

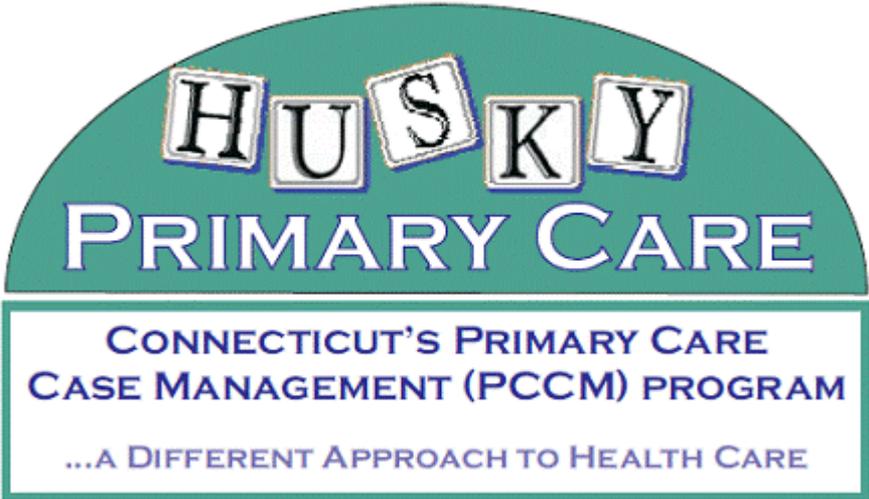


Connecticut Department of Social Services

--Caring for Connecticut--

Presentation to the Medicaid
Managed Care Council

January 8, 2010

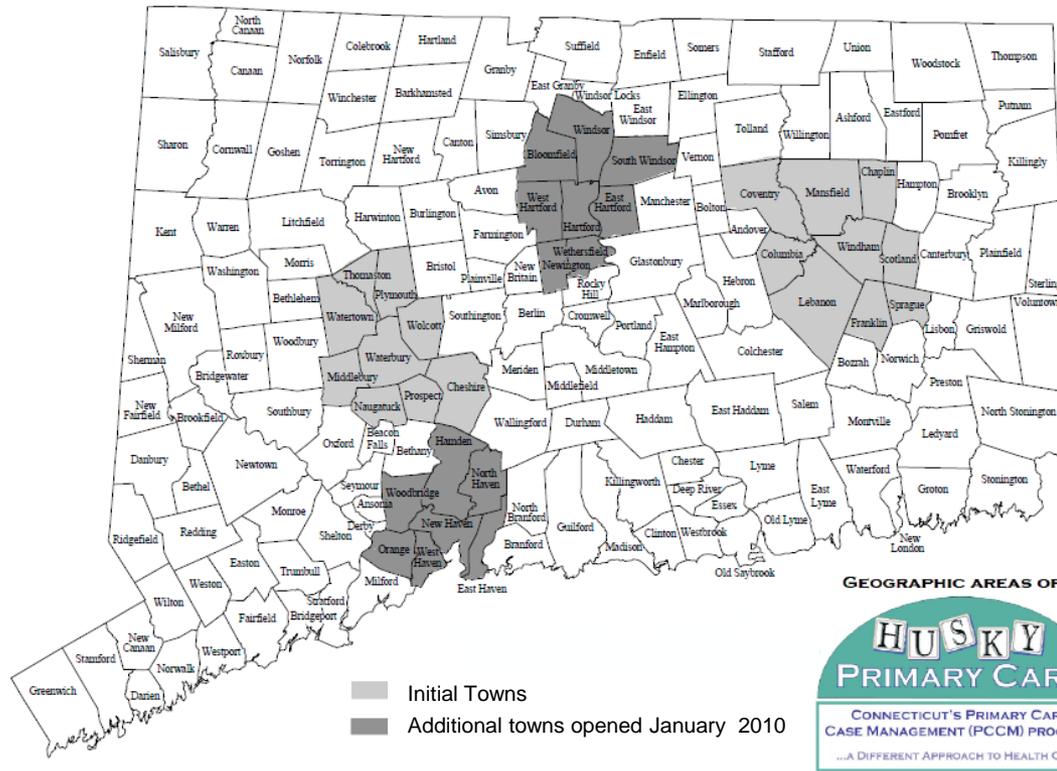
The logo features a green semi-circular top section containing the word "HUSKY" in white, block letters with a blue outline. Below this, the words "PRIMARY CARE" are written in a larger, white, sans-serif font. A white rectangular box with a green border is positioned below the semi-circle, containing the text "CONNECTICUT'S PRIMARY CARE CASE MANAGEMENT (PCCM) PROGRAM" and "...A DIFFERENT APPROACH TO HEALTH CARE" in blue, sans-serif font.

HUSKY

PRIMARY CARE

CONNECTICUT'S PRIMARY CARE
CASE MANAGEMENT (PCCM) PROGRAM

...A DIFFERENT APPROACH TO HEALTH CARE



Overall HUSKY A Population in HUSKY Primary Care (PCCM) Areas

	HUSKY A Population (Based on November 2009 enrollment)	% Total Statewide HUSKY A Enrollment for November 2009	PCCM Enrollment as of January 1, 2010
Current Areas:			
Windham/Willimantic Area	8,158	2.3%	31
Waterbury Area	36,659	10.2%	202
New Haven Area	44,406	12.4%	8
Hartford Area	57,681	16.1%	2
Total Across all four areas	146,904	41.0%	243

HUSKY Primary Care

New Haven Area Primary Care Providers

Cornell Scott-Hill Health Center	25
Fair Haven Community Health Center	21
Long Wharf Pediatrics	5
Pediatric and Medical Associates	(4 contracts pending)
Pediatrics Plus* PC	4
Yale New Haven Hospital Primary Care Centers	59
Children's Medical Group LLC	8
TOTAL	122

HUSKY Primary Care:

Hartford Area Primary Care Providers

Burgdorf Bank of America Health Center	6
Charter Oak Health Center (Note: Not including COHC at CCMC)	8
Community Health Services	15
East Hartford Community HealthCare	10
Family Medicine Center at Asylum Hill	8
TOTAL	47

SMANC Update

- SMANC disenrollments were effective 12/1/09 in accordance with the requirements of Public Act 09-5, September Special Session
- The Department has completed state plan amendments under Medicaid and CHIP permitting coverage of pregnant women and children retroactive to 4/1/09
- Legal services filed a complaint that the legislation to discontinue SMANC is unconstitutional

SMANC Update

- Superior Court issued an injunction (12/18/09)
- AG's office filed a Motion to Stay the injunction pending our appeal of the decision
- Legal services filed a Memorandum in Opposition to our Motion to Stay
- AG's office filed a Motion for Articulation to the Appellate Court
- In the interim, the Department has agreed to a request by Legal Services to reinstate individuals who have medical needs, on a case by case basis, retroactive to 12/1/09



Premium Changes

New Charter Oak Premiums Effective 2/1/10

Premium Band	Current Premium	New Premium Effective 2/1/10
Band 1	\$75	\$93
Band 2	\$100	\$124
Band 3	\$175	\$184
Band 4	\$200	\$213
Band 5	\$250-\$259	\$296

Charter Oak Member Notification Premium Increase

- Three phases (Bands 1 through 4)
 - Phase I scheduled increase 2/1/2010
 - Phase II scheduled increase 7/1/2010
 - Phase III scheduled increase 1/1/2011
- Band 5 entire adjustment effective 2/1/2010
- Member notices sent to current members on 12/21/09
- Letter sent to new members providing clarification on 12/21/09
- Website updated

Citizenship Documentation

Implementation for HUSKY B

- Effective 1/1/10, clients eligible for HUSKY B must document citizenship to remain in the program
- *New applicants* otherwise eligible will be granted HUSKY B pending documentation of citizenship
- *Re-enrollments* otherwise eligible will be continued pending documentation of citizenship
- Documentation of citizenship will be attempted through data match with the Social Security Administration (SSA)
- If citizenship is documented with SSA, client is eligible for ongoing coverage
- If citizenship fails, attempts will be made to clarify the discrepancy with client and resubmit the match to SSA

Citizenship Documentation

Implementation for HUSKY B

- If the discrepancy cannot be clarified, clients will be given a 90-day reasonable opportunity period (ROP) to provide citizenship documentation
- Clients will be notified by letter
- Unmatched clients will be referred to participating qualified entities and outstationed locations to bring documents
- Certified documents will be referred directly to ACS
- Failure to provide documents will result in disenrollment
- Reminder notices will go out to the client during the ROP

Care Management Program

Medicaid Aged, Blind, Disabled

- Section 1932 state plan amendment
- Mandatory enrollment of recipients qualified as aged, blind or disabled
- Exceptions include:
 - Dual eligible (Medicare/Medicaid)
 - Native American
 - Children with Special Health Care Needs
- Native Americans may be given the option to participate
- Estimate approximately 25,000 participants

Care Management Program

Medicaid Aged, Blind, Disabled

- Non-capitated, administrative services contract with two or three Care Management Plans (CMPs)
- Network will be Connecticut Medical Assistance Program (CMAP) network (same as current)
- Department's MMIS will pay claims
- Request for Qualifications (RFQ) issued on 12/30/09 – limited to existing HUSKY MCOs

Care Management Program Implementation Timeline

DSS	RFQ Release	December 30, 2009
DSS	Posting/release of the Department's Appendix 9 – Scope of Services	January 7, 2010
DSS	Submission of written questions and Letter of Intent	January 14, 2010
DSS	Posting/release of the Department's official responses to questions (Questions/Answers Addendum)	January 21, 2010
Bidders	RFQ Response Due	February 8, 2010
DSS	Contractor Evaluation and Selection	February 19, 2010
DSS	Contract Amendment Award	February 26, 2010
DSS	Authorization File Specifications Provided to Contractors	March 1, 2010
DSS and Recipients	Pre-Notification Mailing to Eligible Recipients	April 1, 2010
DSS	Eligibility Test File Provided to Contractors	April 9, 2010
Contractors	Eligibility Test File Uploaded and Run	April 14, 2010
DSS and Contractors	Full Cycle Authorization File Testing Begins	April 15, 2010

Care Management Program Implementation Timeline

DSS and Contractors	Eligibility Test File Issues Addressed	April 28, 2010
DSS and Contractors	Full Cycle Authorization File Testing Ends	April 29, 2010
DSS and Contractors	Readiness Review On-Site	May 3-5, 2010
DSS and Contractors	Readiness Review Cure Period	May 10-17, 2010
DSS	Contractor Readiness GO/NO-GO Date	May 17, 2010
DSS and Recipients	Choice Period Opens with Notification of Enrollment Change to Eligible Recipients	May 18, 2010
DSS and Recipients	Choice Period Closes	June 22, 2010
DSS	Initial Recipient Roster Provided	June 22, 2010
DSS	Final Recipient Roster Provided	June 25, 2010
Contractors and Recipients	CMP Begins	July 1, 2010
DSS	Provide Prior Authorization File and Claims History for Enrolled Recipients	July 7, 2010