

### **Meeting Summary: June 27, 2003**

*(Next meeting: Friday, July 18, 2003 at 9:30 AM)*

Present: Sen. Toni Harp (Chair), Rep. David McCluskey, David Parrella (DSS), Thomas Deasey (Comptrollers Office), Naida Arcenas (Representing DCF), Jeffrey Walter, Dr. Wilfred Reguero, Dr. Edward Kamens, Dr. Alex Geertsma, Doreen Elnitsky, Henry Goldstein (ValueOptions), Janice Perkins (Health Net), Lisa Sementilli.

Also present: William Diamond (ACS), Sylvia Kelly (CHNCT), Joan Morgan (Preferred One), Paula Smyth (Anthem), Dr. Kurt Koral (CSDA), Jody Rowell (Child Guidance Clinics), Paula Armbruster (QA Chair), Maureen Mullen, Kristen Dowdy (CT HUSKY Infoline), Mary Alice Lee (Children's Health Council), M. McCourt (Council staff).

#### **Quality Assurance Subcommittee Adolescent Health**

Paula Armbruster (QA Chair) and Maureen Mullen (Adolescent Health Work Group) reviewed the recommendations presented at the May meeting. The Council acceptance of the report recommendations was moved and seconded, followed by discussion:

- The Department has included a MCO Quality Improvement focus on the comprehensiveness of adolescent health in the DSS/MCO contract. In addition, the DSS is supporting the pursuit of a revolving grant from the Center for Health Care Strategies (CHCS) that will target teen preventive care.
- Janice Perkins expressed concern about the MCO role in the recommendations, specifically providing health practitioner continuing medical education programs. Sen. Harp stated these are to be considered as recommendations. Ms. Perkins stated Health Net would be willing to participate in the grant.
- The scope of the grant will be discussed when the proposal is complete.

The Council voted to accept the recommendations with no voice vote dissensions or abstentions. Sen. Harp thanked the subcommittee work group and DSS for their work with the Council and QA subcommittee in initiatives to improve the quality of adolescent health care in the HUSKY program.

#### **Department of Social Services Report:**

##### **US District Court Decision on Adult HUSKY enrollment**

On May 29, 2003 the Federal District Judge dismissed the complaint, ruling in favor of the State, basing the decision on review of Congressional legislative history regarding the intent of the provision of transitional benefits (TMA) to those with earned income. Judge Chatigny concluded that Congress intended the TMA benefits be applied to clients with increased earnings above the state assistance standards derived from employment. The TMA benefits did not apply when a state reduced the assistance standards, as CT did in reducing the level from 150% to

100%FPL, resulting in over 20,000 clients' with income above the new level. Judge Chatigny also found that the DSS had taken reasonable steps to determine the eligibility for all clients affected by the injunction request, for other Medicaid coverage groups. Subsequent to the ruling the DSS:

- Closed any remaining children's continuous eligibility cases on June 7. Effective June 30, 2003, **2495 CE children** would be ineligible for HUSKY A. The families of these children reported income >185%FPL making them ineligible for HUSKY A. The families are encouraged to renew their applications as their income may have recently changed or the child is eligible for HUSKY B (186%->300%). While the move from HUSKY A to B is not seamless, there is a single application for both programs and families are sent renewal reminder notices.
- Closed HUSKY Family Coverage group (adults) with income above 100% FPL. Effective June 30, 2003 **18,655 adults will be discontinued from HUSKY A coverage.**
- Sent discontinuance notices to the CE children and adults advising the clients of their right to a hearing and continued coverage until the appeal decision is made if the appeal is received by DSS on or before June 30, 2003. As of June 26, 2003 **99 hearing** requests had been received.

The projected savings were based on PA 03-2 new eligibility rules that targeted about 23,000 adults, of which the number is now 18,655. The assumption is that the savings will not be realized. The DSS was asked if this would contribute to the Department budget shortfall; the DSS will provide Sen. Harp with a more detailed variance report.

*Toward the end of the Council meeting the DSS announced that the Second Circuit Court of Appeals issued an injunction pending the appeal (that focuses on TMA only) that will prevent the DSS from closing eligibility for HUSKY adults with earned incomes over 100%FPL. The Court will hold a hearing August 4, 2003. The DSS now needs to reinstate those members with earned income. The DSS will make daily enrollment files available to MCOs. A file of those clients with unearned income that can be legitimately closed will be created in another week and sent to the MCOs.*

## CT Federal Matching Funds

The Department was asked to briefly describe the CT federal assistance changes resulting from Congressional budget provisions of 20 billion dollars to states:

- Effective April 2003, the CT federal medical assistance percentage (FMAP) was increased from 50% to 52.95%, providing CT with \$132M additional federal revenues on current Medicaid spending.
  - The additional federal match dollars do not apply to DSH spending, the SCHIP program (HUSKY B) or enhanced rates (i.e. 75% rate for DSS medical staff, TA improvement, MMIS, 90% rate for new MMIS initiatives).
  - Acceptance of the additional federal dollars requires Maintenance of Effort (MOE) that freezes eligibility levels after October 1, 2003. New or increased cost sharing, co-pay changes are allowed, although these may adversely effect enrollment, according to Sen. Harp. The DSS noted that states cannot remove eligibility coverage groups nor reduce eligibility assistance levels if the state agrees to accept the additional federal dollars.

- Congress authorized \$10B of the 20B dollars for state programs outside Medicaid. The Secretary of the Treasury will issue guidelines on the use of these dollars. CT will receive \$116M for non-Medicaid state programs.

Council comments included concerns about:

- The diminishing DSS staff that can adversely impact effective monitoring of the HUSKY and other Medicaid programs and impede the development of new waivers. Sen. Harp noted that staffing deficiencies have been an ongoing problem that is getting worse, in that even when dollars were put in the state budget for the Department, the positions were frozen.

- Rep. McCluskey commented that the additional federal dollars would be used to retire the DSS deficiencies as part of the budget process, yet the CT Governor was against the FMAP increase to states, rather promoting enhanced state program flexibility through Medicaid block grant reform.

Sen. Harp commented that the issues of the economy and the associated pain is not really felt in this building or among Council representatives; however the pain of the economic issues and choices is very real “on the street”.

## Husky Infoline Call Data

The Department was asked to provide an overview of the call volume and type of calls to the CT HUSKY Infoline (1-877-CT HUSKY, options #1 & #3) during the July-December 2002 period and the January-April 2003 period, in light of program changes. Kristin Dowdy provided the information that was deferred from the May 9 meeting agenda.

### Call Volume Description

	<b>7/1/02-12/31/02</b>	<b>1/01/03-4/30/03</b>
Call volume chg from last period 01	>10% 20,784 calls (3464/mo)	>32% to 14,853 (3713/mo)
Outgoing calls	<b>8595 (1433/mo)</b>	<b>&gt;46% to 8410 calls (2103/mo)</b>
Applications mailed	7281	4069
Total % Info/referral type calls:	83% (17,950) (2992/mo)	71% (10,552) (2638/mo)
General HUSKY Info	78% (14,049)	71% (8196)
Non-HUSKY Ins. Options	12% (2,127)	13% (1350)
Other Needs (i.e., Housing, child care)	10% (1774)	10% (1006)

### Access To Care Calls

	HUSKY A (7-12/02)	HUSKY A (41-4/03)	HUSKY B (7-12/02)	HUSKY B (1-4/03)

% of all calls for access issues	14% (2,947) (491/m)	<b>23% (3371) (843/m)</b>	4% (590)	
Maintenance of coverage*	34% (1007) (168/m)	48% (1009) (252/m)	34% (1007)	270 calls
Dental Issues	<b>13% (386) (64/m)</b>	<b>12% (402) (100/m)</b>	11% (37)	38 calls
Primary Care Issues	11% (323)	10% (327)	NA	NA
Billing	96%( 288) (pt billed for services, etc)	7% (247)	11% (40) (i.e. med bills, premiums)	60 calls
Pharmacy**	8% (222)	6% (194)	3% (12)	NA
ELIGIBILITY Calls				
HUSKY A	239	320		
HUSKY A & B***	30 calls	42 calls		
HUSKY B Elig.			30 calls	36 calls

\*Included assistance obtaining health plan medical card, plan information, address/income changes)

\*\* HUSKY A, >60% (151 calls) involved difficulty obtaining prescription at the pharmacy, may be due in part to prior authorization process.

\*\*\* Calls generally involved application/renewal referred back & forth between HUSKY A & B.

Given the different time frames of 6 months (2002) and 4 months (2003) it is notable that the incoming & outgoing calls per month were increased in 2003. The percent of calls involving access issues was greater in 2003 as well. The Dental access calls are more prominent in HUSKY A and are more frequent than calls about obtaining medications at the pharmacy. Ms Dowdy stated their staff contacts the client's primary provider or the pharmacy to reinforce the temporary supply in the DSS/MCO contract provision for those HUSKY members requiring assistance to obtain medication.

# Claims Lag Report

Lee VanderBaan (DSS) reviewed the report for the **first quarter 2003**. The reports track the timeliness of payment of ‘clean’ claims. There is no contractual provision at this time to quantify denied claims and the outcome of the reprocessing of such claims.

## Claims paid in 0-45 days:

	Anthem BCFP	CHNCT	Preferred One	Health Net
Total Pd or in Process	636,173 (99.7%)	189,187 (99.9%)	53,486 (99.2%)	540,835 (99.5%)
Total paid	625,242 (98%)	175,406 (92.6%)	48,910 (91%)	517,147 (95%)
% MCO Paid	58 %	47.6%	42.5%	35.4%
% Vendor Paid	40%	45.1%	48.3%	60%

Council members commented that the issue is not the timely payment of ‘clean’ claims, rather the denied claims, reprocessing time for these claims, the % paid and reasons for denials. **The Council approved without dissenting voice vote, a recommendation to the DSS that the DSS collect and report on claims denials, reprocessing time for these claims and the % paid and reasons for the claims denials.** The council staff will provide DSS with a collection form for this data collection.

## Other

The DSS was asked to comment on the MCO capitation rate adjustment for the pharmacy \$1 co-pay for HUSKY adults and Medicaid optional services. The Department stated data is currently being collected from the MCOs on these services, which will be part of the contract/rate negotiations. Prospective/retrospective rate adjustment decisions have yet to be made. The DSS will provide information on this at the July Council meeting. Rep. McCluskey commented that including the co-pays in the rate adjustment will make it difficult to identify actual cost savings specific to the co-pays that can be compared to the projected budgetary savings. Sen. Harp commented that we might not know if this (the co-pay) actually saves dollars or impacts clients in light of the savings.

The BH ASO vendor has not been announced. The Department has not heard of any delay in initiating the BH carve out, still scheduled for July 1, 2004, due to the delay in the vendor selection.

The DSS was requested to provide the Council with information on the configuration of the dental carve out rates that include the administrative cost savings (one ASO) and profit margins reported by the risk-based dental subcontractors.

# HUSKY Enrollment

William Diamond reported on the June HUSKY enrollment numbers:

	July02	Aug02	Sept02	Oct02	Nov 02	Dec 02	<b>Jan 03</b>	Feb 03	Mar03	Apr03	May 03	Jun 03
Total HUSKY A	277,458	278,699	280,222	282,798	285,044	287,241	289,333	291,016	295,420	297,303	299,057	294,331
A Adults	80,821	81,451	82,077	83,228	84,394	85,172	85,950	86,768	88,836	88,823	90,433	88,811
A<19	196,637	197,248	198,145	199,570	200,650	202,069	203,383	204,248	206,584	208,480	208,624	205,520
HUSKY B	13,145	13,185	13,460	13,572	13,928	13,942	14,153	14,292	14,352	14,493	14,617	14,665

Total HUSKY A & B enrollment dropped by 4678 clients from May to June; of these approximately 35% were adults, 66% HUSKY A <19 years. The latter group may represent children discontinued because of the elimination of continuous eligibility. Many of these children remain eligible for HUSKY A or B but may not have renewed their applications.

Of the number of processed applications in April/May, about 500 less were processed in May 2003. In both months approximately 53-57% of the applicants were referred to HUSKY A and over 60% of the remaining applications were approved.

Sen. Harp requested information on the impact of the elimination of presumptive eligibility (PE). The DSS noted that some applicants granted PE do not follow up by submitting the full application within 60 days. The Department agreed to provide this information and the impact on DSS of the PE process on the Department at the July meeting.

## Children's Health Council

Mary Alice Lee summarized the utilization data for FY 02 for dental, ambulatory care and asthma:

Report	(FFY01: 10/1/00-9/30/01)**	(FFY 02: 10/1/01-9/30/02)
<b>Dental</b>		

Any dental care*	45%	47%
Preventive care	35%	38%
Treatment	20%	21%

\* Utilization rates are similar, but > kids were seen (10,000) compared to the previous year

\*\* Information taken from previous CHC reports

<b>Ambulatory Care</b>	<b>FFY 01</b>	<b>FFY 02</b>
Any ambulatory care	82.4%	?
Well child	49%	53%
<b>No Ambulatory Care</b>	17.6%	15%

<b>Asthma</b>	<b>FFY 01</b>	<b>FFY 02</b>
Prevalence	9.4%	8.1%
Children with > 1 office visit	48%	48%
ED visit	28%	26%
Hospitalized	5%	4%
F/U visit 2 wks of ED visit	20%	16%
F/U visit in 4Wks of ED visit	24%	36%
F/U 2 wks of hospital	41%	46%
F/U 4 wks of hospital	44%	52%

**Council discussion:**

- National data on dental utilization in public v. private programs: 27% v. 50%
- National data on well care public v. private: 77% v 73%
- Well care utilization differences between Bridgeport & New Haven may reflect the variable billing capacity of the school based health clinics. It was noted that the DPH is working with SBHC on improving billing through a HRSR grant.

- Preferred One will present their follow up home visits in their asthma disease management program. These visits may replace o a post ED/hospital discharge office visit.
- Dental: questioned if there are differences in utilization by type of risk contract. Preferred One commented the plan has a risk corridor for the dental vendor, with stop loss parameters.

## Quarterly Report

The Council first quarter 2003 report was accepted without correction.

**The Medicaid Council will meet Friday July 18, at 9:30 AM.**

Addendum: The Children's Health Council provided information on the reasons for ED and hospital discharges for **2001-02:**

<b>Emergency Care</b>	<b>Hospital Discharges</b>
Injuries (27%)	Mental disorders (48%)
Respiratory system (21%)	Other diagnoses (16%)
Nervous system (12%)	Respiratory system (12%)
Ill-defined conditions (14%)	Pregnancy, childbirth (11%)
Infectious conditions (8%)	Injuries (7%)
Digestive system (4%)	Digestive system (3%)
Skin, subcutaneous tissue (4%)	Ill-defined conditions (3%)
Other Diagnoses (10%)	