 years, affidavit attesting to applicant's citizenship, verification of birth information for DPH data match, Out-of-state verification of birth information.. The brochure is available on the DSS web site: www.ct.gov/dss
- DSS office staff training is being held for all regions.
- DSS and DPH plan to meet in two weeks to identify critical elements for automated and manual match with vital statistics data.
- Thus far Dan Buckson (DSS) has not received any calls from regional offices on denials related to citizenship. DSS noted that pending applications are increasing. DSS will report on this at the October 20th Medicaid Council meeting.
- Infants of non-Medicaid mothers are not 'automatically' enrolled in Medicaid, but as U.S. citizens could be granted Medicaid PE, ensuring that hospitals will receive Medicaid FFS reimbursement. Sen. Harp requested CHA encourage all hospitals to become Qualified Entities so that uninsured children receiving services throughout the institution can be granted PE when appropriate.
- DSS will remind regional offices that clients DO NOT NEED AN APPOINTMENT TO BRING IN THEIR DOCUMENTS TO COPY FOR THEIR MEDICAID FILE. The SC suggested putting a poster that explains this at the reception area in the regional offices.
- CMS has not yet released final regulations.

Carla Tayman, of the CT Health Policy' Consumer Health Action Network, commented that most clients that use this service have thus far not seemed to have problems with this new requirement. HUSKY Infoline is tracking calls related to this particular federal policy change and will provide reports to the SC.

HUSKY Coverage for Walk-in Clinics

Sen. Prague requested the Consumer Access SC consider recommendations regarding HUSKY members' access to local walk-in, urgent care clinics for acute care when their primary care provider is not available. The urgent care centers would be an alternative to ED care and allow health care access for acute care services at sites other than a busy ED. This is connected to QA Subcommittee discussions about the increasing HUSKY ED utilization (overall CT ED use is higher than the national average) and health plans' assessment and intervention in changing this trend.

This preliminary discussion provided an opportunity for health plan's to discuss their thoughts on this.

- Anthem stated that their commercial plan does contract with walk-in clinics in the 8 counties in CT. Since the HUSKY program has matured, it may be time to see if this is feasible for HUSKY members' access during off-hours (i.e. from 5-9 PM and on weekends). Anthem would need to explore these clinics' interest in participating in HUSKY.

- CHNCT brought the AAP stance on Retail-based Clinics (RBCs) (*see policy statement at (* www.aap.org/advocacy/releases/retailclinics.htm)

This refers to the growing market of lower-cost services located in supermarkets, pharmacies and large retail stores. This may not be what Sen. Prague had in mind, but the concerns raised by AAP could be applicable to urgent care walk-in centers, including care fragmentation, loss of continuity of primary care/medical home, proper follow up care and general quality of care issues. The question is how can these issues be balanced with the need for limited off-hours care access?

The subcommittee will continue this discussion. The QA SC meeting summaries will be provided to CA SC and perhaps a combined SC meeting or subset work group of both SC could explore the possibility of including walk-in urgent care centers in the MCO provider networks.

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