Presentation to the Medicaid Care Management Oversight Council

July 9, 2010

Temporary High Risk Pool

- Milliman released premiums - June 28, 2010
- Premium range (monthly)
  - $436, adults under 30 to
  - $1,366, adults 65 and over
- Premiums are high relative to other states and may be higher than federal fallback program
- Affordability is Governor's chief concern
  - Defer execution of contract
  - Review premium setting assumptions - reasonable and appropriate?
  - Consider modifications to plan design and benefits
  - Review whether CT citizens would be better served by federal fallback program
- Recommendation to Governor by July 15th, contingent on release of federal fallback rates

Medicaid Expansion

Medicaid Expansion

- March 23 – President Obama signs Affordable Care Act – states to receive federal funding (50%) for providing Medicaid coverage to adults
- April 6 – DSS submits state plan amendment to convert SAGA to Medicaid
- June 21 – CMS approves plan effective April 1

Member notices

- Current SAGA members (47,000+) were sent notices (6/30-7/3) explaining program change and providing them with key phone numbers
  - Effective date of Medicaid coverage
  - Summary of benefits including enhancements (e.g., home health, NEMT)
  - New numbers for client assistance (HP)
  - How to determine whether provider is participating
  - How to get reimbursement for covered services they may have paid for since 4/1

Member notices

- CT DHP remains dental coordinator
- CTS remains the non-emergency transportation provider
- Behavioral Health management by DSS, not ABH (DMHAS's contractor)
- Additional BH benefits available through DMHAS
- Reminder to use the gray CONNECT card to receive services

Provider notices

- DSS provider bulletins for hospitals and all other providers (PB 2010-37 & 38)
- DMHAS notices 6/23, 6/25, plus FAQ
- CHNCT
  - Initial provider notice in 4/10 remittances
  - Second notice to providers in June remittances
  - Notice encourages providers to join Medicaid FFS network (CMAP)

Websites

- DSS
  - –Press release – http://www.ct.gov/dss/lib/dss/pdfs/brochures/medicaid_lia_in_brief.pdf
  - –Notice being sent to current members http://www.ct.gov/dss/lib/dss/pdfs/mlia_notice_to_clients.pdf
  - –Policy transmittal for Hospital Providers http://www.ct.gov/dss/lib/dss/pdfs/dss_provider_bulletin_hospitals_saga_to_medicaid_6_10.pdf
  - –Policy Transmittal for all Providers http://www.ct.gov/dss/lib/dss/pdfs/dss_provider_bulletin_all_providers_saga_to_medicaid_6_10.pdf
- DMHAS
  - –Provider Alert – Important Notice Re: SAGA Conversion to Medicaid http://www.ct.gov/dmhas/lib/dmhas/publications/pa052810.pdf
  - Bulletins to Providers:
  - –To hospital providers: http://www.ct.gov/dmhas/lib/dmhas/publications/pb10_37.pdf
  - –To all providers: http://www.ct.gov/dmhas/lib/dmhas/publications/pb10_38.pdf
- CHNCT
  - –Client notices: http://www.chnct.org/members/saga.aspx
  - –Provider notice: http://www.chnct.org/Providers/saga_providers.aspx

Provider Network

- Network is Medicaid FFS network (CMAP)
- Includes all CT hospitals and health centers
- Includes all CHNCT SAGA providers except 136 physicians and specialists
- CHNCT will be calling and sending a letter notifying non-CMAP providers encouraging these providers to contract with the state
- HP will assist non-CMAP providers who inquire about contracting

Provider Payment

- In order for the state to receive Federal reimbursement, all claims for services provided to SAGA members on or after 4/1/10 must be processed by the MMIS (HP Enterprises)
- Claims can be sent to HP starting July 1
- Payments will be made in accordance with the Medicaid fee schedule
- All authorizations from CHNCT and ABH will be honored retroactive to 4/1
- Payments for services rendered to SAGA members between 4/1 and 6/30 will be recouped

Hospital Payments

- Hospital inpatient and outpatient claims for dates of service on or after 4/1 have been suspended
- Suspended claims will be processed and paid in the first claims cycle in July
- Claims for dates of service prior to 4/1 will be processed in accordance with CMS approved state plan methods for the SAGA disproportionate share hospital program

Pending Applications

- Regional staff are processing applications that were received on or after 4/1 but pended due to the following:
  - Individuals ineligible for SAGA medical due to excess assets or failure to comply with digital imaging requirements
  - 19- and 20-year-olds who do not qualify as Ribicoff children due to their parents' income or assets
- Clients granted are receiving updated Medicaid eligibility notice

HUSKY Primary Care
Expansion to Putnam and Torrington areas

- Provider outreach
  - Open enrollment for providers in the area
  - Letters, other outreach to, and discussions with HUSKY and Medicaid providers
  - Provider forum
- Provider enrollment and systems setup
  - Provider applications, review, and contracting; work with providers
  - Systems setup (including MMIS and EMS)
- Member enrollment
  - Open enrollment for members in the area
  - Notices to all HUSKY clients

Recent State Initiatives

Item	Implementation date
New medical necessity definition	4/10
Reduce MAC pricing to 50%, increase dispensing fee	5/10
Charter Oak state subsidy reductions and premium changes	6/10
CT Home Care Program for Elders (state funded) cost share change from 15% to 6%	7/10
HUSKY B premium and cost share changes	7/10
Behavioral Health Recovery Plan	12/10

Affordable Care Act

Programs/Timelines for Medicaid SPA

Item	ACA Effective Date	DSS Target Date
Mandatory drug rebate increase	1/1/10	1/1/10
Option to provide family planning services	3/23/10	10/10
Mandatory coverage for free-standing birth center services	3/23/10	10/10
Correct Coding Initiative	10/1/10	10/10
Medicaid expansion – low income adults	4/1/10	4/1/10
Temporary High Risk Pool for individuals with pre-existing conditions	7/1/10	TBD
Mandatory coverage for smoking cessation for pregnant women	10/1/10	10/10

Affordable Care Act

Programs/Timelines for Medicaid SPA

Item	ACA Effective Date	DSS Target Date
Prohibit Medicaid payments for services related to health care acquired condition	7/1/11	4/09
Increase Primary Care Reimbursement under Medicaid to 100% of Medicare	1/1/13	1/13
Medicaid expansion – low income adults up to 133% of FPL	1/1/14	1/14
Medicaid program prohibited from excluding coverage of barbiturates, benzodiazepines, and tobacco cessation products	1/1/14	1/14
Income eligibility conversion to Modified Adjusted Gross Income (MAGI)	1/1/14	1/14
DSH allotment reductions	2014	2014

Affordable Care Act

Opportunities Under Review

Item	ACA Timeline
Revisions to state plan options to provide home and community based services	10/1/10
Incentives for prevention of chronic diseases in Medicaid	1/1/11
Option to provide health homes to enrollees with chronic conditions	1/1/11
Medicaid emergency psychiatric demonstration project - Permits payment to private psychiatric hospitals	1/1/11
Mandatory coverage of foster children up to age 26	1/1/14
Start of demonstration project to pay bundled payments to hospitals	1/1/12
Start of demonstration project to allow pediatric medical providers to organize as ACOs	1/1/12

Affordable Care Act

Long Term Care Rebalancing Provisions

Item	ACA Timeline
Expanding the Section 1915(i) state plan option	10/1/10
Expanding the Section 1915(i) state plan option	10/1/10
New “Community First Choice Option,” with increased FMAP	10/1/11
New “Balancing Incentive Payment” Program, with increased FMAP	10/1/11
Applying Spousal Impoverishment Rules to HCBS Applicants	1/1/14
Extending the Money Follows the Person Demonstration	Thru 12/31/16

Affordable Care Act

HUSKY B Provisions

- Retains current structure of the CHIP program
- States must maintain income eligibility levels for currently eligible children until December 31, 2019
- Existing enhanced match rates (65%) remain through September 30, 2015
- Beginning FFY 2016 match rate will be increased by 23 percentage points
- Beginning January 1, 2014 income eligibility will be based on modified adjusted gross income

Grant Opportunities Under the Affordable Care Act

- DSS Aging Services Division is applying for four grants offered under the Affordable Care Act
- Title of Grant Opportunity:
  - *AOA & CMS – Implementing the Affordable Care Act: Making it easier for Individuals to Navigate Their Health and LTC thru Person-Centered Systems of Information, Counseling and Access*
- 2 year grants – no required state match
- Grants awarded by 9/30/10

Affordable Care Act Grants

1. Medicare Improvement for Patients and Providers (MIPPA) - Available to states, AAAs, SHIP Programs and Aging and Disability Resource Centers (ADRCs) for outreach/assistance to Medicare beneficiaries on Medicare benefits including prevention
   - Total available CT $435, 205
2. Grant directed at all existing ADRC grantees who are eligible to apply for a competitive grant to focus on Options Counseling & Assistance programs in ADRCs, meant to strengthen options counseling in ADRCs or create it if it does not exist already
   - Total available CT $400,000 if 25 states submit successful applications
   - Total available CT $500,000 if 20 states submit successful applications

Affordable Care Act Grants

3. Competitive grant asking all existing ADRC grantees to strengthen the role of ADRCs in Evidence Based Care Transition Models that integrate medical and social service systems to help older individuals and people with disabilities remain in their own homes after hospital, rehab or SNF visits
   - Total available CT $357,142, if 7 states submit successful applications
   - Total available CT $500,000, if 5 states submit successful applications
4. Competitive grant directed at MFP grantees for supplemental administrative funds to be used to strengthen the capacity of existing ADRCs to participate in NH Transition and Diversion Programs
   - Total available CT $312,500, if 24 states submit successful applications
   - Total available CT $468,750, if 16 states submit successful applications

Other Federal Initiatives

Item	Target date
Multi-payer Advanced Primary Care Practice Demonstration (MAPCP) (Comptroller lead/Medicaid participation)	10/10
Medicaid Electronic Health Records Incentive Program (2011-2021)	1/11
Upgrade of HIPAA transactions to 5010 standards	1/1/12
Conversion to ICD-10 standard	10/13
Federally Qualified Health Centers Advanced Primary Care Practice (FQHCAPC)	Under review