Connecticut
Medicaid Managed Care Council
Consumer Access Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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Meeting Summary: October 18, 2006
Co-Chairs: Christine Bianchi & Carla Taymans
Next meeting: joint meeting with the Quality Assurance SC on Thursday November 16 at 3 PM
in LOB Room 2600

Carla Taymens, CT Health Policy's Consumer Health Action Network, has been officially appointed by Sen. Harp as the Subcommittee Co-Chair.

Department of Social Services Updates

- ✓ Family Planning waiver possible implementation date is October 2007. Current status of waiver development: over the next two weeks, DSS will finalize the fiscal analysis of the waiver that will complete the proposed waiver.
- ✓ HUSKY outreach RFP grants: $500,000 will be used for competitive community-based outreach programs and $500,000 is designated for HUSKY outreach through the school systems. School outreach may include School Based Health Centers. CTVoices has worked with DSS and State Dept. of Education on the school-based outreach portion of the $1 M released by the Governor.
  - The deadline for the letter of intent was extended to Monday October 23, 2006 for CBO.
  - DSS is compiling RFP Q&A's which will be on the DSS web site 10/30/06. Questions should be addressed to Kathleen.brennan@ct.gov by October 23, 2006.
- ✓ Presumptive eligibility (PE)/Qualified Entities (QE): below are the lists of QEs as of 10/02/06. DSS will send the SC an updated list and identify hospitals that have outstation DSS workers.

DSS sent another letter to each hospital at Sen. Sen. Harp's suggestion, inviting CT hospitals to apply to be a Qualified Entity. The CT Hospital Association had concerns about the liability in the application language. DSS and CHA are in the process of finalizing the language. Subsequent to this letter to all CT hospitals, four more hospitals have applied as a QE bring the total to 7/31 hospitals: YNHH, Bridgeport, Griffin (Derby) and Day Kimball. St. Mary's Hospital, St Francis and Johnson Memorial had applied after the May 2 DSS letter.
Existing QE sites such as Healthy Start programs that have a relationship with a hospital can 'recruit' that hospital (s) to consider participation as a QE.

- ✓ Citizenship CMS guidance: CMS has sent DSS written approval for DSS to instruct QE sites, SBHC, Community health clinics and possible other CBO potential QEs to assist applicants/beneficiaries in citizenship documentation. DSS will determine an effective training program for this activity and may amend QE agreements as needed. The HUSKY

Forums that involve local DSS staff and CBO may be a vehicle for disseminating this information. There is a forum scheduled in Norwich on Nov. 15th from 1-4 PM.

✓ The on-line application process, outlined at the September meeting, remains on the timeline.

HUSKY Enrollment

DSS reported that:

• 15,479 HUSKY members lost coverage July 1, 2006, mainly due to Transitional Medical Assistance (TMA) changes in 2005 Legislation, in which coverage was decreased from 24 months to 12 months. As of Oct. 1, 2006, 6892 (45%) of previously enrolled HUSKY A & B clients have enrolled. The OHCA & UCONN phone sample survey will describe clients that lost coverage,

• Prior to July 1, 2006 DSS provided individual MCOs with a file on of their members affected by the TMA changes. The MCOs contacted members to remind them to renew their HUSKY coverage. At this time there are no immediate plans to add the MCO member's end date into the reconciliation file sent to the MCOs monthly. Apparently this is a resource issue for both DSS and MCOs. Yet the SC believes this is a systematic way to allow MCOs to attempt to ensure member retention and an important activity in addition to 'outreach' efforts.

HUSKY Reimbursement for "Walk-in" Clinics

Sen. Prague, Vice-Chair of the Medicaid Council had asked the CA SC to look at the issue of alternatives to non-emergent ED services, such as 'walk-in clinics (not retail-based clinics) at off hours. Anthem has contacted the independent clinics in their commercial plan to begin to ascertain clinic interest in participating in the HUSKY program. WellCare/PONE reported they met with non-hospital independent walk-in clinics to discuss their interest in HUSKY. The barrier was a high visit rate (about 170% of the Medicaid rate. DSS plans to meet with the MCOs regarding this issue.

Helpful information for the next meeting:

• Plans' information on peak times for member ED use that is probably recorded on the UB 92.

• Aggregate information on Safety Net Provider extended/off-hours (staff)

There will be a joint meeting with the Quality Assurance SC on Thursday November 16 at 3 PM in LOB Room 2600 devoted to discussion about ED use and alternatives.