Connecticut Department of Social Services

--Caring for Connecticut--

Presentation to the Medicaid Care Management Oversight Council

June 11, 2010

Charter Oak Premiums

Premium Band	Income % of Federal Poverty Level	Premium Effective 2/1/10	Premium Effective if Enrolled Prior to 6/1/10	State Subsidy	Premium if Enrolled After 5/31/10 No State Subsidy
Band 1	<150%	$93	$129	$175	$307
Band 2	>150%-185%	$124	$172	$150	$307
Band 3	>185%-235%	$184	$202	$75	$307
Band 4	>235%-300%	$213	$239	$50	$307
Band 5	>300%	$296	$296	$0	$307

6/1/10 premium changes apply only to members who enrolled after 5/31/10, with no state subsidy. Members enrolled prior to 6/1/10 are “grandfathered” and receive state subsidy at redetermination. State subsidies established in statute…Section 11 of Public Act 10-3

HUSKY B Co-Payment Increases

Medical and Pharmacy

	Previous	New
Non-preventative office visits	$5	$10
Hearing screenings/routine eye exams	$5	$15
Prescriptions		
Generic	$3	$5
Brand name	$6	$10

Effective 7/1/10

HUSKY B Co-Payment Increases
Dental

	New
Preventive and diagnostic	Exempt
Space Maintainers	33%
Re-cement Bridges, Crowns, Inlays	20%
Crowns, Inlays and Onlays	33%
Root canal/Endodontic	20%
Periodontal services	50%
Full or partial denture	50%

Effective 7/1/10

HUSKY B Co-Payment Increases

Behavioral Health Services

	New
Diagnostic and Treatment Office visits	$10
Intermediate Care Programs	$10
Home-based, emergency mobile, TCM	Exempt
Chemical Maintenance	$10
Inpatient, Residential, Detox	Exempt

Effective 7/1/10

HUSKY B Maximum Cost-Sharing

- In keeping with federal CHIP regulations, families must not pay more than 5% of their total income on premiums, co-payments, co-insurance or similar cost-sharing charges during their eligibility year
- Maximums will be calculated by using the lowest income threshold according to each band's income range and the family's household size
- Member materials and the HUSKY website are currently being updated

Effective 7/1/10

HUSKY B Maximum Cost-Sharing

Annual Aggregate Cost Share Limit for HUSKY B Band 1			
Family Size (Includes Parents and Children)	**HUSKY B Band 1 Monthly Amount (Over 185% up to and including 235% based on the 185% lower limit)**	**HUSKY B Band 1 Annual Amount (Over 185% up to and including 235%) based on the 185% lower limit**	**HUSKY B Annual Limit (5% of lower limit)**
1	1,670.55	20,046.60	1,002.33
2	2,247.75	26,973.00	1,348.65
3	2,823.10	33,877.20	1,693.86
4	3,400.30	40,803.60	2,040.18
5	3,977.50	47,730.00	2,386.50
6	4,552.85	54,634.20	2,731.71

Effective 7/1/10

HUSKY B Maximum Cost-Sharing

Annual Aggregate Cost Share Limit for HUSKY B Band 2			
Family Size (Includes Parents and Children)	**HUSKY B Band 2 Monthly Amount (Over 235% up to and including 300% based on the 235% lower limit)**	**HUSKY B Band 2 Annual Amount (Over 235% up to and including 300% based on the 235% lower limit)**	**HUSKY B Annual Limit (5% of lower limit)**
1	2,122.05	25,464.60	1,273.23
2	2,855.25	34,263.00	1,713.15
3	3,586.10	43,033.20	2,151.66
4	4,319.30	51,831.60	2,591.58
5	5,052.50	60,630.00	3,031.50
6	5,783.35	69,400.20	3,470.01

Effective 7/1/10

HUSKY B Maximum Cost-Sharing

- ACS will receive claims data from HP and the MCOs to track cost-sharing amounts
- ACS will communicate to HP and the MCOs when maximums are reached
- Families that reach their cost-sharing maximum, they will be notified in writing
- MCOs will issue new member ID cards which will reflect zero co-payments

Effective 7/1/10

HUSKY B Premium Increases

	Previous	New
Band 1 (>185% to 235% FPL)	N/A	N/A
Band 2 (>235% to 300% FPL)		
One child	$30	$38
Two or more children	$50	$60
Band 3 (Above 300% FPL)	$195	$195

Effective 7/1/10

Tuberculosis Coverage

- State plan amendment for coverage of individuals with TB under Medicaid
- Coverage limited to select TB services
- State plan amendment submitted 3/31/10
- Preparing response to CMS questions
- Implementation date - to be determined

Pharmacy

- Effective July 1, 2010, dispensing fee increased from $2.65 to $2.90
- Effective May 7, 2010, pharmacies required to accept payment at same rate provided to members of public under discount clubs or programs
  - Met with major chain pharmacies
  - Preparing implementation process retro to May 7, 2010.

Pharmacy

Over the Counter (OTC) Changes:

- Effective June 3, 2010, coverage of over-the-counter (OTC) drugs was eliminated for individuals 21 years of age or older with the exception of insulin & insulin syringes which will continue to be covered for all under their existing pharmacy benefit
- Diabetic supplies (such as lancets, strips, meters) will only be covered for individuals 21 years of age or older through a medical supply provider only with a prescription – again, these products are no longer a covered pharmacy benefit for these individuals
- Effective June 28, 2010, coverage of nutritional supplements for individuals 21 years of age or older will only be covered for certain diagnosis codes – e.g., for individuals dependent on a feeding tube or for those individuals who have no other means of ingesting nutrients
- Notification will be going out next week outlining the details and appropriate billing requirements for these changes

Medicaid Expansion
CMS Approval

- Medicaid for Low Income Adults (LIA)
- CMS questions received on June 1
- Departmental response and revised state plan pages submitted June 8
- Optimistic that CMS will support April 1, 2010 effective date
- No change in operations until we receive written approval

Medicaid Expansion
Current Operations

- SAGA eligibility process continues under current rules
- Applications from applicants who will qualify under new rules have been pended
- Hospital IP/OP claims have been pended
- ABH and CHNCT continue to process payments for GABHP and SAGA covered services

Medicaid Expansion
Implementation

- Special Client Notice to current SAGA enrollees
  - Effective date of coverage
  - Summary of Medicaid services
  - Access to non-Medicaid DMHAS services
  - Information regarding reimbursement for services now covered under Medicaid but not covered by SAGA
  - Access to NEMT
- Standard Medicaid Notice has been revised and will go to any new LIA enrollments including pended applicants once granted

Medicaid Expansion
Implementation

- DSS has collected from CHNCT and GABHP all open Prior Authorizations that extend beyond April 1, 2010
- Authorizations will be loaded in June to ensure payment for authorized services
- CHNCT has also provided a list of cases that are case-managed or disease-managed

Medicaid Expansion
Implementation

- ABH and CHNCT will discontinue claims payment in SFY 2011
- Providers will be instructed to bill MMIS for dates of service on or after April 1, 2010
- ABH and CHNCT will proceed with recoupment of payments made for post-April 1 dates of service after MMIS has begun processing these claims